#### ATTACHMENT A

### VOLUNTARY VESTED RIGHT LEMA ENROLLMENT CONSENT FORM

By signing this Voluntary Vested Right LEMA Enrollment Consent Form, I am voluntarily choosing to enroll my Vested Right into the GMD 1 LEMA and I understand that by enrolling my Vested Right into the GMD 1 LEMA that my Vested Right will be subject to all of the GMD 1 LEMA's conditions, restrictions and benefits.

|  |                        | _             |                  |                |   |                         |
|--|------------------------|---------------|------------------|----------------|---|-------------------------|
| Owner Address: City:   |                        | _<br>_ State  | Zip_             |                | Phone                                   |                         |
| Water Right File No(s)<br>(Use Additional Sheets if Needed)                                      | Well ID                | Section       | Township<br>——   | Range          | Annual<br>Authorized<br>Quantity<br>——— | LEMA Allocated Quantity |
|  |                        |               |                  |                |   |                         |
|  |                        |               |                  | Tota           | als                                     |                         |
| RIGHT AND / OR THEIR LAN CONSENT FORM AS WELL AS FA  I, and  (Owner Name)  LEMA Enrollment Form. | ARM MANAGERS &         | & TENANTS     | S.               |                |   |                         |
|  |                        |               |                  |                |   |                         |
| Owner Signature  | Date                   | S             | pouse Signature  |                | Date                                    | <del></del>             |
| State of Kansas ) ) SS   |                        |               |                  |                |   |                         |
| County of)   |                        |               |                  |                |   |                         |
| I hereby certify that the forego   | oing application was s | igned in my j | presence and swo | rn to before n | ne this                                 | lay of                  |
| , 20   |                        |               |                  |                |   |                         |
|  |                        |               | -                |                | Notary Public                           | <del></del>             |
|  |                        |               |                  | -              | total y 1 done                          |                         |

## VOLUNTARY VESTED RIGHT LEMA CONSENT FORM ADDITIONAL OWNER CERTIFICATION

|  | and                 |                         | , understand and agree with the terms of this V | oluntary Vestec       |
|--|---------------------|-------------------------|---|-----------------------|
| (Owner Name)   |                     | (Spouse Name)           |   |                       |
| LEMA Enrollment Form.  |                     |                         |   |                       |
|  |                     |                         |   |                       |
| Owner Signature  |                     | Date                    | Spouse Signature                                | Date                  |
| Twice Signature  |                     | Date                    | Spouse Signature                                | Date                  |
| State of Kansas )  |                     |                         |   |                       |
|  | SS                  |                         |   |                       |
| County of)   | 55                  |                         |   |                       |
| ,  |                     |                         |   |                       |
| I hereby certify that the  | ne foregoing        | g application was signe | ed in my presence and sworn to before me this   | day of                |
| , 20   |                     |                         |   |                       |
| , 20   | •                   |                         |   |                       |
|  |                     |                         |   | 1.1.                  |
|  |                     |                         | Notary Pu                                       | ıblic                 |
| My Commission Expires  |                     |                         |   |                       |
|  |                     |                         |   |                       |
| viy Commission Expires   |                     |                         |   |                       |
| viy Commission Expires   |                     |                         |   |                       |
| Ty Commission Expires  |                     |                         |   |                       |
|  |                     |                         |   |                       |
| ·,   |                     |                         | , understand and agree with the terms of this V | oluntary Vestec       |
| (Owner Name)   |                     |                         | , understand and agree with the terms of this V | oluntary Vestec       |
| ,(Owner Name)  |                     |                         | , understand and agree with the terms of this V | oluntary Vestec       |
| ·,   |                     |                         | , understand and agree with the terms of this V | oluntary Vestec       |
| (Owner Name)<br>LEMA Enrollment Form.  |                     |                         | , understand and agree with the terms of this V | oluntary Vested  Date |
| (Owner Name)<br>LEMA Enrollment Form.  |                     | (Spouse Name)           |   |                       |
| (Owner Name) LEMA Enrollment Form.  Owner Signature  |                     | (Spouse Name)           |   |                       |
| (Owner Name) LEMA Enrollment Form.  Owner Signature  State of Kansas   | and                 | (Spouse Name)           |   |                       |
| (Owner Name) LEMA Enrollment Form.  Dwner Signature  State of Kansas )   |                     | (Spouse Name)           |   |                       |
| (Owner Name)  LEMA Enrollment Form.  Owner Signature  State of Kansas )  County of)                            | and                 | (Spouse Name)  Date     | Spouse Signature                                | Date                  |
| (Owner Name)  LEMA Enrollment Form.  Owner Signature  State of Kansas )  County of)                            | and                 | (Spouse Name)  Date     |   | Date                  |
| (Owner Name)  LEMA Enrollment Form.  Owner Signature  State of Kansas )  County of)  I hereby certify that the | and SS ne foregoing | (Spouse Name)  Date     | Spouse Signature                                | Date                  |
| (Owner Name)  LEMA Enrollment Form.  Owner Signature  State of Kansas )  County of)                            | and SS ne foregoing | (Spouse Name)  Date     | Spouse Signature                                | Date                  |
| (Owner Name)  LEMA Enrollment Form.  Owner Signature  State of Kansas )  County of)  I hereby certify that the | and SS ne foregoing | (Spouse Name)  Date     | Spouse Signature                                | Date  day of          |

My Commission Expires \_\_\_\_\_

### VOLUNTARY VESTED RIGHT LEMA ENROLLMENT CONSENT FORM ADDITIONAL OWNER CERTIFICATION

| I,                            | understand and agree with the terms of this Voluntary Vested Right LEMA Enrollment Form.  |
|-------------------------------|---|
| (Owner Name)                  |   |
| Spouse Signature              |   |
| State of Kansas )  County of) | SS  |
| I hereby certify that         | the foregoing application was signed in my presence and sworn to before me this day of    |
| , 20                          |   |
|                               | Notary Public   |
| My Commission Expires         |   |
| I,(Owner Name)                | understand and agree with the terms of this Voluntary Vested Right LEMA Enrollment Form.  |
| Spouse Signature              |   |
| State of Kansas )  County of) | SS the foregoing application was signed in my presence and sworn to before me this day of |
|                               |   |
|                               |   |
|                               | Notary Public   |

My Commission Expires \_\_\_\_\_

# VOLUNTARY VESTED RIGHT LEMA ENROLLMENT CONSENT FORM FARM MANAGER / TENANT CERTIFICATION

| I,                            | understand and agree with the terms of this Voluntary Vested Right LEMA Enrollment Form. |
|-------------------------------|--|
| (Farm Manager/Tenant)         |  |
| Farm Manager / Tenant Signa   | ture   |
| State of Kansas )             | SS   |
| County of)                    |  |
| I hereby certify that t       | he foregoing application was signed in my presence and sworn to before me this day of    |
| , 20                          |  |
|                               | Notary Public  |
| My Commission Expires         |  |
| I,(Farm Manager/Tenant)       | understand and agree with the terms of this Voluntary Vested Right LEMA Enrollment Form. |
| Farm Manager / Tenant Signa   |  |
| State of Kansas )  County of) | SS   |
|                               | he foregoing application was signed in my presence and sworn to before me this day of    |
| , 20                          | <del>-</del>   |
|                               | Notary Public  |
| My Commission Expires         |  |