

RECEIVED

MAY 28 1996

5-23

COPY

Department of Water Resources

1 Claimant:

Ignacio Nick Zabala

2 Attorney Name and Address:

HEPWORTH, LEZAMIZ & HOHNHORST,
CHARTERED
133 Shoshone St. North
P.O. Box 389
Twin Falls, ID 83303-0389
Telephone: (208)734-7510

3
4
5
6
7
8 IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
9 STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS
10

11 * * * * *

12 In Re SRBA

) Subcase No. 36-00051E

)

) AFFIDAVIT OF SERVICE

13 Case No. 39576

)

14)

15 * * * * *

16 STATE OF IDAHO)

) ss.

17 County of Twin Falls)

18 Kaylynne H. Rolig, being first duly sworn upon oath, deposes and says:

19 1. I am the office administrator for the law firm of Hepworth, Lezamiz &
20 Hohnhorst, Chartered.

21 2. That on April 19, 1996 I mailed by certified mail, return receipt
22 requested, a copy of the Order for Withdrawal of Attorney to the Claimant as evidenced by
23 the receipt for certified mail attached as Exhibit "A."

HLH

Chartered

Hepworth,
Lezamiz &
Hohnhorst

AFFIDAVIT OF SERVICE - 1

P 076 108 825

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

PS Form 3800, April 1995

Sent to <i>Francis Dick Zabala</i>	
Street & Number <i>St. D. Box 212</i>	
Post Office, State & ZIP Code <i>Chapman, Md 84432</i>	
Postage	<i>16-000517 \$.32</i>
Certified Fee	<i>1.10</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	<i>1.10</i>
TOTAL Postage & Fees	<i>\$ 2.52</i>
Postmark or Date	<i>SEP 01 1995</i>

EXHIBIT "A"

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ignacio Flich Zabala
P.O. Box 762
Cagayan, Del 847372

4a. Article Number

076 108 825

4b. Service Type

- | | |
|---|------------------------------------|
| ☐ Registered | ☐ Certified |
| ☐ Express Mail | ☐ Insured |
| ☐ Return Receipt for Merchandise | ☐ COD |

7. Date of Delivery

4-22-96

5. Received By: (Print Name)

C

6. Signature: (Addressee or Agent)

X Carmeen Balala

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

EXHIBIT "B"