

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided, if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
<u>29-2378</u>					
<u>29-13310</u>					
<u>29-00183</u>					
<u>29-00184</u>					

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) are for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s) FRANCIS G. FAGNANT OR Ruth Ann Olson
PO Box 644
4. New Owner/Claimant(s) LAVA HOT SPRINGS ID 83246
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address FAGNANT & OLSON Ranch LLC
- City, State and ZIP Code PO Box 293 LAVA HOT SPRINGS ID
- New Telephone Number 208 776-5290 83246
5. Date you acquired the property _____

6. **If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7.** If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7.

Signature of New Owner(s) or Claimant(s)
(include title if applicable)

Francis Glen Fagnant

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____ Date _____ Fee _____
 Receipted by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED/EFFECTIVE

00 JUN 29 AM 10:24

1. The name of the limited liability company is: Fagnant & Olson Ranch
STATE OF IDAHO
2. The address of the initial registered office is: 10240 East Maughan Road, Lava Hot Springs, ID 83246
and the name of the initial registered agent at that address is: Francis Gene Fagnant
3. The mailing address for future correspondence: P.O. Box 293, Lava Hot Springs, ID 83246-0293

4. Management of the limited liability company will be vested in:

Managers ☐ or Member(s) ☒. (Please check the appropriate box).

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

Francis Gene Fagnant

P.O. Box 293, Lava Hot Springs, ID 83246-0293

Ruth Ann Olson

P.O. Box 644, Lava Hot Springs, ID 83246-0644

Kenneth E. Fagnant

P.O. Box 638, Lava Hot Springs, ID 83246-0638

Russell J. Fagnant

808 Bonita Dr., Vista, CA 92083

Franklin D. Fagnant

P.O. Box 252, Lava Hot Springs, ID 83246-0252

Maureena L. Blackwell

P.O. Box 45, Lava Hot Springs, ID 83246-0045

6. Signature of at least one person responsible for forming the limited liability company:

Francis Gene Fagnant
Ruth Ann Olson
Kenneth E. Fagnant
Franklin D. Fagnant
Maureena L. Blackwell

Secretary of State Use Only

IDAHO SECRETARY OF STATE

06/29/2000 09:00
CK: 14035 CT: 10431 DH: 330213

1 @ 100.00 = 100.00 ORGAN LLC # 2

W 12328

DATE OF THIS NOTICE: 07-11-2000
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 82-0523957
FORM: SS-4
2916728556 B

FAGNANT & OLSON RANCH L L C
FAGNANT FRANCIS GENE MEMBER
PO BOX 293
LAVA HOT SPRINGS ID 83246

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 82-0523957. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1065

04/15/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 07-26-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.