

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

In Re SRBA)

Case No. 39576)

A. Subcase 47-4078

(Insert water right number
From the Objection Form)

STANDARD FORM 2
RESPONSE TO OBJECTION

Please **print or type** the following information:

B. NAME AND ADDRESS OF PERSON RESPONDING

Name: Robert Jones and Arlene S. Jones Living Trust

Address: 715 Eastland Drive North

Twin Falls, Idaho 83301

Daytime Phone: 208-308-6060

Name & Address of Attorney, if any:

**C. NAME AND ADDRESS OF PERSON WHO FILED THE OBJECTION TO
WHICH YOU ARE RESPONDING**

Name: Twin Falls Canal Company

Address: 357 6th Avenue West

Twin Falls, Idaho 83301

D. I am responding to the objections to the following elements. (Please check the appropriate box(es)).

1. ☒ Name and Address
2. ☒ Source
3. ☐ Quantity
4. ☐ Priority Date
5. ☐ Point(s) of Diversion
6. ☐ Instream Flow Description
7. ☒ Purpose(s) of Use
8. ☐ Period of Year
9. ☐ Place of Use

11. Recommendation

- ☐ This water right should not exist.
- ☐ This water right was not recommended, but should be recommended with the elements described above.

E. VERIFICATION (Must be Completed)

State of Idaho)
)ss.

County of Twin Falls)

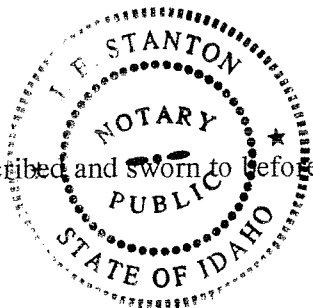
Robert Jones, duly sworn, upon oath, deposes and says:
(Name of person filing response)

That I am the party/claimant filing this response as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant responding and that I have read this response, know its contents and believe that the statements are true to the best of my knowledge.

[Signature]
(Signature of person filing response)

(Attorney signing in representative capacity)

Subscribed and sworn to before me on: 11-20-07



J. F. Stanton
Notary Public for IdWR
Residing at: Twin Falls, ID
My Commission Expires: 1-12-2013

INSTRUCTIONS FOR MAILING

You must mail the response, including all attachments, to the Clerk of the Court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

F. CERTIFICATE OF MAILING

I certify that on 11-20, ~~199~~²⁰⁰⁷, I mailed the original and copies of this response, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. One copy to the claimant of the water right at the following address:

Name: Robert Jones and Arlene S. Jones Living Trust
Address: 715 Eastland Drive N, Twin Falls, ID 83301

3. One copy to the party who filed the objection at the following address:

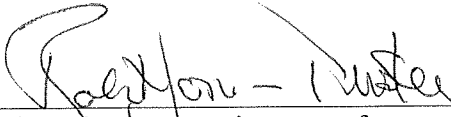
Name: Twin Falls Canal Company
Address: 357 6th Avenue West, Twin Falls, Idaho 83301

4. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

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

United States Department of Justice
Environment & Natural Resource Division
550 West Fort Street, MSC 033
Boise, ID 83724


Your signature or signature of attorney
mailing on your behalf