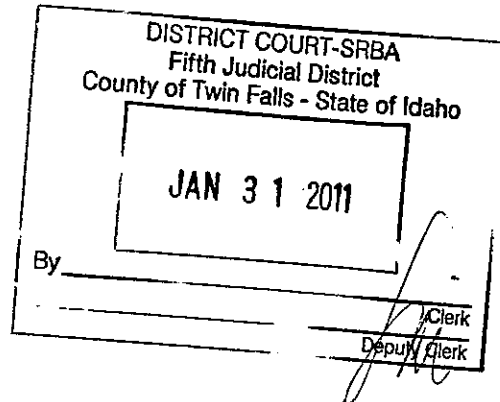


RECEIVED
FEB 01 2011
DEPARTMENT OF
WATER RESOURCES



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 No. 47-17541

Case No. 39576

)
) ORDER GRANTING MOTION TO FILE
) LATE NOTICE OF CLAIM
)
)
)
)

On June 15, 2010, Claimant Magic Irrigators, Inc. filed a *Motion to File Late Notice of Claim* for the above-captioned claim. A hearing was held on the *Motion* on September 21, 2010. The *Motion* complied with all procedural requirements under *SRBA Administrative Order 1*, and no objections were made to the *Late Notice of Claim*. However, because the late claim was made in a substantially completed subbasin, and because the late claim is associated with, relates to, and may affect other claims pending unresolved in the SRBA, the matter was referred to a special master for further proceedings. On December 16, 2010, the Special Master issued a *Recommendation on Order of Reference Re: Motion to File Late Notice of Claim*, recommending that the *Motion* be granted. Pursuant to I.R.C.P. 53(e)(2) and *SRBA Administrative Order 1*, Section 13f, this Court has reviewed the Findings of Fact and Conclusions of Law contained in the *Special Master's Recommendation* and wholly adopts them as its own. No Challenges were filed and the time for filing Challenges has expired.

THEREFORE, IT IS ORDERED, that the *Motion to File a Late Notice of Claim* for water right 47-17541 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.

Dated January 31, 2011.

A handwritten signature in black ink, appearing to read 'EJW', is written over a horizontal line.

ERIC J. WILDMAN
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 January 31, 2011, with sufficient first-class postage to the following:

MAGIC IRRIGATORS INC

Represented by:

PAUL L ARRINGTON

113 MAIN AVE W, STE 303

PO BOX 485

TWIN FALLS, ID 83303-0485

Phone: 208-733-0700

MAGIC IRRIGATORS INC

Represented by:

TRAVIS L THOMPSON

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

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

DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho
JAN 15 2010

**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 47-17541

Date Received: 2/1/2011

Receipt No: C092460

Received By: SRT

\$100

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

Please type or print clearly

1. Name of Claimant (s) MAGIC IRRIGATORS, INC Phone (208) 543-5098

Mailing Address 716B E. 4900 N. BUHL ID ZIP 83316
Street or Box City State

2. Date of Priority (Only one (1) per claim) APRIL 1, 1987
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) SALMON FALLS CREEK
which is tributary to (b) SNAKE RIVER

4. a. Location of Point of Diversion is: Township 09S, Range 13E, Section 1,
NE, 1/4 of SW, 1/4 Govt. Lot _____, BM., County of TWIN FALLS

Parcel (PIN) no. _____

Additional points of diversion if any: NONE

If available, GPS Coordinates _____

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

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

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 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. 350 HP PUMP AND 500 HP PUMP IN CREEK. WATER

IS PUMPED FROM CREEK INTO CANALS THAT CARRY WATER THROUGHOUT THE PLACE OF USE FOR
WATER RIGHTS 47-2384 AND 47-2415 HEADGATES AND DITCHES THAT CARRY WATER TO LANDS
SERVICED BY WATER RIGHTS 47-2384 AND 47-2415 AS WELL AS THE ENLARGEMENT ACRES CLAIMED
HEREIN

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For IRRIGATION purposes from 04/01 to 10/31 amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) _____ (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	
09S	13E	2											41	17			21		79
		11	4.3				1.5	39											44.8

Parcel (PIN) no(s). _____

Total number of acres irrigated 123.8

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

11. Do you own the property listed above as place of use? Yes (✓) No ()

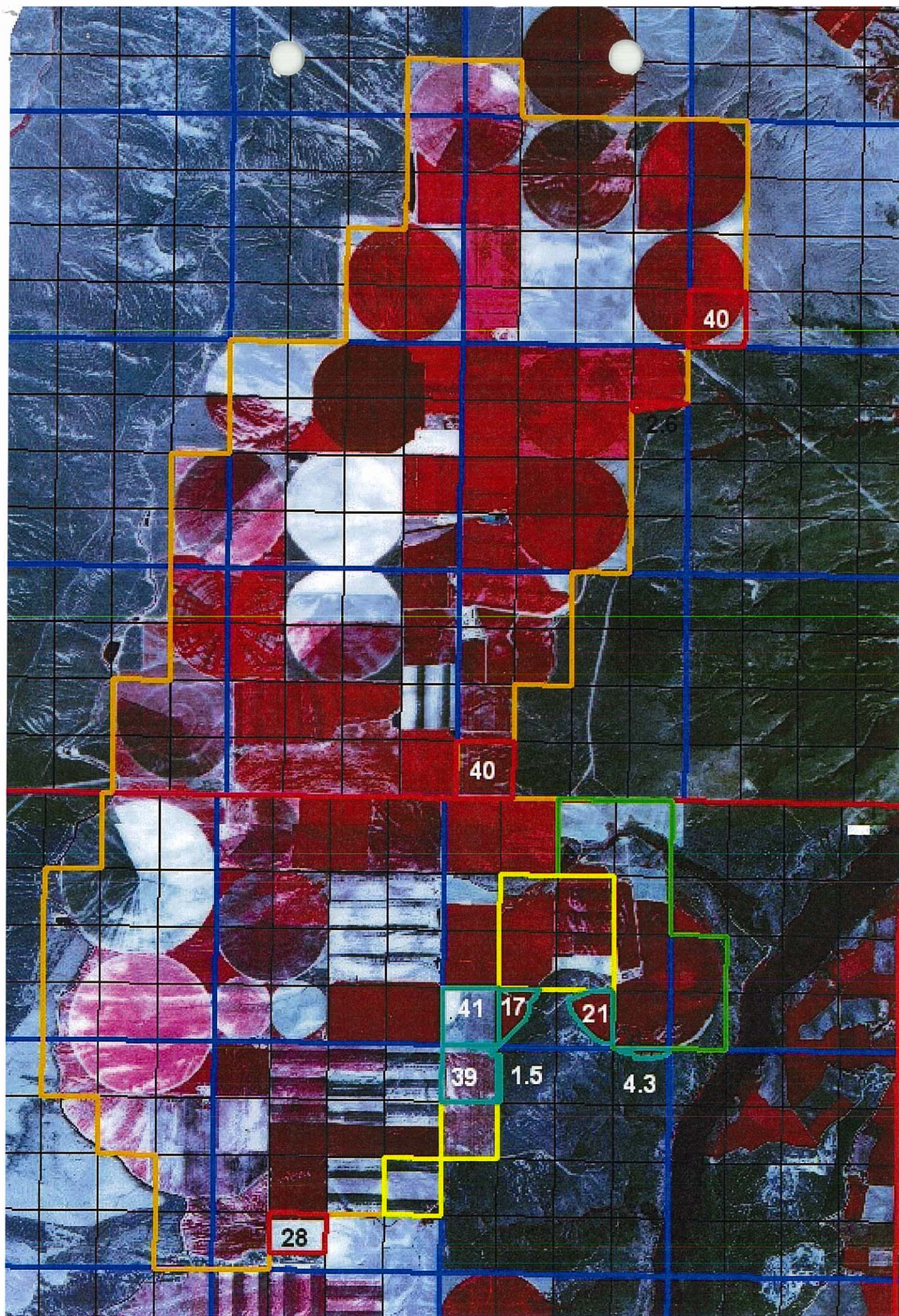
If your answer is No, describe in Remarks below the authority you have to claim this water right.

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

THIS IS AN ENLARGEMENT CLAIM TO WATER RIGHT 47-2384 _____ or None ()

13. Remarks: THIS IS AN ENLARGEMENT CLAIM TO WATER RIGHTS 47-2384 AND 47-2415. CLAIMANT IS A WATER DISTRIBUTION COMPANY THAT DISTRIBUTES WATER TO WATER USERS THROUGHOUT THE PLACES OF USE DESCRIBED IN WATER RIGHTS 47-2384 AND 47-2415 AND ABOVE. CLAIMANT DOES NOT OWN THE LAND IN THE PLACE OF USE, BUT DELIVERS THE WATER TO WATER USERS WHO THEN IRRIGATE THE LAND. MAGIC IRRIGATORS BEGAN DELIVERING WATER TO THESE LANDS PRIOR TO 1987 UNDER WATER RIGHTS 47-2384 AND 47-2415 BUT DID NOT EXCEED THE DIVERSION RATE OF WATER RIGHTS 47-2384 AND 47-2415.

Last Name _____ Identification 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 47-17541

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 notices 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) _____ Date: _____

_____ Date: _____

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

Vice President of Magic Irrigators,
Title Organization

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

Vice President of Magic Irrigators,
Title Organization

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

Signature of Authorized Agent Kenneth P. Elki Date 6-14-10

Title and Organization Vice Pres

16. Notice of Appearance:

Notice is hereby given that I, Travis L. Thompson / Paul L. Arrington, will be acting as attorney at law of 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 [Signature] Date 6/14/10

Address P.O. Box 485
Twin Falls, Idaho 83303-0485

Last Name _____ Identification No. _____