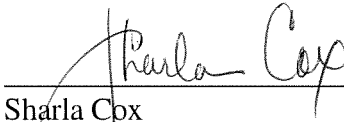


IN THE MATTER OF APPLICATION)
FOR TRANSFER NO. 76286 IN THE)
NAME OF TELFORD LANDS LLC) **DEFAULT ORDER**


James Cefalo
Hearing Officer

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 5th day of April 2011, a true and correct copy of the document(s) described below was served on the following by placing a copy of the same in the United States mail, certified, return receipts requested, postage prepaid and properly addressed to the following:



Sharla Cox
Administrative Assistant

Moore Water and Sewer Assn
PO Box 638
Moore ID 83255

Fred N. Burt
PO box 628
Moore ID 83255