

09/01/2006

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:

Water right number: 24-4018

KEVIN TONER
136 MADISON AVE 3RD FLOOR

NEW YORK NY 10016
Telephone Number: (212) 842-8903

YODON THONDEN
136 MADISON AVE 3RD FLOOR

NEW YORK NY 10016
Telephone Number: (212) 842-8903

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

I DISAGREE WITH THE FACT THIS CLAIM
WAS DISALLOWED

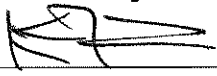
2. Describe the changes you wish to make in the proposed recommendation:

RECOMMEND THE CLAIM

3. Give a brief explanation as to why you disagree with these portions:

THERE IS A CLEAR BENEFICIAL
USE AT THE POOL, PERHAPS AT A

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

DATE: 10/30/06 SIGNATURE: 
Please print your name: KEVIN TONER

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

REDUCED RATE

