

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAY 28 2021

DEPT OF WATER RESOURCES
SOUTHERN REGION

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, [see #6](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
43-10060	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-375	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
43-13418	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Deanna B. Cole
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Almo 80 LLC
New owner(s) as listed on the conveyance document

P.O. Box 103 Almo IDAHO 83312
Mailing address City State ZIP
208-312-9110 launch-pad7@yahoo.com
Telephone Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: 11 July 2007

6. If the water right is leased to the Water Supply Bank changing ownership of a water right will reassign to the new owner any Water Supply Bank leases associated with the water right. Payment of revenue generated from any rental of a leased water right requires a completed [IRS Form W-9](#) for payment to be issued to an owner. A new owner for a water right under lease shall supply a W-9. Water rights with multiple owners must specify a designated lessor, using a completed [Lessor Designation](#) form. Beginning in the calendar year following an acknowledged change in water right ownership, compensation for any rental will go to the new owner(s).

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☐ Filing fee (see instructions for further explanation):
 o \$25 per undivided water right.
 o \$100 per split water right.
 o No fee is required for pending adjudication claims.

SUPPORT DATA

IN FILE # 43-375

- ☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Deanna B. Cole Manager May 28, 2021
Signature of new owner/claimant Title, if applicable Date

Signature: _____ Title, if applicable _____ Date _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by SG Date 5-28-21 Receipt No. 5038605 Receipt Amt. 75.00

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 _____ Approved by _____ Processed by ★ Date 6-14-21

MAILING ADDRESS OF GRANTEE:
Max and Deanna Cole
P.O. Box 82429
Fairbanks, Alaska 99708

CASSIA COUNTY
RECORDED FOR:
MAX & DEANNA COLE
3:30:43 pm 11-01-2007
2007-319180
NO. PAGES: 2 FEE: \$6.00
LARRY A. NICKELSEN
COUNTY CLERK
DEPUTY: NLMARR

QUITCLAIM DEED

For Value Received MAX W. COLE and DEANNA B. COLE, husband and wife, do hereby convey, release, remise and forever quit claim unto ALMO 80, LLC, whose current address is P.O. Box 82429, Fairbanks, Alaska 99708, the following described premises in Cassia County, State of Idaho, to-wit and together with their appurtenances:

TOWNSHIP 15 SOUTH, RANGE 24 EAST OF THE BOISE MERIDIAN, CASSIA COUNTY, IDAHO, Section 14, Part of the N $\frac{1}{2}$ SE $\frac{1}{4}$, more particularly described as follows:

Beginning at the Center quarter corner of Section 14, said corner marked by a 5/8 inch rebar which shall be the POINT OF BEGINNING.

Thence South 88°15'14" East along the North line of the NW $\frac{1}{4}$ SE $\frac{1}{4}$ for a distance of 1335.58 feet to the Northwest corner of the NE $\frac{1}{4}$ SE $\frac{1}{4}$, said corner marked by a 5/8 inch rebar;

Thence South 88°15'14" East along the North line of the NW $\frac{1}{4}$ SE $\frac{1}{4}$ for a distance of 1335.58 feet to the East quarter corner of Section 14, said corner marked by a U.S. GLO an iron pipe with brass cap on top;

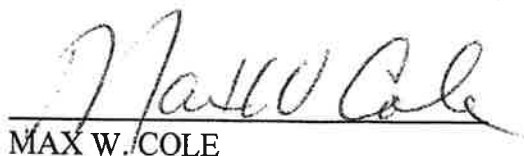
Thence South 00°25'53" East along the East line of the NE $\frac{1}{4}$ SE $\frac{1}{4}$ for a distance of 880.00 feet to a 1/2 inch rebar;

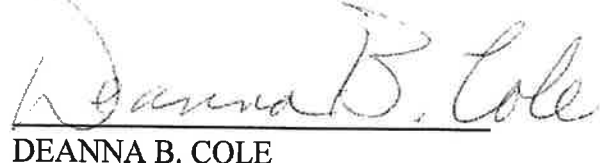
Thence North 88°15'14" West for a distance of 1335.73 feet to a 1/2 inch rebar on the West line of the NE $\frac{1}{4}$ SE $\frac{1}{4}$;

Thence North 88°15'14" West for a distance of 1335.73 feet to a 1/2 inch rebar on the West line of the NW $\frac{1}{4}$ SE $\frac{1}{4}$.

Thence North 00°24'43" West along said line of a distance of 880.00 feet to the POINT OF BEGINNING. Contains 53.93 Acres. Reference ROS285094. Corrected typo in number of Acres from 53.73 to 53.93 dr February 15, 2007.

Dated this 27 day of July, 2007.


MAX W. COLE


DEANNA B. COLE

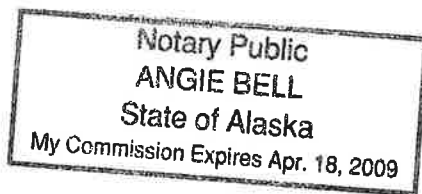
STATE OF ALASKA

Third JUDICIAL DISTRICT

On this 27 day of July, 2007, before me the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn personally appeared MAX W. COLE and DEANNA B. COLE, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me that they signed and sealed the said instrument as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

Angie Bell Notary Public in and for the State of Alaska
My commission expires: 04-18-2009



MAILING ADDRESS OF GRANTEE:
Max and Deanna Cole
P.O. Box 82429
Fairbanks, Alaska 99708

CASSIA COUNTY
RECORDED FOR:
MAX & DEANNA COLE
3:30:40 pm 11-01-2007
2007-319177
NO. PAGES: 2 FEE: \$6.00
LARRY A. NICKELSEN
COUNTY CLERK
DEPUTY: NLMARR

QUITCLAIM DEED

For Value received MAX W. COLE and DEANNA B. COLE, husband and wife, do hereby convey, release, remise, and forever quit claim unto ALMO 80, LLC, whose current address is P.O. Box 82429, Fairbanks, Alaska 99708, the following described premises in Cassia County, State of Idaho, to-wit and together with their appurtenances:

TOWNSHIP 15 SOUTH RANGE 24 EAST OF THE BOISE MERIDIAN, CASSIA COUNTY, IDAHO, Section 13; Part of the NW1/4 SW1/4, more particularly described as follows:

Beginning at the Northwest corner of the NW1/4SW1/4, said corner marked by a U.S. GLO iron pipe with brass cap on top which shall be the POINT OF BEGINNING.

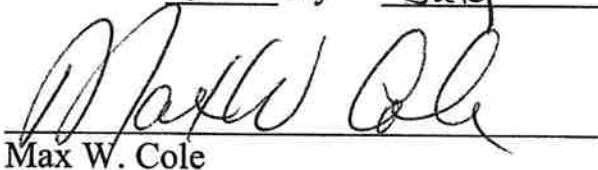
Thence North 89°34'20" East(East rec.) along the North line of the NW1/4SW1/4 for a distance of 1319.33 feet to the Northeast corner of the NW1/4SW1/4, said corner marked by a 5/8 inch rebar;

Thence South 00°22'56"East(South rec.) along the East line of the NW1/4SW1/4 for a distance of 880.00 feet to a 1/2 inch rebar;

Thence South 89°34'20"West(West rec.) for a distance of 1318.57 feet to a 1/2 inch rebar on the West line of the NW1/4SW1/4;

Thence North 00°25'53"West(North rec.) along the West line of the NW1/4SW1/4 for a distance pf 880.00 feet to the POINT OF BEGINNING. Contains 26.65 Acres.
Reference ROS285094. dr February 15, 2007.

Dated this 27 day of July, 2007.


Max W. Cole


Deanna B. Cole

STATE OF ALASKA

Third

JUDICIAL DISTRICT

)
)
)

On this 27 day of July, 2007, before me the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn personally appeared MAX W. COLE and DEANNA B. COLE, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me that they signed and sealed the said instrument as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.

Angie Bell

Notary Public in and for the State of Alaska

My commission expires: 04-18-2009



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. 101

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) Max Wayne Cole		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 69 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) March 20, 1940	
PARENTS	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Great Bend, Kansas			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Alaska		7b. COUNTY FSN Borough	
INFORMANT	7c. CITY OR TOWN Fairbanks			
	7d. STREET AND NUMBER #360 3875 Geist Rd. Ste E		7e. APT. NO. 99709	
DISPOSITION	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) Deanna Whitaker	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
PLACE OF DEATH	11a. FATHER'S NAME (First, Middle, Last, Suffix) Herbert Cole		11b. BIRTHPLACE (State, Territory, or Foreign Country) Great Bend, Kansas	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Marths Weers		12b. BIRTHPLACE (State, Territory, or Foreign Country) Hudson, Kansas	
CAUSE OF DEATH	13a. INFORMANT'S NAME (Type or print) Mrs. Deanna Cole		13b. RELATIONSHIP TO DECEDENT Wife	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) #360 3875 Geist Rd. Ste. E. Fairbanks Alaska 99709			
CERTIFIER	* 14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		* 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Sunny Cedar Rest Cemetery Almo, Idaho	
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Short's Funeral Chapel 1225 East 6th ST. Moscow, Idaho 83843			
REGISTRAR	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		* 17b. LICENSE NUMBER (of licensee) M-651	
	* 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) <u>Son's Home</u> * 20. FACILITY NAME (if not facility, give street and number) 427 Panorama Drive * 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Moscow 83843 * 22. COUNTY OF DEATH Latah				
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 2, 2009 * 24. TIME OF DEATH 1600 (24hr) * 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 2, 2009 * 26. TIME PRONOUNCED DEAD 1715 (24hr)				
27. CAUSE OF DEATH PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>myocardial infarction</u> b. <u>cardiovascular disease</u> c. _____ d. _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I diabetes				
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No				
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant to 1 year before death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined				
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) October 2, 2009 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 35. INJURY AT WORK? ☐ Yes ☐ No				
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38a. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat Belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner 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 stated. Signature and Title of Certifier: <u>Catherine M. Mabbutt, Coroner</u> * 39b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Catherine M. Mabbutt, Coroner, P.O. Box 9303 Moscow, Idaho 83843 40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section				
39b. LICENSE NUMBER [REDACTED] 39c. DATE SIGNED 10, 05, 2009 MM DD YYYY				
40b. DATE SIGNED [REDACTED] MM DD YYYY				
41a. REGISTRAR'S SIGNATURE [Signature] 41b. DATE SIGNED 10, 06, 2009 MM DD YYYY				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: October 6, 2009

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: corporations.alaska.gov

COR

FOR DIVISION USE ONLY

Domestic Limited Liability Company

2021 Biennial Report

For the period ending December 31, 2020

Web-11/11/2020 10:00:23 AM

Due Date: This report along with its fees are due by January 2, 2021

Fees: If postmarked before February 2, 2021, the fee is \$100.00.

If postmarked on or after February 2, 2021 then this report is delinquent and the fee is \$137.50.

Entity Name: Almo 80, LLC

Entity Number: 107718

Home Country: UNITED STATES

Home State/Prov.: ALASKA

Physical Address: 40 MILE STONY RIVER, STONY RIVER,
AK 99559

Mailing Address: PB#360, 3875 GEIST RD., STE. E,
FAIRBANKS, AK 99709

Registered Agent information cannot be changed on this form. Per Alaska Statutes, to update or change the Registered Agent information this entity must submit the Statement of Change form for this entity type along with its filing fee.

Name: Will Cole

Physical Address: 1471 GATEWAY DRIVE, FAIRBANKS, AK
99709

Mailing Address: 1471 GATEWAY DRIVE, FAIRBANKS, AK
99709

Officials: The following is a complete list of officials who will be on record as a result of this filing.

- **Provide all officials and required information. Use only the titles provided.**
- **Mandatory Members:** this entity must have at least one (1) Member. A Member must own a %. In addition, this entity must provide all Members who own 5% or more of the entity. A Member may be an individual or another entity.
- **Manager:** If the entity is manager managed (per its articles or amendment) then there must be at least (1) Manager provided. A Manager may be a Member if the Manager also owns a % of the entity.

Full Legal Name	Complete Mailing Address	% Owned	Manager	Member
Sunup Enterprises, LLC	PMB#360 3875 GEIST RD., STE.E, FAIRBANKS, AK 99709	100.00		X
Deanna B. Cole	PMB#360, 3875 GEIST RD., STE.E, FAIRBANKS, AK 99709		X	

If necessary, attach a list of additional officers on a separate 8.5 X 11 sheet of paper.

Purpose: Any lawful purpose

NAICS Code: 531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE

New NAICS Code (optional):

This form is for use by the named entity only. Only persons who are authorized by the above Official(s) of the named entity may make

changes to it. If you proceed to make changes to this form or any information on it, you will be certifying under penalty of perjury that you are authorized to make those changes, and that everything on the form is true and correct. In addition, persons who file documents with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor. Continuation means you have read this and understand it.

Name: Deanna B Cole



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 ADDISON AVE W STE 500 • TWIN FALLS, ID 83301-5858
Phone: (208)736-3033 • Fax: (208)736-3037 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

June 14, 2021

ALMO 80 LLC
PO BOX 103
ALMO ID 83312-0103

Re: Change in Ownership for Water Right Nos: 43-375, 43-10060 & 43-13418

Dear Water Right Holders:

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water rights to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 736-3033.

Sincerely,

Bill Mills
Water Resource Agent, Senior

Enclosures

C: Water District 43D

Date: May 27, 2021
To: Idaho Department of Water Resources
Southern Region
650 Addison Ave W, Suite 500
Twin Falls, Idaho 83301-5858
From: Deanna B. Cole
P.O. Box 103
Almo, Idaho 83312
Re: Change in Ownership of water rights

RECEIVED
MAY 28 2021
DEPT OF WATER RESOURCES
SOUTHERN REGION

I would like to change Water Rights Ownership from Deanna B. Cole to Almo 80 LLC for the following water rights:

43-10060 stockwater from spring/sinks

43-375 irrigation from North Fork Almo Creek

43-13418 stockwater from Edwards Creek

Find enclosed the following documents:

- Notice of Change in Water Right Ownership Form 42-248/42-1409(6)
- Filing fees of \$25.00 for each water right for a total of \$75
- Copy of deeds that convey the property of Deanna B. Cole and Max W. Cole (deceased) to Almo 80 LLC.
- 2021 copy of Biennial Report for Almo 80 LLC that shows Deanna B. Cole as the Manager of Almo 80 LLC
- A death certificate for Max W. Cole; I have requested that he be removed from the water rights.

Please call me at 208-312-9110 or email launch_pad7@yahoo.com if you have further questions.

Thank you.

RECEIVED

MAY 28 2021

DEPT OF WATER RESOURCES
SOUTHERN REGION

Date: May 27, 2021

To: Idaho Department of Water Resources
Southern Region
650 Addison Ave W, Suite 500
Twin Falls, Idaho 83301-5858

From: Deanna B. Cole
P.O. Box 103
Almo, Idaho 83312

Re: Removal of my deceased husband, Max W. Cole
from decreed water rights

Please remove Max W. Cole from these water rights:

43-10060 stockwater from spring/sinks

43-375 irrigation from North Fork Almo Creek

43-13418 stockwater from Edwards Creek

A copy of Max's death certificate is enclosed.

Please notify me when this process is complete.
Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Deanna B. Cole". The signature is written in dark ink and is positioned above the printed name.

Deanna B. Cole