EXHIBIT A (Part I)

APPLICATION FOR POLE ATTACHMENT OR REMOVAL

Place:		Date:						
City	State							
(Licensee) Grant Funded Project Y/N	g''oh'Fwpf kpi +" Coax	Request to Attach. (complete Part IV) Request to Overlash. (complete Part IV) Service Drop." Notice of Removal. (Include type)" (Qty) Transmission Poles (Qty) Distribution Poles (Qty) Transmission Poles for Overlash (Qty) Distribution Poles for Overlash						
F guetkr vkqp"qh'Ecdrg'Tqwg'"aaaa		naaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa						
APPLICATION IS: Approved Approved with modifications (Explanation of modifications attached) Denied (Explanation Attached)								
		Work Order # Make Ready Cost \$ Design #						
Approved by:		Date:						
(Distribution	Designer)							
Work Order #		Inspection Cost \$						
The above described attachmen AGREEMENT, on file in Joint	•	ht under and made a part of the JOINT USE						
any attachments to Idaho Pow obtain any and all consents, pe	ver poles under this ermits and/or license	varrants to Idaho Power that prior to making spole attachment application, Licensee will es required from the owner of the underlying ement between Idaho Power and Licensee.						
Attachments made by Lice	nsee as directed b	oy Idaho Power:						
Date	Licens	see Signature						
IDAHO POWER COMPANY		LICENSEE						
by Joint-Use Specialist	_	by						

1 - Failure to complete Entry within 180 days of approval will require a new Application and Application Fee

Exhibit A - Part IV - Joint Use Project Details

Project Details												Route Location		
Licensee Contact Person				Date New Cable Type New Cable Diameter Phone New Cable lbs/ft					ameter	Total Bundle Diameter Total Bundle lbs/ft		City County State		
Pole Number and Location Information		Proposed Attachment			Existing Attachments List distance from attachment to ground of street surface (Ft. & In.)			ment to	Proposed Installations (riser, anchor/guy, canal crossing)	IPC Contractor Assessment				
Map Sheet #	POLE ID (GISO)	Only if no GISO Latitude	Only if no GISO Longitude	At Pole Height (Ft. & In.)	Height at Midpoint (Ft. & In.)	Span to Next Pole (Ft.)	Lowest Power	Highest Comm	Lowest Comm	Lowest Comm. Midspan	Licensee Notes	Initial Make Ready Assessment (Y/N)	Make-Ready Proposed Modifications to Allow for Attachment:	Installation Instructions

					Canal Cross	*Written verification of crossing height requirments from canal owner included with Application? (Y/N)			
Map Sheet #	POLE ID (GISO A)	POLE ID (GISO B)	Latitude	Longitude	Canal Name	Canal Owner/Operator	Authorized Minimum Crossing Height	Point of Measurment	*must include references to canal name/owner/operator, location, minimum crossing height, and point of measurement.