

**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: 24-10685

Nevada Rock & Sand

527 Regence Gate Dr.

Henderson, NV 89012

Telephone Number: (208) 523-0620 - Office of Kent W. Foster - Holden Kidwell, Hahn & Crapo

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

We believe this claim or the correct portion thereof must be recommended. If there is additional information that would be helpful, we would be happy to provide it if it is available to us. Please let us know how we may be of assistance.

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

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

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

DATE: 9/21/06 SIGNATURE: *Kent W. Foster*
Please print your name: Kent W. Foster, Attorney

IDWR Regional Office, 900 N. Skyline, Idaho Falls, ID 83402, (208) 525-7161

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TO I.F. CB

