

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

JUN - 3 2010

By _____

Clerk

**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

Subcase Nos. 67-10191

Case No. 39576

STANDARD FORM 5

**STIPULATED ELEMENTS OF A
WATER RIGHT**

This form is used to report the stipulated elements of one water right acquired under state law and/or one federal reserved water right. Submission of this form will not automatically result in the issuance of a partial decree. The Presiding Judge or Special Master will conduct any hearing necessary to determine whether the facts, data, expert opinions and law support the issuance of a partial decree for the water right.

The parties agree that the Snake River Basin Adjudication Court has jurisdiction of the parties and subject matter to enter a partial decree for this water right; that they have been served with sufficient process, according to the law; and that they have appeared, prosecuted, and defended their positions with regard to this water right dispute.

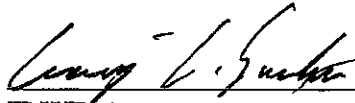
The parties and IDWR agree and stipulate that the elements of this water right should be described per the attached. The parties and IDWR have further indicated their concurrence by initialing each of the attached pages.

CLAIMANT/OBJECTOR

Marilyn M Hollon P.O.A. [Signature]
Marilyn Hollon Date

Richard Hollon P.O.A. [Signature]
Richard Hollon Date

IDWR Concurrence:

 6-1-10
IDWR Agent Date

 5/24/10
Chris M. Bromley Date
Deputy Attorney General

CERTIFICATE OF MAILING

I certify that on June 2, 2010, I mailed the original and copies of this form, including all attachments, to the following persons by mailing the original and/or copies, postage prepaid and addressed as follows:

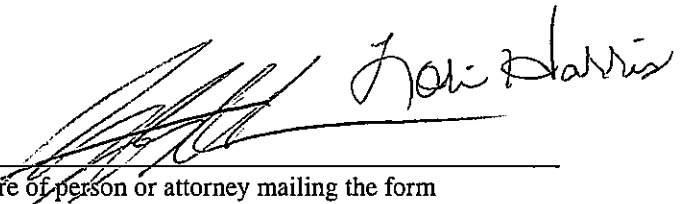
1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
P. O. Box 2707
Twin Falls, Idaho 83303-2707

2. Copies to:

DIRECTOR OF IDWR
PO BOX 83720
BOISE, ID 83720-0098

MARILYN HOLLON
RICHARD HOLLON
3127 US HWY 95
CAMBRIDGE, ID 83610


Signature of person or attorney mailing the form

FSA-211
(12-17-08)U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:

(1) Clay Hollon of the following address: (2) 3127 Highway 95, Cambridge, ID 83610
in the county of: (3) Washington in the State of:(4) Idaho the attorney-in-fact for (5) Marilyn M. Hollon

(insert grantor's name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.

A. FSA, NRCS and CCC PROGRAMS
(Check applicable programs)

- ☒ 1. All current programs.
- ☐ 2. All current and all future programs.
- ☐ 3. Direct and Counter-Cyclical Program.
- ☐ 4. Average Crop Revenue Election Program.
- ☐ 5. Supplemental Revenue Assistance Payments Program (SURE).
- ☐ 6. Tree Assistance Program (TAP).
- ☐ 7. Livestock Indemnity Program (LIP).
- ☐ 8. Livestock Forage Disaster Program (LFP).
- ☐ 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP).
- ☐ 10. Noninsured Crop Disaster Assistance Program.
- ☐ 11. Marketing Assistance Loans and Loan Deficiency Payments.
- ☐ 12. Milk Income Loss Contract Program.
- ☐ 13. Farm Storage Facility Loan Program.
- ☐ 14. FSA Conservation Programs.
- ☐ 15. NRCS Conservation Programs.
- ☐ 16. Tobacco Programs.
- ☐ 17. Other (Specify):

B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS
(Check applicable actions)

- ☒ 1. All actions.
- ☐ 2. Signing applications, agreements, and contracts.
- ☐ 3. Making reports.
- ☐ 4. Conducting all marketing assistance loan and LDP transactions.
- ☐ 5. AGI Certification.
- ☐ 6. Routing Banking Accounts.
- ☐ 7. Other (Specify):

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY

(Enter "All" or specify each crop, state, county and year(s))

2. _____
3. _____
4. _____

D. CROP INSURANCE TRANSACTIONS

(Check applicable actions)

- ☒ 1. All actions.
- ☐ 2. Making application for insurance.
- ☐ 3. Reporting crop acreage and production reports.
- ☐ 4. Reporting a notice of damage or loss and making claim for indemnity.
- ☐ 5. Making transfers and cancellations.
- ☐ 6. Making contract changes.
- ☐ 7. Other (Specify):

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

AUTHORIZED SIGNATURES

6A. Signature of Grantor (Individual)

Marilyn M. Hollon

6B. Signature Date (MM-DD-YYYY)

Jan. 15 20106C. For Grantor's Signature Continuation, check here ☐ if FSA-211A is attached.

7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) (By)

7B. Title/Relationship of Individual Signing in the Representative Capacity

7C. Signature Date (MM-DD-YYYY)

8. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature (a) David Chae the State of (b) See Attached Notary Certificate

FOR FSA USE ONLY

9A. Witness Signature (FSA Employee Only)

9B. Signature Date

9C. Official Position

10. This power of attorney was served to (a)

of _____ and became effective this (c) _____ day of (d) _____, (e)

USDA Service Center, (b) State

NOTE: The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) and any amendments to such act as may follow. The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1819 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F - Administration and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.

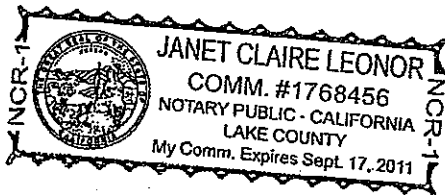
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TAG/CI Center at (202) 720-2500 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-6111.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Lake

On 15 January 2010 before me, Janet Claire Leonor, Notary Public,
personally appeared Marilyn M Holton
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Janet Claire Leonor
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Power of Attorney

Document Date: 15 January 2010

Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Marilyn M Holton

- ☒ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Farm Service Agency - Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation - Risk Management Agency

THE UNDERSIGNED does hereby appoint the following grantee:

_____ of the following address: (2) 3127 Highway 95, Cambridge, ID 83610
in the county of: (3) Washington in the State of:
(4) Idaho the attorney-in-fact for (5) Richard Holton

A. FSA, NRCS and CCC PROGRAMS
(Check applicable programs)

- | | |
|--|---|
| ☒ 1. All current programs. | ☐ 10. Noninsured Crop Disaster Assistance Program. |
| ☐ 2. All current and all future programs. | ☐ 11. Marketing Assistance Loans and Loan Deficiency Payments. |
| ☐ 3. Direct and Counter-Cyclical Program. | ☐ 12. Milk Income Loss Contract Program. |
| ☐ 4. Average Crop Revenue Election Program. | ☐ 13. Farm Storage Facility Loan Program. |
| ☐ 5. Supplemental Revenue Assistance Payments Program (SURE). | ☐ 14. FSA Conservation Programs. |
| ☐ 6. Tree Assistance Program (TAP). | ☐ 15. NRCS Conservation Programs. |
| ☐ 7. Livestock Indemnity Program (LIP). | ☐ 16. Tobacco Programs. |
| ☐ 8. Livestock Forage Disaster Program (LFP). | ☐ 17. <i>Other (Specify):</i> |
| ☐ 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP). | |

B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS
(Check applicable actions)

- ☒ 1. All actions. *(Check applicable all)*
- ☐ 2. Signing applications, agreements, and contracts.
- ☐ 3. Making reports.
- ☐ 4. Conducting all marketing assistance loan and LDP transactions.
- ☐ 5. AGI Certification
- ☐ 6. Routing Banking Accounts
- ☐ 7. Other *(Specify)*:

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY

(Enter "All" or specify each crop, state, county and year(s))

D. CROP INSURANCE TRANSACTIONS

(Check applicable actions)

- ☒ 1. All actions. ☐ 5. Making transfers and cancellations.
- ☐ 2. Making application for insurance ☐ 6. Making contract changes.
- ☐ 3. Reporting crop acreage and production reports ☐ 7. Other (Specify): _____
- ☐ 4. Reporting a notice of damage or loss and making claim for indemnity.

This power of attorney is valid in any country in the United States unless otherwise stated. This power of attorney shall expire in full force and effect until the written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

REPORTING OFFICER

16A. Signature of Ranker (Individual) <i>AA</i>	16B. Signature Date Rank DD / MM / Y	16C. For Officer's Signature
<i>15-11-11</i>	<i>AA 15-11-11</i>	Continuation check mark ☐
<i>15-11-11</i>	<i>15-11-11</i>	APR 2011 ☐
16D. Signature of Ranker (Individual)	16E. Signature Date Rank DD / MM / Y	16F. For Officer's Signature
<i>15-11-11</i>	<i>AA 15-11-11</i>	Continuation check mark ☐
<i>15-11-11</i>	<i>15-11-11</i>	APR 2011 ☐

NAME	SIGNATURE	OFFICIAL POSITION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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(FOI): The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) and any amendments to such act as may follow. The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned owner. I understand the requested information is voluntary. I agree to furnish the requested information with respect to a determination of eligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1418 of the Food, Conservation, and Energy Act (the Energy Act) of 1976, the Energy Act of 1992, and related authorities. The information collection is exempt from the Unemployment Insurance Act as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) and is subject to Adaptation and Title II, Section 2, Adaptation. The collection of information and documents may be applicable to the following: SECTION TWO COMPLETION GUIDE FOR THE APPLICABLE USDA PROGRAMS

THE U.S. DEPARTMENT OF AGRICULTURE (USDA) provides assistance to the program and activities of the users of this online national ethnic map database and does not collect, store, or disseminate the information. The national ethnic information, census information, national historic context, as known as well as not an individual's income is national ethnic context information. (USDA-2010-10-10)

(USDA-2010-10-10) USDA is an equal opportunity provider and employer.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

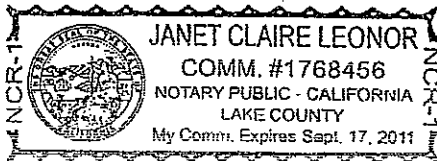
County of Lake

On 15 January 2010 before me, Janet Claire Leonor, Notary Public

personally appeared Richard Hollon

Here Insert Name and Title of the Officer

Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Power of Attorney

Document Date: 15 January 2010

Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Richard Hollon

☒ Individual

☐ Corporate Officer Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Individual

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

02/01/2010

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-10191

NAME AND ADDRESS: MARILYN M HOLLON
3127 US HWY 95
CAMBRIDGE ID 83610

RICHARD HOLLON
3127 US HWY 95
CAMBRIDGE ID 83610

SOURCE: LITTLE WEISER RIVER

TRIBUTARY: WEISER RIVER

QUANTITY: 1.400 CFS
~~1.030 CFS~~

This right when combined with all other rights shall provide no more than .02 cfs per acre.

PRIORITY DATE: 05/04/1940

POINT OF DIVERSION:

T14N R02W S1 NESW Within ADAMS County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE	PERIOD OF USE	QUANTITY
IRRIGATION	03/15 10/31	<u>1.400 CFS</u> 1.030 CFS

PLACE OF USE: IRRIGATION in WASHINGTON County

T14N R02W S17	SWNW	<u>24.00</u>	17.0
T14N R02W S17	SENW	<u>34.00</u>	27.0
T14N R02W S17	NESW	<u>12.00</u>	6.0
T14N R02W S17	NESW	11.5	

70.0 ACRES TOTAL
~~51.5 ACRES TOTAL~~

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Use of this right is combined with water from Little Weiser Irrigation District.

RH

mmmt

CRA CB

CLS