

AJ5856NP

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

DATE: SEP-2-1997
PAGE: A-1986

RIGHT NUMBER: 47-12489

NAME & ADDRESS: EDWARD WAVRA
JOSEPHINE WAVRA
BOX 109 RT 1
BUHL ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.05 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 03/15/1945

POINT OF DIVERSION: T11S R14E S03

SESENE

Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE
STOCKWATER
DOMESTIC 1 HOUSE

PERIOD OF USE

10-01 04-30

01-01 12-31

QUANTITY

0.05 CFS

0.04 CFS

PLACE OF USE:

STOCKWATER
T11S R14E S03

Within TWIN FALLS County
SENE

DOMESTIC
T11S R14E S03

Within TWIN FALLS County
SENE

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
30 BEEF, 70 EWES
RP 11S14E030000

Claim proofread by: Uro

Date: 9/8

gww
7/22/98

COPY

1998 SEP 15 AM 11:46

RECEIVED

DISTRICT COURT - SRBA
TWIN FALLS CO., IDAHO

JAN 05 2000

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

Case No. 39576

NOTICE OF COMPLETED ADMINISTRATIVE PROCEEDINGS

SUB CASE NO. 47-12489

IDWR has completed the following Administrative proceeding: **SUBSTITUTION OF PARTY**

Does the change in "ownership" result in a splitting of the water right claimed? ☐ Yes ☒ No

FROM: Claimant/Seller(s):

Name and Address of Claimant/Seller(s):

Edward Wavra
Josephine Wavra
Box 109 Rt 1
Buhl ID 83316

Phone: 543-5748

TO: Claimant/Purchaser(s):

Name and Address of Claimant/Purchaser(s):

Josephine Wavra
1299 E 3500 N
Buhl ID 83316

Phone: 543-5748

IDWR certifies that it has completed its investigation into the changes to the elements of the water rights listed above as set forth in the attached *Amended Director's Reports* for said water rights. No other changes have been made to the elements of these water rights except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

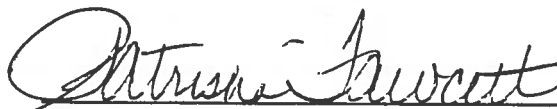
DATED: 9/4/98

Signature of IDWR Representative

CERTIFICATE OF MAILING

I certify that on 9-15, 1998, I mailed the original and copies of this form to the following persons, postage prepaid and addressed as follows:

1. Original to:
Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls ID 83303-2707
2. One Copy to:
Claimant/Seller for Substitution of Party or attorney of record:
Edward Wavra
Josephine Wavra
Box 109 Rt 1
Buhl ID 83316
3. One Copy to:
Claimant/Purchaser for Substitution of Party or attorney of record:
Josephine Wavra
1299 E 3500 N
Buhl ID 83316
4. One Copy to:
Each party in the subcase or attorney of record:
5. One Copy to:
Chief Natural Resources Division
Office of the Attorney General
PO Box 44449
Boise ID 83711-4449
6. One Copy to:
United States Dept Of Justice
Environment & Natural Resource Div
550 West Fort Street MSC 033
Boise ID 83724



Signature of person or attorney mailing the form

AJ5856NP

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

DATE: SEP-2-1998
PAGE: A-10

1998 SEP 15 AM 11:46

RIGHTS FROM: SOURCE: GROUNDWATER

DISTRICT COURT - SRBA
TWIN FALLS CO., IDAHO

RIGHT NUMBER: 47-12489

NAME & ADDRESS: JOSEPHINE WAVRA
1299 E 3500 N
BUHL ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.05 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 03/15/1945

POINT OF DIVERSION: T11S R14E S03 SESENE Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	10-01 04-30	0.05 CFS
	DOMESTIC 1 HOUSE	01-01 12-31	0.04 CFS

PLACE OF USE: STOCKWATER Within TWIN FALLS County
T11S R14E S03 SENE

DOMESTIC Within TWIN FALLS County
T11S R14E S03 SENE

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

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE.

EXPLANATORY MATERIAL: BASIS OF CLAIM - BENEFICIAL USE
30 BEEF, 70 EWES
RP 11S14E030000



State of Idaho
DEPARTMENT OF WATER RESOURCES
1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380
Phone: (208) 736-3033 FAX: (208) 736-3037

September 11, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

JOSEPHONE WAVRA
1299 E 3500 N
BUHL ID 83316

RECEIVED

JAN 05 2000

Department of Water Resources

RE: SRBA Claim(s) 47-12489

Dear Claimant:

Please find the enclosed copy of the Notice of Completed Administrative Proceeding which the department has filed with the SRBA Court regarding the above referenced claims. You have received this notice pursuant to SRBA Court Administrative Order 11 requiring IDWR to report to the court and interested parties any pending changes to adjudication claims in basins for which a Director's Report has been filed with the court.

Please contact this office if you have any questions about the notice or the administrative process.

Sincerely,

Trish Fawcett
Technical Records Specialist

/tf

NCAP

RECEIVED

AUG 21 1998

Department of Water Resources
Southern RegionSTATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

RECEIVED

JAN 05 2000

Department of Water Resources

1. Water Right No(s): # A 47-12489
- Adjudication Claim No(s): AJ5855 NP - 4635
2. The following REQUIRED information must be submitted with this form:
 - A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.
AND
 - B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
OR
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant EDWARD WAVRA - DECEASED
1299 E. 3500N. BUHL ID. 83316
4. New Owner/Claimant(s) JOSEPHINE WAVRA
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
New Mailing Address 1299 E. 3500N. BUHL ID. 8331
City, State and ZIP Code BUHL ID. 83316
New Telephone Number (208) 543-5748
5. Date you acquired the property DEC. 7, 1994
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.
Number of acres you irrigate 80 Number and type of stock NONE
Diversion rate in CFS 0.05 Number of homes 1 Other uses _____
If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner or Claimant(s) Josephine Wavra
(Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign form.)
8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims..



IDAHO DEPARTMENT OF WATER RESOURCES
SOUTHERN REGION
222 SHOSHONE ST E
TWIN FALLS ID 83301
(208) 736-3033

RECEIVED

AUG 21 1998 PHILIP E BATT

GOVERNOR

Department of Water Resources

Southern Region KARL J DREHER

DIRECTOR

CHANGE IN ADDRESS OF THE NOTICE OF CLAIM
IN THE SNAKE RIVER BASIN ADJUDICATION

RECEIVED

JAN 05 2000

☐ Water Right Number(s): A-47-12489 Department of Water Resources

☐ Old Mailing Address:

ED WAVRA

BOX 109 RT. 1

BUHL, ID. 83316

☐ New Mailing Address:

JOSEPHINE WAVRA

1299 E. 3500 N.

BUHL, ID. 83316

☐ New Telephone Number: () -

☐ Signature of Claimant(s):

Josephine Wavra

Date:

Aug. 17, 1998

FOR IDWR USE ONLY

Initial Review and Data Entry

Date: By:

Further Action Needed:

Further Action Taken

Date: By:

Final Review and Data Entry

Date: By:

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-24101 & 38-274

State File No.

Local Reg. No. LI 5D-565

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

NAME OF DECEDENT _____
For use by physician or Institution

DECEDENT - NAME		FIRST		LAST		SEX		LOCAL REG. NO.	
EDWARD		C.		WAVRA		Male		Dec 7, 1994	
SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)		UNDER 1 YEAR MONTHS		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)	
123-45-6789		76		1		Feb 27, 1918		Keystone, Minnesota	
WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL		OTHER			
☒ Yes ☐ No		(1) ☐ Inpatient		(2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☐ Licensed Nursing Home		(5) ☒ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify)	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)				CITY, TOWN OR LOCATION OF DEATH				COUNTY OF DEATH	
3500 N 1299 E				Buhl				Twin Falls	
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)				KIND OF BUSINESS / INDUSTRY	
Married				Farmer				Farming	
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE	
Idaho		Twin Falls		Buhl		3500 N 1299 E		83316	
INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, Japanese, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)			
☐ Yes ☒ No		☐ Yes ☒ No		White		Elementary/Secondary (0-12) College (14 or 5+)			
FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE			
William Wavra		Minnesota		Agnes Devorak		Bohemia			
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Mrs. Josephine Wavra		3500 N 1299 E Buhl, Idaho 83316							
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State					
☒ Burial ☐ Cremation ☐ Removal from Idaho		West End Cemetery		Buhl, Idaho					
☐ Donation ☐ Other (Specify)									
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY					
<i>Janet L. McBeth</i>		M-729		Morissett's Memorial Chapel					
TIME OF DEATH		DATE PROMULGATED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)		Approximate Interval Between Onset and Death	
3:00 A.M.		Dec 7, 1994		☒ Yes ☐ No		☒ Natural ☐ Homicide ☐ Suicide ☐ Accident		Min	
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Respiratory Failure		b. TWIN FALLS COUNTY, IDAHO					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		c. 1007 MAR 11 A 10:55		1997003773					
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		X-OFFICIO RECORDER		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
		300		☐ Yes ☒ No		☐ Yes ☒ No			
CERTIFIER (Check only one)									
☐ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
☒ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.									
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)					
<i>Gene Turley</i>				Dec 8, 1994					
NAME AND ADDRESS OF CERTIFIER (Type/Print)									
Mr. Gene Turley T.F. Co. Coroner 246 3rd Ave E Twin Falls, ID 83301									
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
30a.		30b.		30c.					
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)			
☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian		elsewhere		IDaho			
CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)					
(1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 28 and/or 30 (3) ☐ Reviewed, Amended and Certified		<i>Gene Turley</i>		Dec 8, 1994					
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)							
<i>Nancy Anderson</i>		December 8 1994							

HWH-0128
revised 1-89

*At a minimum, complete items 1; 3; 9a, b, c, d; 21a, b, 22; and 29e for the 24 Hour Report & Authorization For Final Disposition

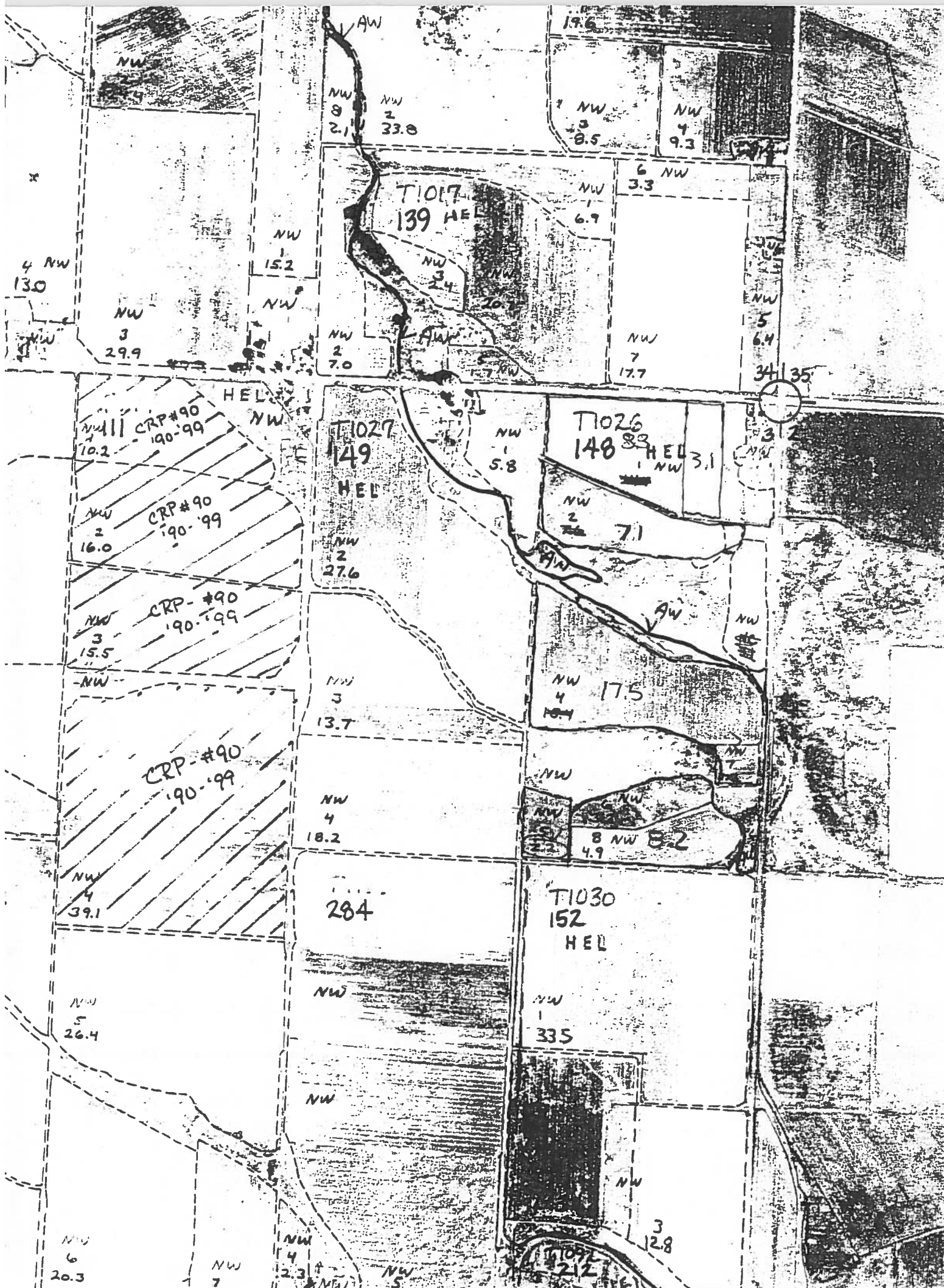
I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS

DATE ISSUED: December 8, 1994

Janet M. Wick

JANET M. WICK
Acting State Registrar







State of Idaho

DEPARTMENT OF WATER RESOURCES

1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380

Phone: (208) 736-3033 FAX: (208) 736-3037

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

August 14, 1998

JOSEPHINE WAVRA
1299 E 3500 N
BUHL ID 83316

RE: Snake River Basin Adjudication (SRBA)
Change in Address/Change in Ownership
Notice of Right # A47-12489

Dear Mrs. Wavra:

Thank you for notifying us of your change in address. I have enclosed a Change of Address form so we can update our records accordingly. I have also enclosed a Change of Ownership form, should you wish to remove your deceased husband's name from the claim or add another family member. If you wish to remove Edward's name, please submit a copy of the Probate Deed or another document showing you are the heir to his estate and owner of the property. Please complete the appropriate form, sign and return them to the office here in Twin Falls.

If you have any questions, please feel free to contact me at the office.

Sincerely,

A handwritten signature in cursive script that reads "Jeanie".

Jeanie Robertson
Water Rights Agent

Enclosures:

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

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: A47-12489
Date Received: 1/31/1989
Receipt No: S004651
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: EDWARD WAVRA 208-543-5748
Address: BOX 109 RT 1
BUHL, ID 83316

AND/OR
Name: JOSEPHINE WAVRA 208-543-5748
Address: BOX 109 RT 1
BUHL, ID 83316

2. Date of Priority: MAR 15, 1945

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
11S	14E	3	SE	SE	NE		TWIN FALLS

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		
STOCKWATER	10/01	04/30	0.050		

7. Total Quantity Appropriated is:
0.050 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
D/1 HOUSE, S/30 BEEF, 70 EWES

A47-12489

Page 1

Date: 01/31/89

MICROFILMED
MAR 17 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
11S	14E	3	SE	NE	STOCK DOMEST	

11. Place of use in counties: TWIN FALLS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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 that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

RECEIVED

JAN 05 2000

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

Department of Water Resources

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. A47-12489
Date Received 11-30-88
Receipt Number 5004651NOTICE OF CLAIM
TO A
WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

Filing Fee \$25

RECEIVED

NOV 30 1988

Department of Water Resources
Southern Region Office

Please type or print clearly

1. Name of Claimant (s) EDWARD JOSEPHINE WAVRA Phone () 543-5748Mailing Address Buhl TdA Box 109-RR#1 Zip 833162. Date of Priority (Only one per claim) 3/15/1945 Month/Day/Year3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____

Name or kind of source

which is tributary to (b) _____

4. Location of point of diversion is: Township B11S Range #14ESection 3, SE 1/4 of SE 1/4 of NE 1/4, Govt. Lot _____, BM.,County of TWIN FALLS

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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.

Well + Pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 01/01 to 12/30 amount .04 (cfs)
(Both dates are inclusive)
For STOCK purposes from 10/1 to 4/30 amount .057. Total quantity claimed 0.05 (cfs)8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock)

D/I House 5/105 30 Beef
70 Ewes with lambs.

MAR 17 1993

10. Place of use is: Township: 113 Range 14

Section 3, SE 1/4 of NE 1/4, Govt. Lot _____, B.M.,

County of TWIN FALLS for (Circle One) Domestic Stock Domestic and Stock

Additional places of use, if any _____

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

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

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

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) X Edward Waura Date 11/30/88

Date _____

For Organizations: I do solemnly swear or affirm that I am _____

of _____, that I have signed the foregoing
Organization
document in the space below as _____ of _____
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

State of Idaho/or _____ }
County of TF } SS.

Subscribed and sworn (or affirmed) before me this 30th day of Nov 19 88

SEAL

Notary Public Lon White

Residing at TF

My Commission Expires 5/95

Last Name _____ Ident No. _____

MICROFILMED

Copies: White-State, Yellow-Claimant

MAR 17 1993