

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

Craig Bloxham
PO Box 227
Downey ID 83234-0227



9590 9402 2220 6193 0111 93

2. Article Number (Transfer from service label)

7014 2120 0000 4376 8508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Debbie Jackson

C. Date of Delivery

3/7/2018

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

*20802 S. Cambridge
Downey ID*

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Address and Name

Kirk and Debbie Jackson
PO Box 855 *866*
Pocatello ID 83204-0855



9590 9402 2220 6193 0112 09

2. Article Number (Transfer from service label)

7014 2120 0000 4376 8492

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Debbie Jackson

C. Date of Delivery

3/7/2018

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

83204 USPS

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Address and Name

Holden Kidwell Hahn & Crapo -
Robert L. Harris
PO Box 50130
Idaho Falls ID 83405-0130



9590 9402 2220 6193 0111 86

2. Article Number (Transfer from service label)

7014 2120 0000 4376 8515

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Kylee Cole

C. Date of Delivery

3-5-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAR 07 2018

Department of Water Resources
Eastern Region

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

**BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO**

IN THE MATTER OF APPLICATION FOR TRANSFER)
NO. 81352 AND APPLICATION FOR PERMIT NO.)
21-13254 IN THE NAME OF BUNTS & SINGLES LLC)

**NOTICE OF
STATUS CONFERENCE**

NOTICE OF STATUS CONFERENCE

The hearing officer hereby notifies the parties that a status conference has been scheduled for **July 13, 2018 at 9:00 am**, at the Idaho Department of Water Resources, 900 N Skyline Dr Ste A, Idaho Falls ID 83402.

To participate by telephone, please use the following number:

**Telephone: 1-877-820-7831
Participant Code: 889693**

The pre-hearing conference will be held in accordance with provisions of Chapters 2 and 17, Title 42 and Chapter 52, Title 67, Idaho Code, and the adopted Rules of Procedure of the Department IDAPA 37.01.01. A copy of the Rule of Procedure may be obtained from the Department upon request.

The pre-hearing conference will be conducted in a facility that satisfies the accessibility requirements of the Americans with Disabilities Act. If you require special accommodations in order to attend, participate in, or understand the conference, please notify the department at least (10) days prior to the pre-hearing. Inquiries about scheduling or pre-hearing facilities should be directed to Sharla Cox at (208) 525-7161.

DATED this 13th day of June, 2018.



James Cefalo
Hearing Officer

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13th day of June, 2018, true and correct copies of the documents described below were served by placing a copy of the same with the United States Postal Service, postage prepaid and properly addressed to the following:

Documents Served: Notice of Status Conference

Bunts & Singles LLC
225 S 200 E, Ste 300
Salt Lake City UT 84111

John M Marshall
John Marshall Law PLLC
575 W. Bannock St Ste B
Boise ID 83702

Rocky Mountain Environmental
Kristin Moore
482 Constitution Way Ste 303
Idaho Falls ID 83402

Steve Spencer
US Forest Service
1805 Hwy 16 Rm 5
Emmett ID 83617-9076

Fremont-Madison Irrigation District
PO Box 15
St. Anthony ID 83445

Louis Wasniewski
US Forest Service
1405 Hollipark Dr
Idaho Falls ID 83401-2100

Fremont-Madison Irrigation District
Jerry Rigby
PO Box 250
Rexburg ID 83440

Jim Hagenbarth
PO Box 1128
Dillon MT 59725-1128

Elizabeth Davy
District Ranger
PO Box 858
Ashton ID 83420-0858



Sharla Cox
Administrative Assistant