

ATTACHMENT 1

FOR DEPARTMENT USE ONLY				NATASHA LOHMUS	
Date Received	Fee Enclosed	Approved?	Date Approved	Expiration Date	
03/22/2012	\$224.00	<input checked="" type="checkbox"/> Yes <i>NA</i> <input type="checkbox"/> No	5/2/17	12/1/17	



STATE OF CALIFORNIA
DEPARTMENT OF FISH AND GAME



**REQUEST TO EXTEND
LAKE OR STREAMBED ALTERATION AGREEMENT**

Complete EACH field and attach additional pages if necessary. Please refer to the fee schedule and submit the correct fee with extension request.

1. APPLICANT REQUESTING EXTENSION

If the applicant is a business, agency, or utility, please include the name of the applicant's representative, who should be an employee of the applicant.

Name	ERKKI RUOSLAHTI and STUART GILDRED		
Business/Agency	c/o SID GOLDSTIEN, AGENT		
Street Address	650 ALAMO PINTADO Rd. Suite 302		
City, State, Zip	SOLVANG	CA	93463
Telephone	805-688-1526	Fax	805-688-6582
Email	SID@SJGCE.COM		

2. PROJECT INFORMATION

Agreement number	1600-2006-0344-R5
Original expiration date	12/1/2012
New expiration date requested	12/1/2017

Specify: 1) the work that has been completed; 2) the work that needs to be completed; and 3) the amount of time needed to complete the work.

THE ORIGINAL WORK TO REPAIR THE CULVERTS WAS COMPLETED IN 2007, ONGOING REPAIRS AND MAINTENANCE HAVE SINCE BEEN PERFORMED ANNUALLY. NOTIFICATION OF ON-GOING MAINTENANCE AND ASSOCIATED FEES ARE INCLUDED WITH THIS REQUEST. THE SUBJECT CULVER CROSSING REQUIRES ON-GOING MAINTENANCE, THUS THE NEED FOR THIS EXTENSION.

Continued on additional r

REQUEST TO EXTEND LAKE OR STREAMBED ALTERATION AGREEMENT

2. PROJECT INFORMATION, continued.

Specify the reason(s) for the extension request

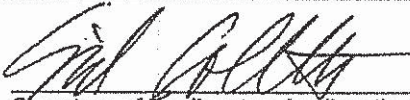
IT IS ANTICIPATED THAT A REQUEST FOR LONG-TERM MAINTENANCE WILL BE NEEDED UPON EXPIRATION OF THIS EXTENSION ON 12/1/2017.

Continued on additional page(s)

Note: The Department may not process this extension request until the extension fee has been received.

3. SIGNATURE

I hereby certify that to the best of my knowledge the information in this extension request ("request") is true and correct and that I am authorized to sign this request as, or on behalf of, the applicant. I understand that if any information in this request is found to be untrue or incorrect, the Department may suspend processing this request. I understand also that if any information in this request is found to be untrue or incorrect, I and/or the applicant may be subject to civil or criminal prosecution.



Signature of Applicant or Applicant's Authorized Representative

3/15/2012

Date

SID GOLDSTIEN, Agent

Print Name

Note: If approved, a copy of this form must be available at the work site with the original agreement.