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RECEIVED

AUG 06 2007

**DEPARTMENT OF
WATER RESOURCES**

August 3, 2007

COPY

Cindy Bird
Idaho Department of Water Resources
15 W. Center St.
Soda Springs, ID 83276

RE: SRBA Claims of Kevin Toner, Yodon Thonden and Joel Porter

Dear Cindy:

We have finally received the signed amended claims back from both Kevin Toner and Joel Porter. We have also prepared the motions to file the amended notices of claim, but before we send those into the court, I have some vague recollection that I may have agreed to send these to you for review before filing them with the court. In any event, that is what we are doing and we will look forward to hearing from you as soon as it is convenient because we are prepared to file them with the court as soon as everybody is satisfied that we have things prepared correctly. We will certainly look forward to hearing from you as soon as may be.

Yours very truly,



Kent W. Foster

Enclosures

c: ✓ Nick Spencer

COPY

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576
Ident. Number 24-10752
Date Received _____
Receipt Number _____

AMENDED NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s) Joel Porter Phone (212) 842-8903 901 5246117

Mailing Address 130 N. Court, Memphis, TN Zip 38103

2. Date of Priority (Only (1) per claim) May 1, 1932

3. Source of water supply (a) Sage Creek

which is tributary to (b) Crow Creek

4.a. Location of existing point of diversion is:
Township 9S Range 46E Section 20, NE 1/4 of SE 1/4 of SW 1/4, Govt. Lot _____,
County of Caribou

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4, Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4 Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged
and the depth of each well. Headgate and Ditch

6. Water is claimed for the following purposes: _____ (Both dates are inclusive) (cfs) (acre feet)

For Irrigation purposes from 04/01 to 10/31 amount 0.17 cfs or _____

7. Total quantity claimed (a) 0.17 cfs (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

10. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instruction for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				TLS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
9S	46E	20															5.5		5.5
		29		3.2															3.2

Total number of acres irrigated 8.7

11. In which county(ies) are lands listed above as place of use located? Caribou

12. Do you own the property listed above as place of use? Yes ☒ No ☐
If your answer is No, describe in Remarks below the authority you have to claim this water right.

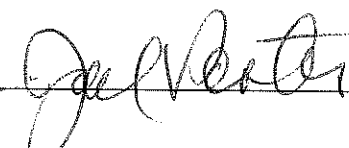
13. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None (☒)

14. Remarks:

15. Basis of Claim (Check one) Beneficial Use ☒ Posted Notice ☐ Permit ☐ Decree ☐ License ☐
If applicable provide IDWR Water Right Number 24-10752
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature(s)

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s)  Date 6-25-07

_____ Date _____

For Organizations: I do solemnly swear or affirm that I am _____ of _____
(Title)

_____, that I have signed the foregoing document in the space below as
(Organization)

_____ of _____ and that the statements contained in the
(Title) (Organization)

foregoing document are true and correct.

Last Name Joel Porter Ident. Number 24-10752

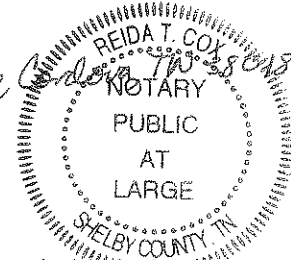
Signature of Authorized Agent _____

Title and Organization _____ Date _____

State of ~~Idaho~~ TENNESSEE)
) SS.
County of SHELBY)

Subscribed and sworn (or affirmed) before me this 25th day of June, 2007.

Notary Public Reida T. Cox
Residing at 7432 Glenmore Lane, Cordova, TN 38018
My Commission Expires 12/12/07



17. Notice of Appearance:

Notice is hereby given that I, Kent W. Foster, will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address: 1000 Riverwalk Dr., Ste. 200, PO Box 50130, Idaho Falls, ID 83405-0130

Date _____