



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

SOUTHERN REGION

August 15, 2000

DIRK KEMPTHORNE
GOVERNOR

KARL J. DREHER
DIRECTOR

Lyle Sisson
4245 N 1425 E
Buhl, ID 83316

RE: OWNERSHIP CHANGE, FOR ADJUDICATION CLAIM 47-12987

Dear Claimant:

Pursuant to the change in ownership request that has been submitted to the department, we have changed the record of current ownership of the above referenced claim to you. Please find the enclosed copy of the computer record of the claim, noting the change in claimant. Review these records and if there is an error, or if you have any questions, please contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read 'F. Munzenrieder'.

F. Munzenrieder
SRBA Office Specialist

Enclosure
FM

AJ5809NP
No. 47-12987

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM PROFILE REPORT

DATE: 08/14/
PAGE: 1

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	LYLE SISSON 4245 N 1425 E BUHL ID 83316 (208) 543-4201	12/31/1920	STOCKWATER DOMESTIC	01-01 12-31 01-01 12-31	0.020 CFS 0.040 CFS	
TOTAL DIVERSION:					0.060 CFS	

D OPAL I MILLER
RT 5 BOX 5186
BUHL ID 83316
(208) 543-4164

Water Source: GROUNDWATER

Tributary to:

Stage: DECREED

Point(s) of Diversion: T09S R14E S25 NENWSW TWIN FALLS County

Place of use Legal Description for: STOCKWATER

NE				NW				SW				SE																			
NENE		NWNE		SWNE		SENE		NENW		NWNW		SWNW		SENW		NESW		NWSW		SWSW		SESW		NESE		NWSE		SWSE		SESE	
T	R	S	: Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	
---	---	---	:	---	---	---	---	---	:	---	---	---	---	---	:	---	---	---	---	:	---	---	---	---	:	---	---	---	---	:	
09S	14E	25	:						:						:		S		:					:					:		

Place of use Legal Description for: DOMESTIC

NE				NW				SW				SE																			
NENE		NWNE		SWNE		SENE		NENW		NWNW		SWNW		SENW		NESW		NWSW		SWSW		SESW		NESE		NWSE		SWSE		SESE	
T	R	S	: Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	Lt	Ac	
---	---	---	:	---	---	---	---	---	:	---	---	---	---	---	:	---	---	---	---	:	---	---	---	---	:	---	---	---	---	:	
09S	14E	25	:						:						:		D		:					:					:		

POU County: TWIN FALLS

Non-Irrigation Uses: 1 HOME

Other Rights: NONE.

Conditions of Approval:

- N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
- N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

Remarks: EXP PARCEL NO. 09S14E25S400

Dates: Exam Made Date:

Verified Date:

Objection Filed Date:

Misc: Water District Number:

Field Inspection Flag:

Presumption Flag:

Water Right Number - 47-12987

Prefix Translation:

WATER RIGHT

Old (D) Number -

+ - - - - Last Name - - - - + + - First Name - - + + - - - - - Address - - - - - +

*** C - CURRENT OWNER ***

SISSON

LYLE

1 - 4245 N 1425 E

2 -

3 -

City- BUHL

State- ID Zip- 83316

Phone - 208-543-4201

*** D - DIR RPT OWNER ***

MILLER

OPAL I

1 - RT 5 BOX 5186

2 -

3 -

City- BUHL

State- ID Zip- 83316

Phone - 208-543-4164

+ - - Priority Date - - + + - - - Region - - - + + - - - Stage - - - + + - - - Status - - - +
12/31/1920 ERROR IN REGION J - BENEFICIAL USE

+ - - - - Source - - - - - + + - - - - Tributary - - - - - +
GROUNDWATER

+ - - - - Point of Diversion - - - - - +
TwN Rng Sec Tract Lot RFlg County

09S 14E 25 NE NW SW (83) TWIN FALLS

+ - - - - Water Use - - - - - +
Code Description Period From Period To Diversion Rate Diversion Volume

43 - DOMESTIC 01/01 12/31 0.040

04 - STOCKWATER 01/01 12/31 0.020

+ - Total Div. Rate - + + - Total Div. Volume - + + - Total Consumptive Use - + + - KW Usage - +
0.060 0.0

+ - - - - Place of Use - - - - - +
TwN Rng Sec Tract Lot Acres Code Description County

09S 14E 25 NW SW 04 STOCKWATER (83) TWIN FALLS

09S 14E 25 NW SW 43 DOMESTIC (83) TWIN FALLS

Total Acres:

+ - - Diversion Means - WELL.

+ - - Non-Irrigation Use - 1 HOME

+ - - Other Rights for Same Use - NONE.

+ - - - - Remarks - - - - - +

EXP PARCEL NO. 09S14E25S400

PA 6/25/11

Water right number - 47-12987

Prefix Translation: WATER RIGHT

+ - - - - Old Water Right Numbers - - - - - +

+ - - - - Old Water Right Numbers - - - - - +

No Old Water Right Numbers Found

+ - - - - Conditions of Approval - - - - - +

N11 - THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
- DETERMINATION OF HISTORICAL BENEFICIAL USE.
N13 - THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
- GALLONS PER DAY.

+ - - - Decree Plaintiff - - - +

+ - - - Decree Defendant - - - +

+ - Decree Date - +
00/00/0000

+ - - - - Comments - - - - - +

Date: 03/25/1994 User Id: DUNN1 Subject: COPIED FROM REMARKS

**IDWR NOTE: ITEMS 4 & 10 DIFFER IN 1/4, 1/4 DESCRIPTIONS.

Date: 11/17/1999 User Id: CTIMM Subject: OWNERSHIP CHANGE

11/17/99, CHANGED OWNERSHIP: MILLER TO SISSON AS PER FORM 1409 AND DEED REC'D 9/4/99. C.T.

+ - - Audit Fields - - +

11/17/99 CTIMM

+ - - - - Adjudication Rights Dates and Flags Area - - - - - +

Court Report Filing	- 08/14/1998	Field Inspection Made	- 00/00/0000	Civil Case Number	- 39576
Objection Filed Date	- 00/00/0000	Field Inspection Flag	-	Old Case Number	-
Response Filed Date	- 00/00/0000	Verified Date	- 00/00/0000	Old Judicial District	-
Claim Received Date	- 09/30/1988	Last Amended Date	- 00/00/0000	Temporary Right	- P
		Receipt Number	- C004385	Water District	-
		POU Ownership Flag	- Y	Federal/State Indicator	- S
		Name Connector	-	Presumption Flag	-
				Notice of Error Flag	-

RECEIVED
AUG 18 1999Department of Water Resources
Southern RegionSTATE OF IDAHO
IDAHO DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

RECEIVED
SEP 04 1998
Department of Water Resources
Southern RegionPlease print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

1. Water Right No(s): 447-12987
Adjudication Claim No(s): A47-12987
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: Opal J. Miller
20081 Hwy. 30 Buhl Ida 83316
4. New Owner/Claimant(s): Lylee Lison
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
New Mailing Address: 4245 W. 1425 E.
City, State and ZIP Code: Buhl, Ida. 83316
New Telephone Number: (208) 543-4201
5. Date you acquired the property: 12-24-1991
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 5 Number and type of stock 2 - Horses
Diversion rate in CFS .04 Number of homes 1 Other uses Pasture
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): Lylee Lison
(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..

ok 11/17/99

WARRANTY DEED

For Value Received

OPAL I. MILLER, a widow, as her separate property,

The grantor, does hereby grant, bargain, sell and convey unto

LYLE SISSON, a single man,

the grantee, whose current address is Rt. 5, Box 5186, Buhl, ID 83316

the following described premises, in Twin Falls

County Idaho, to-wit:

Township 9 South, Range 14 East of the Boise Meridian, Twin Falls County, Idaho,

SECTION 25: N $\frac{1}{2}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$

EXCEPT Public Roads.

TOGETHER WITH 5.00 shares of Twin Falls Canal Company water stock.

TWIN FALLS COUNTY, IDAHO
RECORDED FOR:

SECURITY Title

1991 DEC 24 A 11 20

91012506

LILLIAN E. WRIGHT
EX-OFFICIO RECORDER
FEE: 3.00 DEPUTY: *sm*

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, his heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that she is the owner in fee simple of said premises; that they are free from all incumbrances except current and subsequent years taxes, condition, covenants, restrictions, reservations, easements, right and rights of way of record or apparent,

and that She will warrant and defend the same from all lawful claims whatsoever.

Dated: November 27, 1991

✓ *Opal I. Miller*
Opal I. Miller

WASHINGTON
STATE OF IDAHO, COUNTY OFOn this 2nd day of December, 1991,
before me, a notary public in and for the State of

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for record at the

Township 5 South, Range 14 East of the Boise Meridian, Twin Falls County, Idaho,

SECTION 25: N $\frac{1}{2}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$

EXCEPT Public Roads.

TOGETHER WITH 5.00 shares of Twin Falls Canal Company water stock.

TWIN FALLS COUNTY, IDAHO
RECORDED FOR: **SECURITY Title**
1991 DEC 24 A 11 20 91012506
EX-OFFICIO RECORDER
FEE: 3.00 DEPUTY: *sm*

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee his heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that she is the owner in fee simple of said premises; that they are free from all incumbrances except current and subsequent years taxes, condition, covenants, restrictions, reservations, easements, right and rights of way of record or apparent,

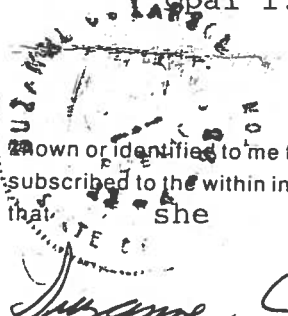
and that She will warrant and defend the same from all lawful claims whatsoever.

Dated: November 27, 1991

Opal I. Miller
Opal I. Miller

WASHINGTON
STATE OF ~~IDAHO~~ COUNTY OF ☒

On this 2nd day of December, 19 91,
before me, a notary public in and for the said State, personally
appeared Opal I. Miller


known or identified to me to be the person whose name
subscribed to the within instrument, and acknowledged to me
that she executed the same.

Suzanne C. Tolson
Notary Public

✓ Residing at Fri. Harbor WA 98250
✓ Comm. Expires 11-4-93

STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for record at the
request of

at _____ minutes past _____ o'clock M.,
this _____ day of _____
19 _____, in my office, and duly recorded in Book
of Deeds at Page _____

Ex-Officio Recorder

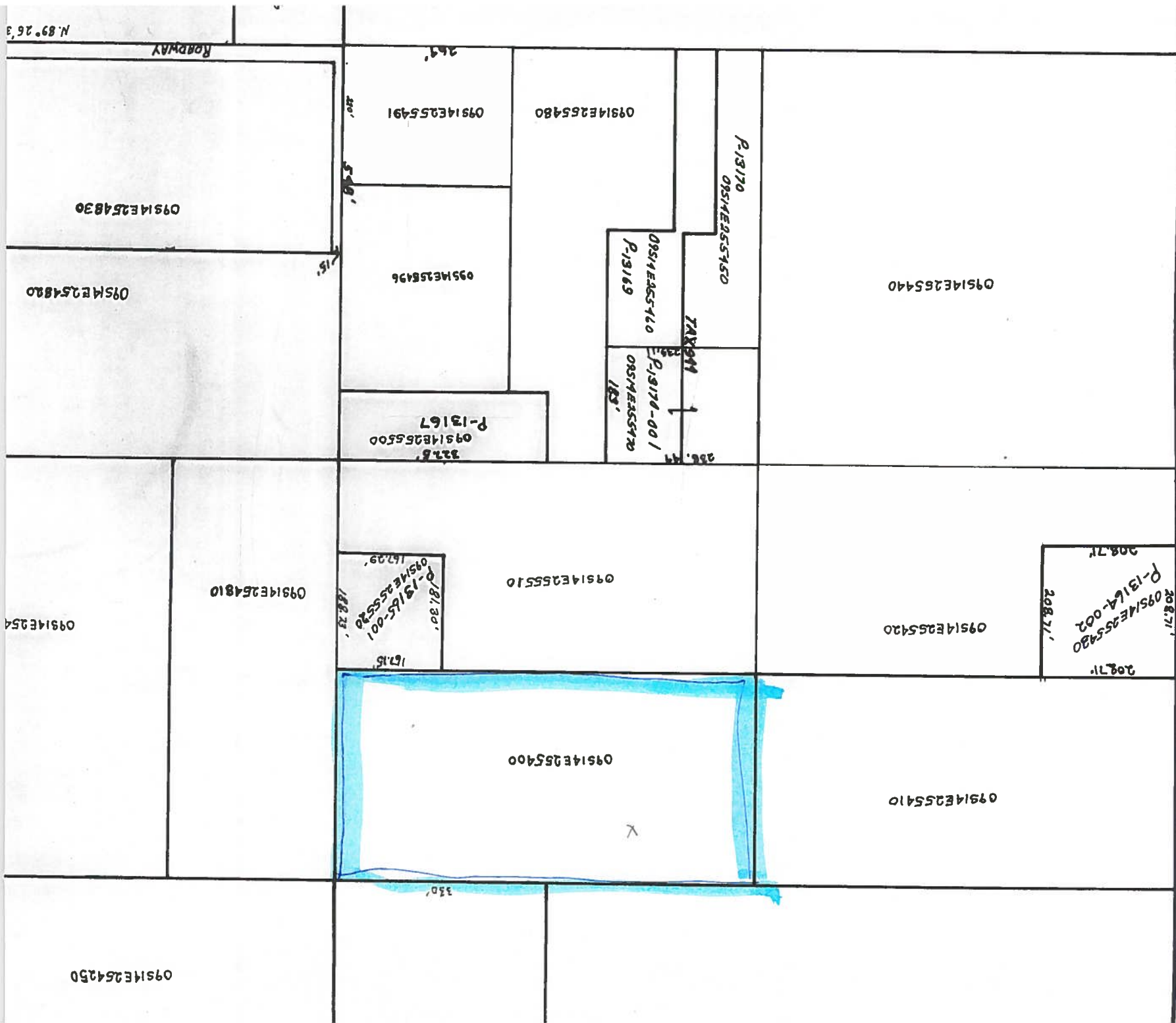
By _____

Deputy.

Fees \$

Mail to:

MEMBERSHIP PARC



SCHEDULE A

ALTA OWNER'S POLICY 4-6-90

OWNERS

SCHEDULE A

Order No. 8-52852-OP

Policy No. 13 0024 60 000274

Amount of Insurance: \$50,000.00

Premium Amount: \$340.00

Date of Policy: December 24, 1991 at 11:20 A.M.

1. Name of Insured:

LYLE SISSON

2. The estate or interest in the land which is covered by this Policy is:

A FEE SIMPLE

3. Title to the estate or interest in the land is vested in:

LYLE SISSON, a single man, as his separate property

4. The land referred to in this policy is described as follows:

Township 9 South, Range 14 East of the Boise Meridian, Twin Falls County, Idaho,

SECTION 25: N $\frac{1}{2}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$

EXCEPT Public Roads.

This Policy Valid only if Schedule B is Attached



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 8, 1998

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

LYLE SISSON
4245 N 1425 E
BUHL ID 83316

RE: OWNERSHIP CHANGE FOR ADJUDICATION CLAIM A47-12987

Dear Claimant(s):

Thank you for returning the NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP form. Our records, however, cannot be updated without the required information listed under item 2 of the ownership change form. Specifically, we need a copy of your warranty deed, title policy or contract of sale (with attached legal description) along with a plat or survey map.

I am returning your original ownership change form. Please attach the required information and return the entire packet to me in the enclosed self-addressed envelope. As soon as I receive this information, I will update our records and notify you by mail when the changes have been completed.

Thank you for your prompt attention to this matter and should you have any questions please feel free to contact me.

Sincerely,

Trish Fawcett
Technical Records Specialist

enc.

AJ5856NP

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

DATE: SEP-2-1997
PAGE: A-2402

RIGHT NUMBER: 47-12987

NAME & ADDRESS: OPAL I MILLER
RT 5 BOX 5186
BUHL ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 12/31/1920

POINT OF DIVERSION: T09S R14E S25 NENWSW Within TWIN FALLS County

PURPOSE AND

PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.02 CFS
	DOMESTIC 1 HOME	01-01 12-31	0.04 CFS

PLACE OF USE:	STOCKWATER	Within TWIN FALLS County
	T09S R14E S25	NWSW
	DOMESTIC	Within TWIN FALLS County
	T09S R14E S25	NWSW

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
PARCEL NO. 09S14E255400

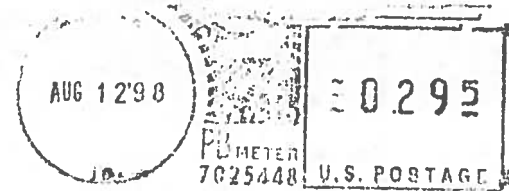
Claim proofread by: Ue

Date: SEP 16 1997

4-24-98
D

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

ADDRESS SERVICE
REQUESTED



~~RETURN SERVICE REQUESTED~~

20081 Hwy 30

IMPORTANT WATER RIGHT INFORMATION

47-12987
OPAL I MILLER
RT-5 BOX 5186
BUHL ID 83316

RECEIVED
AUG 14 1998
Department of Water Resources

BASIN 47 D&S RECOMMENDATIONS

REMAILED BY DMS ON 8/19/98
w/ chg of ownership & chg of address forms
NO DATA ENTRY CORRECTIONS DONE!

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: A47-12987

Date Received: 9/30/1988

Receipt No: C004385

Received By:

DATA ENTERED BY *R.V.*
DATE *7-27-89*

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: OPAL I. MILLER 208-543-4164
Address: RT. 5, BOX 5186
BUHL, ID 83316

2. Date of Priority: DEC 31, 1920

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
09S	14E	25	NE	NW	SW		TWIN FALLS

5. Description of diverting works:
WELL.

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	01/01	12/31	0.020		

7. Total Quantity Appropriated is:
0.060 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/8 HEAD OF CATTLE.

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
09S	14E	25	NW	SW		DOMEST	
			NW	SW		STOCK	

A47-12987

Page 1

Date: 07/27/89

MICROFILMED

MAR 14 1993

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:
**IDWR NOTE: ITEMS 4 & 10 DIFFER IN 1/4, 1/4 DESCRIPTIONS.

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 _____

SP
RCIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER:

39576

Ident. Number

A47-12987

Date Received

9-30-88

Receipt Number

C004385

NOTICE OF CLAIM
TO A
WATER RIGHT

RECEIVED

SEP 30 1988

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day. Filing fee \$25

Department of Water Resources
Southern Region Office

Please type or print clearly

1. Name of Claimant (s) Opal L. Miller Phone (208) 543-4164
Mailing Address RT #5 Box 5184 BuHL Idaho Zip 83316
2. Date of Priority (Only one (1) per claim) Early 1920's
3. Source of water supply (a) Groundwater
which is tributary to (b) _____
4. Location of point of diversion is: Township 9 Range 14
Section 25 NW 1/4 of NW 1/4 of SW 1/4, Govt. Lot _____, B.M.,
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. _____
6. Water is claimed for the following: (Limited to Domestic and/or Stockwater only. See Instructions)
(Both dates are inclusive) (cfs)
For Domestic purposes from 1-1 to 12-31 to 12-31 amount 0.04
For Stockwater purposes from 1-1 to 12-31 amount 0.02
7. Total quantity claimed 0.06 (cfs)
8. Total consumptive use claimed is de minimus
9. Non-irrigation uses. Describe fully. (Domestic: give number of households served; Stockwater: Type and number of livestock) one Household 8 Head Cattle

MICROFILMED

MAR 14 1993

Copies: White-State, Yellow-Claimant

10. Place a "D" for domestic and "S" for stockwater use in the corresponding place of use below.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4			
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4
9	14	25	D+S															

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.
_____ or None ()

14. Remarks: _____

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____

If applicable provide IDWR Water Right Number _____

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

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 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) Opal L. Miller Date Sept 28, 1988

Date _____

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

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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of Twin Falls) SS.

Subscribed and sworn (or affirmed) before me this 28th day of September 19 88

SEAL

Notary Public Linda Voss

Residing at Buhl, Idaho.

My Commission Expires 1-23-92.

Last Name _____ Ident No. _____

Copies White-State, Yellow-Claimant

MICROFILMED

MAR 14 1993

