

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.

RECEIVED
 MAR 13 2006
 WATER RESOURCES
 WESTERN REGION

- 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 (under the "split" heading), 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
67-14660	AJ	___	67-3666	AJ	___
67-14658	AJ	___	_____	_____	___
67-4559	AJ	___	_____	_____	___
67-4244	AJ	___	_____	_____	___
67-2077 C	AJ	___	_____	_____	___

RECEIVED
 MAR 15 2006
 DEPARTMENT OF
 WATER RESOURCES

- 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) is 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)

Clinton T Yates Mark C Yates
 Phyllis R Yates Diane J Yates
 2123 Airport Rd 4200 Hells Canyon Dam Rd
 Council, ID 83612 Oxbow, OR 97846

- 4 New Owner/Claimant(s)

Phyllis R Yates Mark C Yates Lynn M Reinhold

Name Connector (Check one): ☐ and, ☐ or ☐ and/or

New Mailing Address

2502 Cemetery Lane

City, State and ZIP Code

Council, ID 83612

New Telephone Number

208 253 - 6915

- 5 Date you acquired the property

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

This form can be used to notify the Department of a change in
address of the owners of record for the listed water rights.

(Please print or type)

[] Water Right Number(s): 67-14660; 67-14658; 67-4559;
67-4244; 67-2077; 67-366;
67-404; 67-405

[] Name(s): Phyllis R Yates Mark MC Yates
Lynn M Reinhold

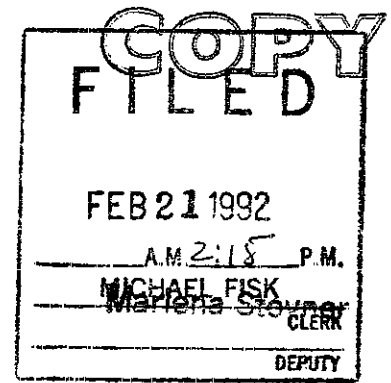
[] Old Mailing Address: 4200 Hell Canyon Dam Road
Oxbow, OR 97840

[] New Mailing Address: 2502 Cemetery Lane
Council, ID 83612

Telephone Number: (208) 253 - 6915

[] Signature(s) of Owner(s) Lynn M Reinhold
Registered Agent + General Partner
(Include your title if on behalf of company or organization)

Date: 3-6-2006



GREGORY C. PITTENGER
MILLEMANN & PITTENGER
ATTORNEYS AT LAW
POST OFFICE BOX 1066
706 NORTH 1ST STREET
MCCALL, IDAHO 83638
TELEPHONE: (208) 634-7641
TELECOPIER: (208) 634-4516

Attorneys for Plaintiff

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ADAMS

MAGISTRATE DIVISION

DIANE J. YATES,	)	CASE NO. D-361
	)	
Plaintiff,	)	JUDGMENT AND DECREE
	)	OF DIVORCE
-vs-	)	
	)	
MARK C. YATES,	)	
	)	
Defendant.	)	

THIS MATTER, came on for trial before the above-entitled Court the 29th day of January, 1992. Plaintiff, Diane J. Yates was present and represented by her attorney, Gregory C. Pittenger of Millemann & Pittenger. The Defendant, Mark C. Yates was present and represented by his attorney, Howard F. Manly. The parties presented an oral stipulation and written Marital Settlement Agreement which resolves all matters and issues existing between the parties.

WHEREFORE, the Court FINDS AND CONCLUDES as follows:

1. That the Plaintiff herein is now and for more than six (6) weeks last past preceding the commencement of this action and the filing of the complaint herein, has been a resident of the State of Idaho.

If only one child is claimable, the parties shall alternate from year to year, beginning with the party who last claimed one exemption when there were three.

V.

The parties agree that there are no grounds for spousal maintenance in this matter, and that none shall be paid.

VI.

The parties hereto have acquired certain community property, during the course of their marriage, the specific identity and value of which have been agreed upon between them; and, the said property shall be and hereby is divided according to the terms and conditions described hereafter.

VII.

Husband agrees to and does hereby release, transfer and assign to Wife as her sole and separate property all of his right, title and interest, both present and prospective, to and in the following described property and assets:

A. Personal Property and Other Assets:

1. 1985 Jeep Cherokee Laredo;
2. IRA in Wife's name;
3. Personal property presently in Wife's possession, together with those items listed on Exhibit "A" attached; and,
4. Current balance in all bank accounts in Wife's name.

VIII.

Wife agrees to and does hereby release, transfer and assign to Husband as his sole and separate property all of her right, title and interest, both present and prospective, to and in the following described property and assets:

A. Personal Property and Other Assets:

1. All bank accounts, certificates of deposits, IRA accounts, savings bond and other accounts currently in Husband's name;
2. All right, title and interest in the Flying Y Yates Partnership;

3. Satellite dish and receiver;
4. All existing livestock or proceeds of sale of livestock presently in Husband's possession; and,
5. Personal property presently in Husband's possession.

IX.

In consideration for the above-described division of community assets, Husband agrees to pay Wife the sum of One Thousand, and No/100 Dollars (\$1,000.00), payable on the date of entry of a Decree of Divorce.

X.

Wife agrees to and does hereby assume sole and exclusive liability and responsibility for the following debts:

- A. All current debt, current liability and prospective liability associated with the property identified in Paragraph VII, hereinabove; and,
- B. All other debts and liabilities incurred by Wife since the date of the parties' separation.

XI.

Husband agrees to and does hereby assume sole and exclusive responsibility and liability for the following debts:

- A. All current debt, current liability and prospective liability associated with the property identified in Paragraph Number VIII hereinabove, West One Line of Credit; and,
- B. All other personal debt and liability incurred by Husband since the date of the parties' separation.

XII.

Husband agrees to hold Wife harmless regarding and does hereby indemnify Wife from any liability associated with or stemming from the assets and property described hereinabove in Paragraph Number VIII and the debts and liability described hereinabove in Paragraph Number XI, including but not limited to any existing or prospective underlying indebtedness on such assets, and any attorney fees and costs incurred by Wife because of Husband's failure to timely and fully discharge any such liability, debt or obligation.

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL
STATE
COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO
2 12

NAME OF DECEASED CLINTON T. YATES			SEX 2. MALE	DATE OF DEATH FEBRUARY 5, 1997		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) 4A. WHITE		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES
PLACE OF DEATH 6. MARICOPA	A. COUNTY	B. TOWN OR CITY SUN CITY	C. HOSPITAL OR INSTITUTION BOSWELL MEMORIAL HOSPITAL			D. ☐ DOA ☒ OP EMER. ☐ IN PATIENT
DATE OF BIRTH FEBRUARY 26, 1926	AGE (YEARS LAST BIRTHDAY) 8A. 70	IF UNDER 1 YEAR MOS. DAYS B.	IF UNDER 1 DAY HRS. MIN. C.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. PHYLLIS PIKE
STATE AND CITY OF BIRTH (if not in USA, name country) 11. AZ PHOENIX	CITIZEN OF WHAT COUNTRY? 12. U.S.A.	SOCIAL SECURITY NO. [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. DIRECTOR		KIND OF BUSINESS OR INDUSTRY B. UTILITY
USUAL RESIDENCE 15. IDAHO	A. STATE	B. COUNTY ADAMS	C. TOWN OR CITY COUNCIL	D. ZIP CODE 83612	HOW LONG IN ARIZONA? 16. 3 MOS.	
STREET ADDRESS OR R.F.D. 15E. 2123 AIRPORT RD.		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES	ON RESERVATION (SPECIFY Yes or No) 15G. NO	PREVIOUS STATE OF RESIDENCE 18. ARIZONA		ELEMENTARY-SECONDARY (0-12) A.
FATHER'S NAME CLINTON T. YATES		MOTHER'S MAIDEN NAME OTTA JO STEPHENS		EDUCATION HIGHEST GRADE COMPLETED B. 4		
INFORMANT'S SIGNATURE 21. PHYLLIS R. YATES			RELATIONSHIP TO DECEASED 22. WIFE	ADDRESS 23. 2123 AIRPORT RD. COUNCIL, IDAHO 83612		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION	DATE 25. 2/7/97	CEMETERY OR CREMATORY - NAME/LOCATION 26. WESTSIDE CREMATORY/YOUNGTOWN, AZ			EMBALMER'S SIGNATURE 27A. NOT EMBALMED	
FUNERAL HOME LUNDBERG GOLDEN DOOR MORT. 11211 MICHIGAN AVE. YOUNGTOWN,			FURNAL DIRECTOR or person acting as such (SIGNATURE) 28. [Signature]			CERT. NO. 344
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.		
30. SIGNATURE AND TITLE [Signature]		31. DATE SIGNED (Mo., Day, Year) FEBRUARY 6, 1997		34. AND TITLE [Signature]		35. DATE SIGNED (Mo., Day, Year) FEBRUARY 6, 1997
32. HOUR OF DEATH 32.		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.		36. HOUR OF DEATH 1146		37. PRONOUNCED DEAD (Mo., Day, Year) ON FEBRUARY 5, 1997
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 39. ANN L. BUCHOLTZ, M.D., 120 S. SIXTH AVE., PHOENIX, AZ				AUTHORIZED FOR CREMATION (SPECIFY) ☒ Yes ☐ No		MEDICAL EXAMINER'S SIGNATURE [Signature]
DATE REGISTERED FEB 11 1997	REG. FILE NO. 2745	REGISTRAR'S SIGNATURE [Signature]		REG. DISTRICT 0705	DATE REGD. IN STATE OFFICE 46.	
47. A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
B. DUE TO OR AS A CONSEQUENCE OF:						
C. DUE TO OR AS A CONSEQUENCE OF:						
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No) 49. NO		
				WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES		
MANNER OF DEATH ☒ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED		DATE OF INJURY MO DAY YR 52.		HOUR 53.		INJURY AT WORK? (Specify Yes or No) 54.
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56.		WHERE LOCATED? 57.		STREET ADDRESS 55.		
CITY OR TOWN 58.		STATE 59.				
SUPPLEMENTARY ENTRIES 60.						

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA

COUNTY OF MARICOPA

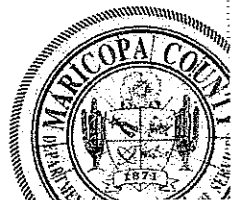
SS

DATE ISSUED

February 27, 1997

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES PHOENIX ARIZONA issued under the authority of A.R.S. 36-341 and by direction of:

Susan Claire Cornell
Susan Claire Cornell
Chief Deputy County Registrar



2739760

FILED EFFECTIVE

2005 FEB 24 AM 8:55

SECRETARY OF STATE

File Number: L3613

STATEMENT OF CHANGE OF BUSINESS MAILING ADDRESS

(see reverse for instructions)

The entity identified below submits to the Secretary of State the following statement for the purpose of changing its business mailing address.

1. The name of the business entity is: Flying Y Limited Partnership

2. The business mailing address is currently on file as: 2123 Airport Road, Council, Idaho 83612

3. The business mailing address is to be changed to: 2502 Cemetery Lane, Council, Idaho 83612

4. Change of address is effective: ☒ Upon Receipt OR ☐ (Date)

Signed: Lynn M Reinhold

Printed Name: Lynn M. Reinhold

Capacity: Ranch Manager/General Partner

Dated: 2-15-2005

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File #: _____

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

1. The name of the entity is: Flying Y Limited Partnership
2. The street address of its present registered office is: 2123 Airport Road, Council, Idaho 83612
3. The street address (not a P.O. box) to which its registered office is to be changed is: 2502 Cemetery Lane Council, Idaho 83612
4. The name of its old registered agent is: Phyllis Yates
5. The name of its new registered agent is: Lynn M Reinhold
6. The address of the registered office and the business address of the registered agent are identical.

Dated: 2-15-2005

Signed: _____

Printed: Phyllis Yates

Capacity: General Partner

I consent to serve as registered agent
for the above-named entity.

(See reverse for instructions)

Lynn M Reinhold
(Signature of new registered agent)



AMENDMENT TO CERTIFICATE OR REGISTRATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

1. The name of the limited partnership is:

Flying Y Limited Partnership

If the Limited Partnership has been administratively dissolved and the name is no longer available for use, #3a below must include an amendment of name.

2. The date on which its certificate or registration of limited partnership was filed with the Idaho

Secretary of State was 12-23-1997 and it's Domestic State is: Idaho

3. The certificate of limited partnership is amended as follows: (check appropriate box(es))

☐ a. The name of the limited partnership is amended to read:

☐ b. The name and business address of the registered agent are amended to read:

☐ c. The name of each withdrawing general partner is:

☒ d. The name and business address of each new general partner are:

(if more space is needed, continue in block f)

Lynn M Reinhold

2502 Cemetery Lane

Council, Idaho 83612

☐ e. The business of the limited partnership is continued following an event of withdrawal of a general partner.

☐ f. Other amendments (optional):

4. Signature of at least one general partner and all new general partners:

Signature _____

Typed Name Phyllis Yates

Signature Lynn M Reinhold

Typed Name Lynn M Reinhold

Secretary of State use only

g:\corp\forms\lp\amend_lp.pmd
Revised 11/2003



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190

FAX (208) 334-2348

March 13, 2006

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

Phyllis R. Yates, Mark C. Yates & Lynn M. Reinhold
2502 Cemetery Lane
Council, ID 83612

RE: Water Right No. 67-14660, 67-14658, 67-4559, 67-4244, 67-2077C, 67-366

Dear Claimant(s):

This office has received your Notice of Change of Water Right Ownership recently submitted. We also received check number 230 in the amount of \$150; however, we are returning it to you, as the ownership change fee is not required for these particular water right claims. This claim has not yet been decreed by the SRBA Court. The ownership change is being processed and a copy will be mailed to you upon completion.

Thank you for your patience and cooperation. If you have any questions regarding this letter, feel free to contact this office at (208) 334-2190

Sincerely,

Liberty Gagnon

Liberty Gagnon
Office Specialist 1
Adjudication Section
Western Region

LG:lg

Enclosures

FLYING Y RANCH LYNN M REINHOLD OR P R YATES 2502 CEMETERY LN PH. 208-253-6915 COUNCIL ID 83612-5036		230 92-372/1231 3623
DATE <u>3-10-2006</u>		
PAY TO THE ORDER OF <u>IDWR</u>	\$ <u>150.00</u>	
<u>One hundred fifty and no/100</u>		DOLLARS
		
FOR <u>change in ownership fees</u>		<u>Lynn M Reinhold</u>