



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 23, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

HOWARD & JACQUELYN NATION
594 W 200 S
BLACKFOOT ID 83221

RE: Notice of Change of Water Right Ownership (NCO) for 27-11994 and Notice
of Completed Administrative Proceeding (NCAP)

Dear Mr. and Mrs. Nation:

Due to an oversight, when our department changed the water right ownership in July 2004, Jacquelyn Nation was left off. We have since corrected this error in our data base.

Furthermore, as directed by the Snake River Basin Adjudication 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,

A handwritten signature in cursive script that reads "Jennifer Crabtree".

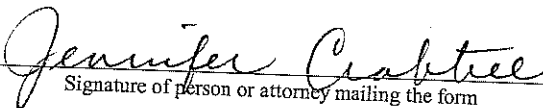
Jennifer Crabtree
Technical Records Specialist

Enclosure

CERTIFICATE OF MAILING

I certify that on Aug 25, 2006, 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:
HOWARD S NATION
3. One copy to:
Claimant/Purchaser for Substitution of Party, or attorney of record:
HOWARD S NATION
JACQUELYN C NATION
594 W 200 S
BLACKFOOT ID 83221
4. One copy to:
Each party in the subcase, or attorney of record
JEANETTE WOLFLEY
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