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DEC 21 2007

DEPARTMENT OF
WATER RESOURCES

DISTRICT COURT-SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

DEC 20 2007

By

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

Clerk
Deputy Clerk

In Re SRBA

Subcase: 63-08413

Case No. 39576

ORDER GRANTING MOTION TO FILE
LATE NOTICE OF CLAIM

On September 5, 2007, the Clyde L. and Peggy G. Marchbanks Family Trust, by and through counsel, Paul L. Arrington, filed a *Motion to File Late Notice of Claim* for the above-captioned water right. Hearing was held on the *Motion* on December 18, 2007. This *Motion* complied with all procedural requirements under *SRBA Administrative Order 1*, and no objections were made to this late Notice of Claim.

THEREFORE, IT IS ORDERED, that the *Motion to File a Late Notice of Claim* for the above-captioned water right is **granted**.

The original Notice of Claim, as well as any attached filing fees, and a copy of this **Order** will be forwarded to the Idaho Department of Water Resources for further action. Following investigation by the Idaho Department of Water Resources, recommendation for the claim will be reported in the next *Late Claims Director's Report* which is issued on an annual basis. This modifies the provisions of *SRBA Administrative Order 1* 4d(2)(h).

IT IS SO ORDERED.

Dated December 20, 2007.


JOHN M. MELANSON
Presiding Judge
Snake River Basin Adjudication

CERTIFICATE OF MAILING

I certify that a true and correct copy of the ORDER GRANTING MOTION TO FILE LATE NOTICE OF CLAIM was mailed on December 20, 2007, with sufficient first-class postage to the following:

CLYDE L & PEGGY G MARCHBANKS

Represented by:

PAUL L ARRINGTON

113 MAIN AVE W, STE 303

PO BOX 485

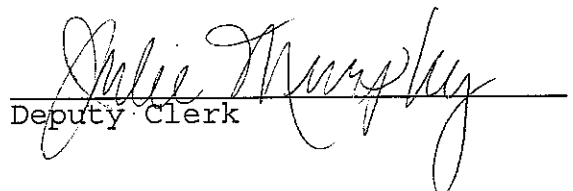
TWIN FALLS, ID 83303-0485

Phone: 208-733-0700

DIRECTOR OF IDWR

PO BOX 83720

BOISE, ID 83720-0098

A handwritten signature in cursive script, appearing to read "Julie Murphy", is written over a horizontal line. The signature is fluid and extends slightly above and below the line.

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DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409 (2)a (Internet)

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: 03-8413

Date Received: 12.21.07

Receipt No: 0085575

Received By: AMB

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

The Clyde L. & Peggy G. Marchbanks

1. Name of Claimant (s) Family Trust Phone (208) 884-1375

Mailing Address 2788 E. Geen Canyon Dr., Meridian ID ZIP 83642
Street or Box City State

2. Date of Priority (Only one (1) per claim) 02-02-1977
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 04 N., Range 03 W., Section 05,
_____, 1/4 of SE, 1/4 of NE, 1/4 Govt. Lot _____, BM., County of Canyon

Additional points of diversion if any: _____

If available, GPS Coordinates _____

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

Township _____, Range _____, Section _____, 1/4 of _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, 1/4 of _____, 1/4 of

_____, 1/4 Govt. Lot _____, BM., 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 See attached well driller report. Pipes
convey water through property for crop irrigation.

Last Name _____ Ident No _____

2007 SEP 5 PM 2:56
FILED
DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO
TWIN FALLS, IDAHO

6 Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Irrigation purposes from 3/15 to 11/15 amount 1.9 or 487.8

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.9 (cfs) and/or (b) 487.8 (acre feet)

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

9. 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 instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
04N	03W	05				X				X	X								109

Total number of acres irrigated 109

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

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

12. Describe any other water rights used at the same place and for the same purposes as described above.

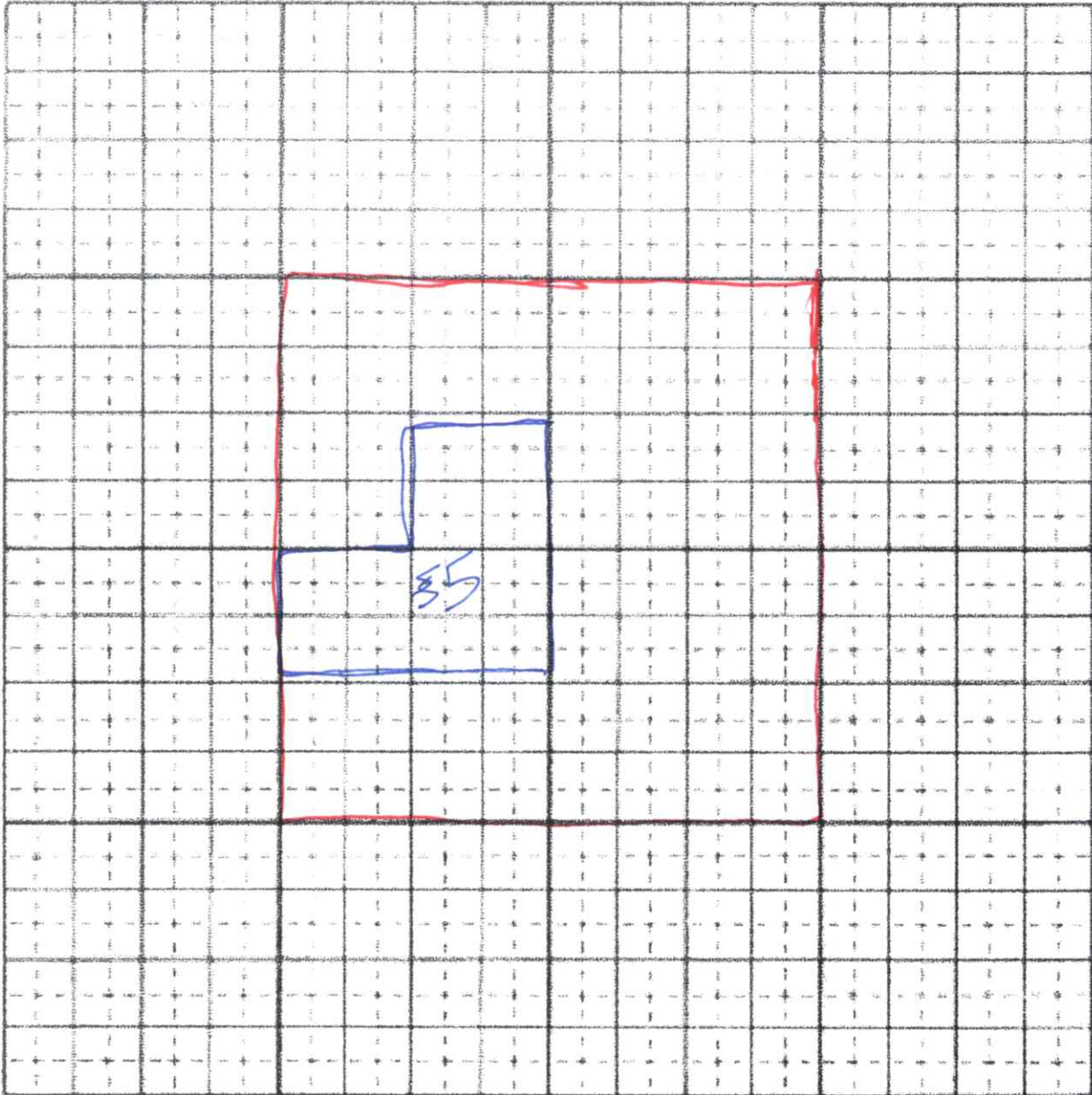
_____ or None (X)

13. Remarks: _____

Last Name _____ Ident No. _____

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 Inches equals 1 mile



Last Name _____ Ident No. _____

14 Basis of Claim (Check One) Beneficial Use _____ Posted Notice _____ License ☒ Permit _____ Decree _____

Court _____ Decree Date _____ Plaintiff v Defendant _____

If applicable provide IDWR Water Right Number: 63-8413

15 Signature(s)

(a) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication" (b) I/We do _____ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet

Number of attachments: _____

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct

Signature of Claimant (s) *Karen R Marchbanks* Date: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
 Title Organization

and that the statements contained in the foregoing document are true and correct

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please Print Name

16 Notice of Appearance:

Notice is hereby given that I Paul Arrington 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 *Paul Arrington*

Address P.O. Box 485, Twin Falls ID 83303

Date 9/4/07

Last Name _____ Ident No. _____

14 Basis of Claim (Check One) Beneficial Use _____ Posted Notice _____ License ☒ Permit _____ Decree _____

Court _____ Decree Date _____ Plaintiff v Defendant _____

If applicable provide IDWR Water Right Number 63-8413

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For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

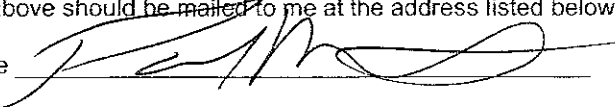
Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please Print Name

16 Notice of Appearance:

Notice is hereby given that I, Paul Arrington, 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 P.O. Box 485, Twin Falls ID 83303

Date 9/4/07

Last Name _____ Ident No. _____