

2013-05-24 16:12 LOIS SMITH BUXTON

208 331 1202 >>

P 4/5

RECEIVED

Christopher James

208-979-4702

p 3

OCT 29 2013DEPT. OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

\$25 fee per permit
Accepted by N. ERTUCKSON
Receipt amt. \$ 100.00
Receipt no. 5033600
Date 10/29/13

I, Lois Von Morganroth, hereby assign to Shiloh Warm Springs Ranch LLC
 of Po Box 510 Challis ID 83224 208-879-4560
Current owner(s) New owner(s)
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 72-7577; 72-7578; 72-7579; to
 appropriate the public waters of the State of Idaho. 72-7580

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of
 diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Dated this _____ day of _____, 20____.

Lois Von Morganroth
 Permit holder Title (if applicable)

Permit holder Title (if applicable)

State of Idaho

County of _____

On this _____ day of _____, 20____, personally appeared before me the signer(s) of the above
 instrument, who duly acknowledged to me that she/they executed the same.

SEAL

Notary Public

My commission expires: _____



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -8 PM 2:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Shiloh Warm Springs Ranch, LLC

2. The complete street and mailing addresses of the initial designated office:

3880 Garden Creek Rd., Challis, ID 83226

(Street Address)

P.O. Box 510, Challis, ID 83226

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Christopher W. James

(Name)

3880 Garden Creek Rd., Challis, ID 83226

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

The Christopher W. James Trust

P.O. Box 510, Challis, ID 83226

5. Mailing address for future correspondence (annual report notices):

P.O. Box 510, Challis, ID 83226

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Michael S. Oswald

Typed Name: Michael S. Oswald, Organizer

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/08/2013 05:00
CK: 1226 CT: 281641 BH: 1368460
1 @ 100.00 = 100.00 ORGAN LLC # 2

W124035