

RECEIVED

JAN 05 2011

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

Ident. No. 63-33468WATER RESOURCES
WESTERN REGION1. Name of applicant(s) West Valley Medical CenterPhone 208-459-4641Name connector (check one): ☐ and ☐ or ☐ and/orMailing address: 1717 Arlington AvenueCity CaldwellState ID _____ Zip 83605

Email: _____

2. Source of water supply Ground Water

which is a tributary of _____

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
4N	3W	28			NE	SE	Canyon	Ground Water	

4. Water will be used for the following purposes:

Amount 0.20 for Commercial purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)Amount 0.03 for IRRIGATION purposes from 3/1 to 11/15 (both dates inclusive)
(cfs or acre-feet per year)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)5. Total quantity to be appropriated is (a) 0.20 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. Well, pump

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.

For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ Noc. Proposed well diameter is 6 inches; proposed depth of well is 150 feet.d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ No

e. If well is already drilled, when? _____; drilling firm _____;

Well was drilled for (well owner) _____; Drilling Permit No. _____

7. Description of proposed uses (if irrigation only, go to item 8):

a. Hydropower; show total feet of head and proposed capacity in kW. _____

b. Stockwatering; list number and kind of livestock. _____

c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider. _____

d. Domestic; show number of households _____

e. Other; describe fully. Commercial uses to include water and building heating, cooking, laundry, sterilization, sanitation humidification, miscellaneous domestic uses and less than one acre landscape irrigation.

8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	3W	28													C				
															I				I

Total number of acres to be irrigated: 1

9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? Caldwell municipal water

10. a. Who owns the property at the point of diversion? Health Trust Inc. APPLICANT
- b. Who owns the land to be irrigated or place of use? Health Trust Inc. APPLICANT
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. The proposed well will serve as a back-up emergency water source for the hospital.
- Water bearing zone to be appropriated is from 50 to 150 feet.

12. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year).

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

Scott S. Davis
Signature of Applicant
Scott S. Davis, CFDLCO
Print Name (and title, if applicable)

Signature of Applicant

Print Name (and title, if applicable)

For Department Use:
Received by SB Date 1-5-2011 Time 3:22p Preliminary check by SB
Fee \$ 100- Receipted by SB Receipt No. W038929 Date 1-5-2011

T4N R3W

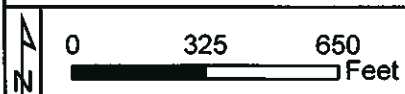
2009 Photo

NESE
Section 28

Legend

-  Proposed Well Site
-  Proposed POU
-  Sections
- 40-acre Tracts

West Valley Medical Center Application for Permit



63 33468



WEST VALLEY MEDICAL CENTER

1717 Arlington Avenue • Caldwell, ID 83605 • (208) 459-4641
www.westvalleymedctr.com

We are very thankful to be a part of the State of Idaho emergency preparedness plan for health care through Southwest District Health Region 3 and ASPR (Assistant Secretary for Preparedness and Response). Through the healthcare preparedness grant process we were awarded \$50,000 to construct a back-up emergency water system for our hospital.

Hospitals are required to do risk assessments of our utility systems and to do whatever we can to reduce the risk to patients, staff and visitors. Every year on our risk assessment we see the same item showing up as high risk, redundant source of water. We have investigated several alternatives and none seem to be viable. Loss of water ranks high on our risk assessment; it is the life blood of the facility. Loss of water would shut down the boilers which provide steam for cooking, laundry, water heating, building heating, sterilization, and humidification not to mention the domestic and sanitary needs. Also our cooling system is also dependent on a continuous supply of water. We have experienced near misses already with long term power outages where the city water supply became critically low. The use of the well would be for disaster purposes in the event of a water loss due to natural disasters, technological disasters, or manmade problems. This resource would provide us the means to continue operation and avoid evacuating the facility. We have had difficulty in obtaining an MOU that will guarantee a water truck to maintain adequate water supply. It is a joint commission requirement to identify alternate sources for potable water for drinking, essential patient care, sanitary purposes, equipment and systems running. FEMA recommends being self reliant for up to 96 hours. As the only hospital in the Caldwell community and major medical resource in the region a well would mitigate this risk.

There are several issues that come into play with this process.

The first is timing. We have a short window to work in. The grant process runs from December 2010 to May 2011. The water system must be completely operational and billed by May 15, 2011. We are aware of the permitting process and sincerely hope we can expedite the process so we can accomplish our goal providing quality healthcare in times of emergency utility outages.

The second is well size. In order to accomplish our goal of providing water we realize it would require a very large well and pump assembly which would be feasible with the limited funding. We calculated our water need at 28 gallons per minute under normal operation. Again this well is only for emergency use and placing it into operation would require us to be in an emergency/disaster status. During this time we would implement the following:

- Curtail high water use activities (laundry) and reschedule for night hours when domestic usage is at its lowest.
- Ration water usage with the charge nurses on each floor.
- Supplement drinking water with bottled water.
- Reduce cleaning requirements in Nutrition Services by replacing washable plates and silverware with disposable.

With the above changes we will be able to supply the needs of the facility with a well that will produce 28 gallons per minute. If we use this well it will mean we are in a disaster mode and most likely the entire region will be also. This well will allow us to continue to provide healthcare and emergency services to our local communities.

 , CFO / COO

Buffington, Denise

From: Buffington, Denise
Sent: Wednesday, February 23, 2011 4:12 PM
To: Press Tribune
Subject: LEGAL NOTICE
Attachments: Canyon County - Cover Letter.Doc; Canyon County Ads.Doc

Attached please find (1) legal notice being submitted for publication. Please contact me immediately if you have any questions, or if you are not able to publish the ad on the dates requested.

Thank you in advance,

*Denise Buffington
Administrative Assistant I
Dept of Water Resources
Western Region
(208) 334-2190*

February 23, 2011

LEGAL NOTICE DEPARTMENT

PRESS-TRIBUNE
PO BOX 9399
NAMPA, ID 83652

RE: Application For Permit No(s): 63-33468

Dear Legal Notice Department:

Please publish the enclosed legal notice on the dates indicated (once a week for two consecutive weekly issues). If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Please send the affidavit and bill to this office before 3/21/2011. Your cooperation is appreciated.

Sincerely,

Denise Buffington
Administrative Assistant

Enclosure(s)

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

63-33468

WEST VALLEY MEDICAL CENTER INC

1717 ARLINGTON AVE

CALDWELL, ID 83605

Point of Diversion NESE S28 T04N R03W CANYON County Source GROUND WATER Tributary

Use: IRRIGATION 03/01 to 11/15 0.03 CFS

Use: COMMERCIAL 01/01 to 12/31 0.2 CFS

Total Diversion: 0.2 CFS

Date Filed: 1/5/2011

Place Of Use: IRRIGATION AND COMMERCIAL

T04N R03W S28 NESE

Total Acres: 1

Water bearing zone to be appropriated for a proposed back-up well is from 50 to 150 feet.

For a full description of the right(s), please see www.idwr.idaho.gov/apps/ExtSearch/WRFiling.asp. Permits will be subject to all prior water rights. Protests may be submitted based on the criteria of Idaho Code § 42-203A. Any protest against the approval of this application must be filed with the Director, Dept. of Water Resources, Western Region, 2735 Airport Wy, Boise ID 83705 together with a protest fee of \$25.00 for each application on or before March 21, 2011. The protestant must also send a copy of the protest to the applicant.

GARY SPACKMAN, Interim Director

Published on 3/3 & 3/10/2011

Lester, Steve

ALL RESOLVED!

From: Lori Graves [LGraves@spfwater.com]
Sent: Thursday, February 10, 2011 2:40 PM
To: Lester, Steve
Cc: Jason Thompson
Subject: FW: West Valley Medical Center Inc. Board of Directors

- NAME, Address
- IDSOS Bus. Entity
- Signature
- Property owner

Steve,

Below is the information I received from the client. To allow continued processing, can I add "Inc." to the applicant's name and clarify on the application that the applicant owns the property at the proposed POD and POU?

From: Wayne.Tuckness@HCAHealthcare.com [mailto:Wayne.Tuckness@HCAHealthcare.com]
Sent: Thursday, February 10, 2011 2:37 PM
To: Lori Graves
Cc: Jason Thompson
Subject: RE: West Valley Medical Center Inc. Board of Directors

Adding Inc. is fine. We are officially Inc. West Valley was owned by Health Trust from around 1987 to 1994 and they have never changed the paperwork. → e tax lot info

From: Lori Graves [mailto:LGraves@spfwater.com]
Sent: Thursday, February 10, 2011 11:12 AM
To: Tuckness Wayne
Cc: Jason Thompson
Subject: FW: West Valley Medical Center Inc. Board of Directors

Wayne,

Ada County tax lot info indicates the property is owned by Health Trust Inc. If the application is to be in the name of West Valley Medical Center, looks like we have to add Inc. to the name and explain how West Valley Medical Center Inc. has access to the property owned by Health Trust Inc. Our other option is to change the applicant to Health Trust Inc.

Please respond with direction ASAP so that the application legal notice can be submitted in time for the next round of newspaper advertising.

Thanks Wayne

From: Lester, Steve [mailto:Steve.Lester@idwr.idaho.gov]
Sent: Thursday, February 10, 2011 10:42 AM
To: Lori Graves
Subject: RE: West Valley Medical Center Inc. Board of Directors

Lori:

I had received those attachments earlier. Here is the problem:

- Applicant name – West Valley Medical Center
- Application states owner of property – same, but Health Trust Inc. crossed out
- Tax lot owner – Health Trust Inc.
- IDSOS information – West Valley Medical Center Inc., insignificant difference from applicant name.

INFO RECEIVED PER PRIME REQUEST

But Wayne Tuckness' email to you and me dated 1/20/11 states: "No, West Valley Medical Aux is a separate nonprofit inanity (sic). We are checking with our corporate office to see what the official name is. It could be HCA."

So we have: West Valley Medical Center, West Valley Medical Center Inc., West Valley Medical Aux, HCA, and Health Trust Inc.

Application property ownership information is incorrect. Need to amend the application to:

- List applicant as Health Trust Inc. to be consistent with application ownership answers; or
- Change application ownership answers & explain how West Valley Medical Center has access to the property
- if 2nd option, might as well add "Inc." to West Valley Medical Center on the application.

I hope to clear this up before advertising to avoid possible delays. Sometimes these issues result in re-advertising. Please help amend the application so we can expedite it. Thanks Lori.

Steve

From: Lori Graves [<mailto:LGraves@spfwater.com>]
Sent: Wednesday, February 09, 2011 3:32 PM
To: Lester, Steve
Subject: FW: West Valley Medical Center Inc. Board of Directors

Steve,

The following e-mail was sent 1/21/2011 that provides you with the information you requested. Thanks for your attention to this matter.

From: Lori Graves
Sent: Friday, January 21, 2011 8:51 AM
To: 'Lester, Steve'
Cc: Jason Thompson; 'wayne.tuckness@hcahealthcare.com'
Subject: FW: West Valley Medical Center Inc. Board of Directors

Steve,

Attached is the information you requested. Have a great weekend.

From: Wayne.Tuckness@HCAHealthcare.com [<mailto:Wayne.Tuckness@HCAHealthcare.com>]
Sent: Thursday, January 20, 2011 3:20 PM
To: Lori Graves
Subject: FW: West Valley Medical Center Inc. Board of Directors

Here is the list of approved signers. See the bottom for the statement giving the CFO/COO signing rights.

From: Baese Karen
Sent: Thursday, January 20, 2011 3:17 PM
To: Tuckness Wayne
Subject: West Valley Medical Center Inc. Board of Directors

This list identifies the Board of Directors and list at the bottom others that are authorized to sign agreements on the facilities behalf. The CFO/COO is identified as a signer.

Karen Baese
Executive Administrative Assistant
West Valley Medical Center
1717 Arlington Ave.
Caldwell ID 83605
(208) 455-3719
(208) 455-3717 fax
karen.baese@HCAHealthcare.com

No. C 83789		Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WEST VALLEY MEDICAL CENTER, INC. LEGAL DEPT PO BOX 750 NASHVILLE TN 37202		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Samuel N. Hazen	One Park Plaza	Nashville	TN	US 37203
Secretary	Dora A. Blackwood	One Park Plaza	Nashville, TN	TN	US 37203
Treasurer	David G. Anderson	One Park Plaza	Nashville	TN	US 37203
Director (SVP)	R. Milton Johnson	One Park Plaza	Nashville	TN	US 37203
Director (VPAS)	John M. Franck II	One Park Plaza	Nashville	TN	US 37203
Director (VP)	A. Bruce Moore, Jr.	One Park Plaza	Nashville	TN	US 37203
5. Organized Under the Laws of:		6.			
IDAHO C 83789		Signature: <i>Dora A. Blackwood</i>		Date: 4/02/2010	
		Name (type or print): Dora A. Blackwood		Title: Vice Pres. Secretary	
Issued 03/30/2010 by PEH					
100792					

- OK to use last address for Applicant
- REC'd e 1/21/2011 Email Attachment from SPF consultant.
- OK IN505 + CFO/COO now signed for Applicant
- 2/10/11

September 13, 2010

OFFICERS AND DIRECTORS
OF
WEST VALLEY MEDICAL CENTER, INC.

Samuel N. Hazen	President	One Park Plaza Nashville, TN 37203
John Hanshaw	Senior Vice President	6985 Union Park Center, Ste. 500 Cottonwood Heights, UT 84047
* R. Milton Johnson	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert A. Waterman	Senior Vice President	One Park Plaza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
John L. Crothers	Vice President	One Park Plaza Nashville, TN 37203
* John M. Franck II	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Keith M. Giger	Vice President	One Park Plaza Nashville, TN 37203
Dennis Green	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
W. Mark Kimbrough	Vice President	One Park Plaza Nashville, TN 37203
* A. Bruce Moore, Jr.	Vice President	One Park Plaza Nashville, TN 37203
Rick Shallcross	Vice President	One Park Plaza Nashville, TN 37203

Joseph A. Sowell	Vice President	One Park Plaza Nashville, TN 37203
Donald W. Stinnett	Vice President	One Park Plaza Nashville, TN 37203
Mitch Tibbitts	Vice President	6985 Union Park Center, Ste. 500 Cottonwood Heights, UT 84047
Beverly Wallace	Vice President	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Deborah H. Mullin	Assistant Secretary	One Park Plaza Nashville, TN 37203
Shirley E. Scharf	Assistant Secretary	One Park Plaza Nashville, TN 37203
James L. Williams	Assistant Secretary	One Park Plaza Nashville, TN 37203

***Directors**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company or by a partnership for which this Company acts as general partner or by a limited liability company for which this Company acts as managing member, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all employees and agents of the Company at such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to conduct the day-to-day business of such facility, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures) which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.

Lester, Steve

From: Lester, Steve
Sent: Thursday, January 20, 2011 8:51 AM
To: 'Lori Graves'
Subject: RE: West Valley Medical Center application 63-33468

Lori:

Thanks for that clarification. The business entity and applicant names do not match, although close. It would be better if they did match, although it is not clear if that is absolutely required.

To avoid any possible glitches in that regard, perhaps we could use these emails to amend the applicant name to match the IDSOS name. This would not require any changes to the original application form but would allow the department to publish the correct information in the legal notices. This would also match the application information regarding ownership of the property ("applicant"). Please let me know before January 26 if that is acceptable. Thanks for your help in moving this one along so quickly.

Steve

From: Lori Graves [<mailto:LGraves@spfwater.com>]
Sent: Thursday, January 20, 2011 8:26 AM
To: Lester, Steve
Cc: wayne.tuckness@hcahealthcare.com; Jason Thompson
Subject: RE: West Valley Medical Center application 63-33468

Steve,

The gentleman who signed the application and letter requesting the application be expedited is Scott Davis, Corporate Financial and Operating Officer for West Valley Medical Center. Attached is the current IDSOS Annual Report Form, No. C58141. Scott is not listed as an officer, but has authority to sign for business and financial matters associated with the hospital. Please let me know if you need additional information. Thanks Steve.

From: Lester, Steve [<mailto:Steve.Lester@idwr.idaho.gov>]
Sent: Wednesday, January 19, 2011 2:34 PM
To: Lori Graves
Subject: West Valley Medical Center application 63-33468

Lori:

I am expediting this one as requested. Will be advertised first half of February.

I looked thru some of the IDSOS results and cannot readily identify the business entity information for this applicant. I cannot decipher the title of the person who signed the application.

Please provide the current IDSOS number or a list of officer names & titles for the business.

Thank you.

Steve

INFO RECEIVED

No. C 58141		Due no later than Apr 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WEST VALLEY MEDICAL AUXILIARY, INC. WAYNE D MYRICK 1717 ARLINGTON AVENUE CALDWELL ID 83605		JEWEL DILLON 3206 ARLINGTON CALDWELL ID 83605	
				3. New Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
DIRECTOR	MARGARET VERNON	2321 MEADOW AVE	CALDWELL	ID	USA 83605
DIRECTOR	BARBARA LIGHTFOOT	2808 GEMINI PL	CALDWELL	ID	USA 83605
DIRECTOR	JEWEL DILLON	3206 ARLINGTON	CALDWELL	ID	USA 83605
TREASURER	WAYNE MYRICK	1711 FAIROAKS DR	CALDWELL	ID	USA 83605
SECRETARY	BOBBIE BONAMINIO	3409 COLLEGE AVE	CALDWELL	ID	USA 83605
PRESIDENT	LISA THOMPSON	919 MEADOWVIEW DR	NAMPA	ID	USA 83605
5. Organized Under the Laws of: ID C 58141		6. Annual Report must be signed.* Signature: Wayne D. Myrick Name (type or print): Wayne D. Myrick Date: 03/21/2010 Title: Treasurer			
Processed 03/21/2010		* Electronically provided signatures are accepted as original signatures.			

Lester, Steve

From: Lester, Steve
Sent: Wednesday, January 19, 2011 2:34 PM
To: 'lgraves@spfwater.com'
Subject: West Valley Medical Center application 63-33468
Contacts: Lori Graves

Lori:

I am expediting this one as requested. Will be advertised first half of February.

I looked thru some of the IDSOS results and cannot readily identify the business entity information for this applicant. I cannot decipher the title of the person who signed the application.

Please provide the current IDSOS number or a list of officer names & titles for the business.

Thank you.

Steve

REQUEST FOR INFO



SPF WATER
ENGINEERING

January 5, 2011

RECEIVED

JAN 05 2011

WATER RESOURCES
WESTERN REGION

Steve Lester
IDWR Western Region Office
2735 Airport Way
Boise, ID 83705

Subject: Application for Permit

Dear Steve,

Enclosed on behalf of West Valley Medical Center is an Application for Permit proposing diversion of ground water for commercial use. The primary source of water for the hospital is municipal water from the City of Caldwell. In compliance with the State of Idaho emergency preparedness plan, development of a back-up well will insure the availability of an adequate water supply necessary to maintain system operations within the hospital during times of disaster.

Through the healthcare preparedness grant process, the hospital was recently awarded federal grant money to construct a back-up emergency water system provided that the back-up water system is completely operational and billed by May 15, 2011. Because of this time constraint, enclosed is a letter from Scott Davis, Corporate Financial and Operating Officer for West Valley Medical Center, requesting that the Department expedite processing the application so that the hospital can accomplish their goal of providing quality healthcare in times of emergency utility outages.

Also enclosed is check No. 5906 for the application processing fee. Please let me know if there are any questions. Thanks Steve.

Sincerely,

Lori Graves
Water Rights Specialist

Cc: Wayne Tuckness

Enclosures

SPF file number: 896.0010