

FIELD AMENDMENT FORM

29-00058

00059

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13317

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
 _____ Date: _____

For Organizations:

I do solemnly swear or affirm that I am Byron Allen of _____ Title

McCammon Ditch Co., that I have signed the foregoing Organization
 document in the space below as President of Title

McCammon Ditch Co. and that the statements contained in the Organization
 foregoing document are true and correct.

Byron K Allen
 Signature of Authorized Agent

President - McCammon Ditch Co.
 Title and Organization

7-29-02

Date

10192 S Hall Rd.
 McCammon, ID 83250

State of Idaho)
) SS.
 County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
 of _____ 20 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

7/29/02

NOTE: This form is for a
 Change of Address only
 for McCammon Ditch Co.

SPR