

03/22/2005

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 27-12066

ROBERTA SMITH
PO BOX 298
BLACKFOOT ID 83221

THOMAS B SMITH
PO BOX 298
BLACKFOOT ID 83221

*PHONE #
DAY & NIGHT
208-785-0315*

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

X ^{WE} I AGREE with this proposed recommendation: no changes need to be made.

DATE: 5/21/05

SIGNATURE:

Roberta Smith Thomas B Smith

Please print your name:

ROBERTA SMITH

THOMAS B. SMITH

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

RECEIVED
MAY 31 2005
Department of Water Resources
Eastern Region

*KMT
5/31*