



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

December 30, 2013

LOIS VON MORGANROTH
L & M ANGUS RANCH
1223 MONTANA AVE
SANTA MONICA CA 90403

RE: Assignment for Water Right Permit Nos. 72-7577, 72-7578, 72-7579 & 72-7580

ASSIGNMENT DEFICIENCY LETTER

Dear Permit Holder:

The Department of Water Resources acknowledges receipt of your Assignment of Permit form. Our review of your Assignment of Permit indicates that additional information is required before we can process the change in ownership.

The information required is indicated below:

☒ **Notarized Signature** for Assignment of Permit

☒ **The Original Assignment Form** containing the Original Signature

Because the Department cannot process an assignment of permit without an original notarized signature I am returning the form to you, and ask that you sign the form in front of a notary public. We will hold any action on your assignment pending receipt of the necessary information. Once we receive the new form we will be able to move forward with processing the change.

If you have any questions, please feel free to contact me at (208)287-4945

Sincerely,

Darla Block
Technical Records Specialist

Enclosure

cc: BRUCE M SMITH
SHILOH WARM SPRINGS RANCH LLC

2013-05-24 16:12 BLAKE SMITH BUXTON

208 331 1202 >>

P 4/5

RECEIVED

Christopher Janson

208-879-4002

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OCT 29 2013

DEPT. 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. ERICKSON
Receipt amt. \$ 100.00
Receipt no. 5023600
Date 10/29/13

Lois Von Morgenroth, hereby assign to Shiloh Warm Springs Ranch LLC
Current owner(s)
 of P.O. Box 510 Challis ID 83224 New owner(s) 208-879-4560
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 Morgenroth
 Permit holder Title (if applicable)

Permit holder Title (if applicable)

State of Idaho)

County of _____)ss

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: 201641 BH: 1360460
1 @ 100.00 = 100.00 ORGAN LLC # 2

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