



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. SKYLINE DR., SUITE A, IDAHO FALLS, ID 83402-1718

PHONE: (208) 525-7161 FAX: (208) 525-7177 WEB SITE: www.idwr.state.id.us

EASTERN REGION
August 4, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

CASEY REID
1051 REID RD
FIRTH ID 83236

RE: Notice of Change of Water Right Ownership (NCO) for 27-10390 and Notice of Completed Administrative Proceeding (NCAP)

Dear Mr. Reid:

The Idaho Department of Water Resources (IDWR) received an NCO changing the right holder for the above referenced water right(s). Based on this NCO, IDWR water right records for the Snake River Basin Adjudication (SRBA) have been updated.

Furthermore, as directed by the SRBA Court, this office mailed a copy of the updated water right record(s) to each party listed on the enclosed NCAP. The intent of this mailing is to ensure each party has a current record of water right(s) as recorded in the SRBA.

Please feel free to contact me if you have any questions concerning this matter.

Respectfully,

Jennifer Crabtree
Technical Records Specialist

Enclosure

cc: Marlene & Wallace Reid

CERTIFICATE OF MAILING

I certify that on August 4, 200~~26~~⁰⁶ I mailed the original and copies of this form to the following persons, postage prepaid by regular mail and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
PO Box 2707
Twin Falls ID 83303-2707

2. One copy to:

Claimant/Seller for Substitution of Party or attorney of record:
MARLENE & WALLACE REID
993 REID RD
FIRTH ID 83236

3. One copy to:

Claimant/Purchaser for Substitution of Party, or attorney of record:
CASEY REID
1051 REID RD
FIRTH ID 83236

4. One copy to:

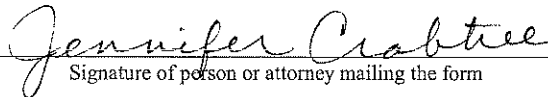
Each party in the subcase, or attorney of record
JEANETTE WOLFLEY
SHOSHONE BANNOCK TRIBE
202 N ARTHUR
POCATELLO ID 83204

5. One copy each to:

Chief Natural Resources Division
Office of the Attorney General
PO Box 44449
Boise ID 83711-4449

6. One Copy to:

United States Dept of Justice
Environment & Natural Resource Div
550 West Fort Street MSC 033
Boise ID 83724


Signature of person or attorney mailing the form