

RECEIVED

MAY 28 1996

Department of Water Resources

5.23

COPY

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
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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. 36-00075

)

) AFFIDAVIT OF SERVICE

13 Case No. 39576

)

)

14 * * * * *

15 STATE OF IDAHO)

16) 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."

3. The Order for Withdrawal of Attorney was received by Claimant on April 22, 1996 as evidenced the return receipt attached as Exhibit "B."

4. Copies of the Order for Withdrawal of Attorney are being sent on this date to:

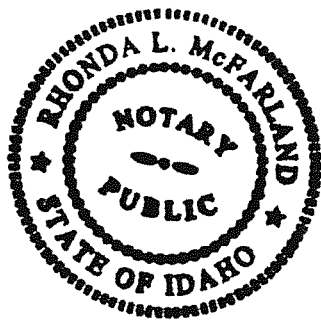
Chief, Natural Resources
Office of the Attorney General
State of Idaho
P.O. Box 44449
Boise, ID 83711-4449

Director of IDWR
P.O. Box 83720
Boise, ID 83720

Dated this 11 day of May, 1996.

Kaylynne H. Rolig

Subscribed and Sworn to before me this 23 day of May, 1996.



Notary Public for Idaho

Residing at: Lurin Falls, MD

My Commission Expires: 9/99

P 076 108 832

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	<i>James Dick Zahala</i>
Street & Number	<i>410. 1002 7070</i>
Post Office, State, & ZIP Code	<i>Quakertown, Pa 18951</i>
Postage	<i>76-00075 \$.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>\$ 1.52</i>
Postmark or Date	<i>APR 19 1995</i>

PS Form 3800, April 1995

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 Nick Zabala
P.O. Box 262
Jagerman, Del 87332

CZ Claim 46-00075

4a. Article Number

6076 108 832

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)

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

6. Signature: (Addressee or Agent)

X Carmen Zabala

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

EXHIBIT "B"