

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 23 2020

WATER RESOURCES
WESTERN 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?
61-293B	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	61-10194	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
61-303B	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	61-10540	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
61-304B	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	61-10834	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
61-308	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	61-11877	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
61-4132	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	61-11921	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

2. Previous Owner's Name: Batrue's Dairy
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Quantum Space X LLC
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 3335 North Morrow Reservoir Road Glenns Ferry ID 83623
Mailing address City State ZIP
- 208.404.9434 Acornell.mtg@gmail.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: _____
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.
 - ☐ 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.

SUPPORT DATA

IN FILE # 61-293B

8. Signature: [Signature] MEMBER 1-20-2020
Signature of new owner/claimant Title, if applicable Date
- Signature: [Signature] member 1.20.2020
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by LE Date 1/23/2020 Receipt No. W047997 Receipt Amt. \$250

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 LE Processed by LE Date 03/13/2020

STATE OF IDAHO CERTIFICATION OF VITAL RECORD

RECEIVED

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

MAR 12 2020

WATER RESOURCES
WESTERN REGION

DATE FILED BY STATE REGISTRAR:

Certificate of Death

STATE FILE NO. 2014-08993

08/18/2014

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH FOR ANY PURPOSES OTHER THAN STATISTICAL AND VITAL RECORDS.

Local Reg. No.

OCCIDENT	1. DECEDENT'S LEGAL NAME (Include AKA if any) (First, Middle, Last, Suffix) MARIA N. BATRUEL AKA MARY N. BATRUEL		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE Last Birthday 98		4b. UNDER 1 YEAR Months: 00 Days: 00 Hours: 00 Minutes: 00		5. DATE OF BIRTH (Mo/Day/Yr) UNKNOWN, AUSTRIA	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY ELMORE		7c. CITY OR TOWN GLENN'S FERRY	
	7d. STREET AND NUMBER 3315 N. MORROW RD		7e. APT. NO. 83823		7f. ZIP CODE 83423	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN			
	11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		12a. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN			
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		13a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) UNKNOWN UNKNOWN			
DISPOSITION	13a. INFORMANT'S NAME (Type or print) PAUL BATRUEL		13b. RELATIONSHIP TO DECEDENT SON		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3335 N. MORROW RD GLENN'S FERRY, ID 83623	
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BATRUEL FAMILY CEMETERY N. MORROW RD GLENN'S FERRY, IDAHO		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL D. PARKE		17b. LICENSE NUMBER (If license) M0799		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Facility name (If facility, give street and number) ST. LUKE'S MAGIC VALLEY			
PLACE OF DEATH	20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE TWIN FALLS, ID 83301		21. COUNTY OF DEATH TWIN FALLS		22. TIME OF DEATH (24hr) 13:52	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 12, 2014		24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 12, 2014		25. TIME PRONOUNCED DEAD (24hr) 13:52	
	26. CAUSE OF DEATH DEMENTIA		27. CAUSE OF DEATH DEMENTIA			
	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) DEMENTIA		29. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) DEMENTIA			
DATE OF DEATH	30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE (Aged 10-44): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	33. DATE OF INJURY (Mo/Day/Yr) (Spell month) September 12, 2014		34. TIME OF INJURY (24hr) 13:52		35. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) Decedent's home	
	36. LOCATION OF INJURY: State: IDAHO City/Town or County: TWIN FALLS Zip Code: 83301		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	38. 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. Decedent was driving a vehicle when struck by another vehicle.		39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
CERTIFIER	40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 9 / 15 / 2014		41. LICENSE NUMBER M-11720	
	42. SIGNATURE OF CERTIFIER Thomas W. Dierocco		43. DATE SIGNED 9 / 15 / 2014		44. LICENSE NUMBER M-11720	
	45. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) THOMAS W. DIEROCCO, 801 POLE LINE ROAD WEST TWIN FALLS, ID 83303		46. DATE SIGNED 9 / 15 / 2014			
	47. SIGNATURE OF REGISTRAR James B. Galt		48. DATE SIGNED 9 / 15 / 2014			

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.

MARCH 04, 2020

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This Document Corrects and Replaces Instrument No: 468427

QUITCLAIM DEED

FOR VALUE RECEIVED, Made this **12th day of July, 2019**, between
Paul Batrue, a single man as Grantor(s)

and Quantum Space X, LLC as Grantee(s)

whose current address is: 3335 N Morrow Reservoir Road, Glens Ferry, Iaho 83623

HERINAFTER GRANTOR DOES RELEASE AND FOREVER QUITCLAIM UNTO
GRANTEE, and to their heirs and assigns all right, title and interest in that certain lot, piece or
parcel of land, situate, lying and being in, County of **Elmore**, State of Idaho, particularly
described as follows, to wit:

Township 5 South, Range 9 East, Boise Meridian, Elmore County, Idaho

Section 12: W1/2SE1/4

Section 13: E1/2NW1/4, SW1/4NE1/4, E1/2SE1/4, and US Government Lot 2

Township 5 South, Range 10 East, Boise Meridian, Elmore County, Idaho

Section 18: U.S. Government Lots 3&4, SE1/4NW1/4, N1/2SE1/4

TO HAVE AND TO HOLD, All and singular the said premises, together with the appurtenances,
unto the Grantee(s) and their heirs and assigns forever.


Paul Batrue

State of Idaho

County of Elmore

On this 12th day of July, 2019, before me, the undersigned, a Notary Public, in and for said
State, personally appeared, PAUL BATRUEL, known to me, and/or identified to me on the basis
of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that they/he/she executed the same.

WITNESS MY HAND AND OFFICIAL SEAL


Notary Public

Residing at: **Mountain Home, ID**

Commission Expires: **02/09/2023**





0003305662

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***AMENDMENT TO CERTIFICATE OF ORGANIZATION OF
LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 332-2811

Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

*For Office Use Only***-FILED-**

File #: 0003305662

Date Filed: 10/5/2018 8:26:40 AM

Amendment to Certificate of Organization of Limited Liability Company

The current name of the limited liability company is: QUANTUM SPACE X. L.L.C.

The file number of this entity on the records of the Idaho Secretary of State is: 0000493474

The date the certificate of organization was originally filed: 2016-02-19 12:00:00.000

1. Limited Liability Company Name

Change Limited Liability Company Name? I do not want to change the name of the LLC

2. The complete street address of the principal office is amended to:

Principal Office Address 3315 N MORROW RESERVOIR RD
GLENN'S FERRY, ID 83623

3. The mailing address of the principal office is amended to:

Mailing Address 3315 N MORROW RESERVOIR RD
GLENN'S FERRY, ID 83623

4. Managers and Members

Name of individual or organization	Title	Address
PAUL BATRUEL	Member	3315 N MORROW RESERVOIR RD GLENN'S FERRY, ID 83623
PAUL BATRUEL	Manager	3335 N MORROW RESERVOIR RD GLENN'S FERRY, ID 83623
Ann Murray	Member	3335 NORTH MORROW RESERVOIR ROAD GLENN'S FERRY, ID 83623

Signature of Authorized Person:

Ann C Murray

Sign Here

10/05/2018

Date

B0063-4706 10/05/2018 8:26 AM Received by ID Secretary of State Lawrence Denney

RECEIVED

MAR 12 2020

WATER RESOURCES
WESTERN REGION

QUANTUM SPACE X LLC
3335 NORTH MORROW RESERVOIR ROAD
GLENN'S FERRY, IDAHO 83623

Kenzie,

As we discussed Batruel's Dairy has not been existence since 1995. Paul was the only one alive now and has not operated the dairy since that time.

Please call if you have any questions.

Paul Baturel

A handwritten signature in black ink, appearing to be "Paul Baturel", written over the printed name.



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region • 2735 W AIRPORT WAY • BOISE, ID 83705-5082

Phone: (208)334-2190 • Fax: (208)334-2348 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

March 13, 2020

QUANTUM SPACE X LLC
3335 N MORROW RESERVOIR RD
GLENN'S FERRY ID 83623-5018

Re: Change in Ownership for Water Right No(s): 62-293B, 61-303B, 61-304B, 61-308, 61-4132, 61-10194, 61-10540, 61-10834, 61-11877, 61-11921

Dear Water Right Holder(s):

The Department of Water Resources (Western) 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) 334-2190.

Sincerely,

Lynne Evans
Office Specialist II

Enclosure