OMB CONTROL NO.: 1006-0005

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BUREAU OF RECLAMATION

"EZ" CERTIFICATION OF INDIVIDUAL'S LANDHOLDINGS District Name: (Discretionary Provisions)

Districts must complete the "District Name" and "Date Received" boxes.

DATE RECEIVED:

Do not use this form after Decembe	er 31, 2021. It is im	portant that you read the separate instructio	ons that accompany this form before completing it.	If you did not receive these instructions,
please contact your district office.	Type or print in ink.	Date and initial crossouts and corrections.	Visit www.usbr.gov/rra for more information.	

You may use this form ONLY IF: (1) All your landholdings subject to acreage limitation provisions are located in only one district, (2) your landholdings subject to acreage limitation provisions total 960 acres or less, (3) you directly hold all your landholdings (that is, the land is not owned or leased through any type of legal entity, such as a corporation, trust, estate, or partnership, or in the names of your children or other dependents), (4) you are not a dependent, (5) either you or your spouse (if married) is a U.S. citizen or resident alien, **AND** (6) you are subject to the discretionary provisions of the Reclamation Reform Act of 1982. If you do not meet all of these requirements, do not complete this form. Please contact your district office to obtain the proper form.

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1. Landholder name:										
2. Marital status:										
3. Spouse name:										
4(a). Landholder's street address or rural route numb	per, city, sta	ate, ar	nd zip (code:	4(b). Mailing add	dress if differe	ent from street	address:		
5(a). Telephone number where questions can be dire	ected:	()		5(b). Contact pe	rson:				
6. Check the box that indicates your citizenship sta	atus. If you	u are a	a nonre	esident	alien, also	Self	Spouse	Co	ountry of Citizenshi	р
enter the country of which you are a citizen. Yo										
and your spouse, if married, are nonresident ali	iens. The a	approp	priate f	orm(s)						
obtained from your district office.					Nonresident Alien					
7.					LAND YOU OWN					
List all irrigable and/or irrigation land parcels that are public entity after the legal description of the land. Yo										
from your district office. For additional space, use Fo						t interest), or o	wit any land thic	bugh an entity. The	proper iorni(s) car	i be obtained
			Operated							
(a)	heck one	e)	(c)	(c)			Lease Information			
Legal Description of Land Parcel(s) of Assessor's Parcel Nu (There is space to list four different parcels [one per line]	Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)		Lessee/ Sublessee	er		Identification of Lessee, Sublessee, or			(e)	Number of
if they all are operated by the same natural person or entity))	Self	-esso	Other	Other Operator			Starting Date (m/d/yr)	Ending Date (m/d/yr)	Acres
			- Si					(11/0/91)	(m/d/yr)	
					Name:			/ /	/ /	
					Address:			/ /	/ /	
								/ /	/ /	
					Telephone:			/ /	/ /	
					Name:			/ /	/ /	
					Address:					
					Address.					
					Telephone:			/ /	/ /	
					Name:			/ /	/ /	
					Address:			/ /	/ /	
								/ /	/ /	
					Telephone:			/ /	/ /	
8.						-	FOTAL NUM	BER OF ACRE	S YOU OWN	

9. LANDHOLDER'S NAME:										
10. LAN List all irrigable and/or irrigation land parcels that you lease from another party. Do and the landowner's name in column (c) if you sublease from a sublessor. Include (f) if you sublease land parcels to others and provide the sublessee's name and the be obtained from your district office. For additional space, use Form 7-21CONT-L	o not inclu the farm e landow	ude land i operato mer's nar	r's name in column (c) if the land is operated by a farm operate ne in column (c). You are completing the wrong form if you le	or. You must cor	mplete all column	s except column				
	(b) Operative (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		(c)	Lease In	formation					
(a) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)	Self	Other	Landowner's Name (If the land has been subleased or is operated by a farm operator, see the above instructions for other needed names.)	(d) Starting Date (m/d/yr)	(e) Ending Date (m/d/yr)	(f) Number of Acres				
				/ /	/ /					
				/ /	/ /					
				/ /	/ /					
				/ /	/ /					
				/ /	/ /					
				/ /	/ /					
11.			TOTAL NUMBER (OF ACRES Y	OU LEASE					
12.			TOTAL OWNED AND LEASED ACR	RES (item 8 pl	us item 11)					
 Acreage limitation status – Please check one of the following boxes and provide the requested information for that box: I, my spouse, or we hold(s) or held land directly in a district after that district conformed to the discretionary provisions. Name of district that conformed: I, my spouse, or we submitted an irrevocable election to conform to the discretionary provisions. List one district where that irrevocable election was filed: I or my spouse was married to a person who was subject to the discretionary provisions. Name of that person and district: Other, please describe: 										
14.		S	IGNATURE(S)							
Your spouse must sign this form, if married. This requirement applies even if the land is	not jointl			it one spouse to	sign for the coup	le.				
Attention: This certificate must be signed and dated. Read the following paragraphs before signing. Under the provisions of 18 U.S.C. 1001, it is a crime punishable by 5 years imprisonment or a fine of up to \$10,000, or both, for any person to knowingly and willfully submit or cause to be submitted to any agency of the United States any false or fraudulent statement(s) as to any matter within the agency's jurisdiction. False statements by the landowner or lessee will also result in loss of eligibility.			Landholder's Signature		Dat	e				
I (we) attest that the information provided herein is true, accurate, and complete to the best of my (our) knowledge and agree that any change in the landholdings information contained in this certification will be provided verbally to this district within 30 calendar days of such change, and that new forms will be submitted within 60 calendar days of such change. I (we) further attest that any leases of land receiving irrigation water to which I am (we are) a party are in writing and have terms that do not exceed 10 years, except perennial crop leases which cannot exceed 25 years and must have written approval from the Bureau of Reclamation. I (we) also attest that, in my (our) best judgment, the rent paid on any land leased by or from me (us) that is receiving irrigation water to the irrigation water to the productivity of the land. In addition, I (we) attest that all landholdings of both spouses, if married, are held directly and have										
been identified on this form. This certification is required by Public Law 97-293. Failure to certify can result in prosecution and/or lo of records notice INTERIOR/WBR-31, and will be used to administer the acreage limitation provisions The Secretary may also require a copy of your lease(s). PLEASE RETUR	of Federa	al reclamat								

FORM 7-21CONT-0 2021

CONTINUATION SHEET FOR DIRECTLY OWNED LAND For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

BUREAU OF RECLAMATION

Do not use this form after December 31, 2021. Refer to the instructions of the form for which you are preparing this continuation sheet. You may use this continuation sheet for additional space when listing directly owned land, or you may use your own similar continuation sheet. Type or print in ink. Date and initial crossouts and corrections. Only landholders subject to prior law provisions should complete column (h). Use as many of these continuation sheets as necessary. Visit www.usbr.gov/rra for more information.

LANDHOLDER NAME(S):

THIS FORM IS A CONTINUATION OF FORM 7-21 DATED												
) THI	E LANDHOLDER DIRECTLY OWNS							
(a) District Name	(b) Legal Description of Land Parcel(s) or		(c) Operated by: (check one)			Lease In	formation	(g) Number	(h) PRIOR LAW ONLY			
	Assessor's Parcel Number(s) (There is space to list four different parcels [one parcel per line] if they all are operated by the same natural person or entity in the same district.)	Self	Lessee/ Sublessee	Other	(d) Identification of the Lessee, Sublessee, or Other Operator	(e) Starting Date (m/d/yr)	(f) Ending Date (m/d/yr)	of Acres	12/06	ed After 6/79?		
			0,		Name:	/ /	/ /		YES	NO		
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			1	Telephone:	/ /	/ /						

FORM 7-21CONT-O (2021)

LANDHOLDER	NAME(S):									
THIS FORM IS	A CONTINUATION OF FORM 7-21				DATED					
			LAND) TH	E LANDHOLDER DIRECTLY OWNS					
(a)	(b) Legal Description of Land Parcel(s) or	Or (c	(c) perated check or	ne)	(d)	Lease In	formation	(g) Number of Acres	(h) PRIOR LAW ONLY Was Land	
District Name	(a) Assessor's Parcel Number(s) strict Name (There is space to list four different parcels [one parcel per line] if they all are operated by the same natural person or entity in the same district.)	Self	Lessee/ Sublessee	Other		(e) Starting Date (m/d/yr)	(f) Ending Date (m/d/yr)		Acquire 12/00 YES	ed After
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FORM 7-21CONT-L 2021

CONTINUATION SHEET FOR DIRECTLY LEASED LAND For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

BUREAU OF RECLAMATION

Do not use this form after December 31, 2021. Refer to the instructions of the form for which you are preparing this continuation sheet. You may use this continuation sheet for additional space when listing directly leased land, or you may use your own similar continuation sheet. Type or print in ink. Date and initial crossouts and corrections. Use as many of these continuation sheets as necessary. Visit www.usbr.gov/rra for more information.

LANDHOLDER NAME(S):

THIS FORM IS A CONTINUATION OF FORM 7-21_____

_ DATED _____

LAND THE LANDHOLDER DIRECTLY LEASES FROM ANOTHER PARTY												
(2)	(b)	(c) Operated by: (check one)		(d) Landowner's Name	Lease In	formation	(g)					
(a) District Name	(d)		Other	[If the land has been subleased or is operated by a farm operator, see the instructions to the form for other needed names.]	(e) Starting Date (m/d/yr)	(f) Ending Date (m/d/yr)	Number of Acres					
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FORM 7-21CONT-L (2021)

LANDHOLDER'S NAME:

THIS FORM IS A CONTINUATION OF FORM 7-21____

DATED

LAND THE LANDHOLDER DIRECTLY LEASES FROM ANOTHER PARTY												
	(b)	(c) Operated by: (check one)		(d) Landowner's Name	Lease In	formation	(g)					
(a) District Name	(a) (b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)	Self	Other	[If the land has been subleased or is operated by a farm operator, see the instructions to the form for other needed names.]	(e) Starting Date (m/d/yr)	(f) Ending Date (m/d/yr)	(9) Number of Acres					
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