

RECEIVED
DEC 06 2005
DEPARTMENT OF
WATER RESOURCES

IDWR

1 Dec, 05

RE: Enclosed Adjudication review docs,
mailed 12-1-05 From Nampa post office,

Dear Sirs:

I have signed and dated the enclosed
"NOTICE OF ERROR" sheets, to state that I
agree with the proposed recommendations.
Docs were reviewed by Steve Hannula
at ERO, on my behalf.

Thank you.

Sincerely,

Mark McDonough

P.O. Box 74
Melba ID. 83641
tel 495.9801 (208)

CC: file



RESOURCES CORPORATION

To: Mark Mc Donough 40 Copies Plw	Fax No.: 466-6365
Company:	Date/Time: 12-1-05
From: Steve Honnula	Pages (including cover): 5

Notes:

Mark,

Please sign, date and mail to IDWR.
Check your home voice mail. If you have a chance,
please call.

ERO Resources Corporation
3314 Grace St.
Boise, Idaho 83703-5836
Phone: (208) 373-7983
Fax: (208) 373-7985

Denver ~ Boise ~ Durango

www.eroresources.com
eroboise@eroresources.com

Confidentiality Notice: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you receive this communication in error, please notify us immediately by telephone and return the original message to us at the address below via first class mail.
Thank you.

11/09/2005

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: December 2, 2005

Water right number: 2-2431

MARK A MC DONOUGH

PO BOX 74

MELBA ID 83641

Telephone Number: (208) 495-9801

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 I AGREE with this proposed recommendation: no changes need to be made.

DATE: _____

SIGNATURE: _____

Please print your name: _____

IDWR State Office, 322 E. Front St., P.O. Box 83720, Boise, ID 83720-0098