State of Idaho Department of Water Resources

RECOMMENDATION OF WATERMASTER

Transfer No(s).:	84009
Applicant's Name:	ROCKY MOUNTAIN WATER EXCHANGE LLC
Watermaster's Rec a) b)	ommendation: I do not oppose approval of this application. I do not oppose approval of this application if it is conditioned as follows:

c) _____ I oppose approval of this application for the following reasons:

d) _____ Additional Comment:

Dated this 14 day of May , 20 20

Water District No: 120

Tow

Watermaster's Signature