

WD#74G

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form. Incomplete forms will be returned.

1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case IDWR will produce new water right number(s) for the split(s).

Water Right No(s)	Adjudication Claim No(s)	Split(s)	Water Right No(s)	Adjudication Claim No(s)	Split(s)
74-199 OK			74-765 OK		
74-202 OK			74-766 OK		
74-372 OK					
74-762 OK					
74-763 OK					
74-764 OK					

SUPPORT DATA

IN FILE # 74-199

RECEIVED

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts.
- B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.
- C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are on file with the county Planning and Zoning or Recorder's Office).
- OR**
- D. If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency or equivalent **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

3. Name and Address of Former Owner/Claimant(s)

Steve L. Crofoot

128 Sandy Creek RD

Salmon ID 83467

4. New Owner/Claimant(s)

Dee Ann Crofoot

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

128 Sandy Creek RD

City, State and ZIP Code

Salmon ID 83467

New Telephone Number

(208) 756-2772

Email: _____

5. Date you acquired the property

5-16-2009

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in line 1, then skip this line and go to line 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (you may copy this page, if necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right will not be split, skip this area and proceed to line 7)		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		
Water Right and/or Adjudication Claim Number		
Irrigation		
Stock		
Domestic		
Other		
Totals		

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

7. Signature(s) of New Owner(s) or Claimant(s)

Wendy Ann Crockett

(title if applicable)

(title if applicable)

IT IS IMPORTANT TO FILE THIS COMPLETED FORM AT THE APPROPRIATE IDWR OFFICE, WITH PAYMENT OF THE FILING FEE AND THE OWNERSHIP DOCUMENT(S), AS REFERRED TO IN LINE 2.

For IDWR Office Use Only:Received by JPBDate 3-26-10Received by JPBDate 3-26-10Processed by AJDate 3-26-10Receipt Amt. \$100.Receipt No. E035682WR Date

3/03/10

PM0100 - PARCEL MASTER INQUIRY

14:23:05

PARCEL: RP 20N24E173600 A

F9=MS

F17=DD

F23=AG

CROFOOT, DEE ANN

LEGAL DESCRIPTION

NW4NW4 S2NW4 N2SW4

SW4NE4

17 20 24

ProVal Area Number 2

CODE AREA 21-0000 OWNER CD

PARC TYPE TV LOC CODE 1200

EFFDATE EXPDATE

PREV PARCEL

128 SANDY CRK RD

SALMON ID 83467

CAT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
1 1	2007	23000	AC	10603				
2 1	2007	34000	AC	19924				
4 1	2007	64000	AC	22819				
5 1	2007	116313	AC	5212				
TOTALS		240000		58558				

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
 F8=CT F13=TM F18=HS F20=SrcH F22=EU

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

MAY 27 2009

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO.

2008- 4109

Local Reg. No.

21

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

FOR
INSTRUCTIONS
SEE
HANDBOOKS

PARENTS

INFORMANTS

DISPOSITION

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

C61

ITEMS 32-38
TO BE USED
FOR EXTERNAL
CAUSES ONLY
(CORONER)

CERTIFIER

IF DEATH WAS
DUE TO OTHER
THAN NATURAL
CAUSES,
THE CORONER
MUST
COMPLETE AND
SIGN THE
CERTIFICATE

REGISTRAR

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Steve L. Crofoot		2. SEX Male		3. SOCIAL SECURITY NUMBER 517-54-3908	
4a. AGE-Last Birthday 62 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Mo/Day/Yr) May 31, 1946		6. BIRTHPLACE (City and State, Territory, or Foreign Country) Great Falls, MT			
7a. RESIDENCE - STATE OR FOREIGN COUNTRY ID		7b. COUNTY Lemhi		7c. CITY OR TOWN Salmon	
7d. STREET AND NUMBER 128 Sandy Creek Rd		7e. APT. NO. 83467		7f. ZIP CODE 83467	
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Dee Ann Hogge			
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Gordyn Crofoot		11b. BIRTHPLACE (State, Territory, or Foreign Country) MT	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Hope Richard		12b. BIRTHPLACE (State, Territory, or Foreign Country) MT		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 128 Sandy Creek Rd; Salmon ID 83467	
13b. RELATIONSHIP TO DECEDENT Wife		14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____			
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Crofoot-Cannon Cemetery 128 Sandy Creek Rd Salmon ID 83467		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Salmon River FCP 08691 Salmon ID 83467			
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		17b. LICENSE NUMBER (Of licensee) M-735		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ FRO/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____					
20. FACILITY NAME (If not facility, give street and number) Residence; 128 Sandy Crk Rd		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Salmon 83467		22. COUNTY OF DEATH Lemhi	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 16, 2009		24. TIME OF DEATH 1726 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 16, 2009	
26. TIME PRONOUNCED DEAD 1726 (24hr)		27. CAUSE OF DEATH			
PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Prostate Cancer DUE TO (or as a consequence of): _____					
Approximate Interval: Onset to Death: 5 yrs.					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death)					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I Bladder Tumor					
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
35. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____		35. INJURY AT WORK? ☐ Yes ☒ No			
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable					
TRANSPORTATION: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat Belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.					
39b. LICENSE NUMBER M 9436		39c. DATE SIGNED 05/18, 2009 MM DD YYYY			
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. Diane Zarotsky MD, Box 2064 Salmon ID 83467					
40b. DATE SIGNED MM DD YYYY					
41a. REGISTRAR'S SIGNATURE Monica B. Mankin					
41b. DATE SIGNED 05/21, 2009 MM DD YYYY					

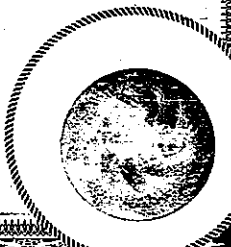
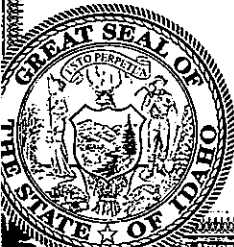
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED:

MAY 28 2009

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR



INSTRUMENT No.

136371

QUITCLAIM DEED

For Value Received

Hope Mae Crofoot does

Xdn hereby convey, release, remise and forever quit claim

unto Steve L. Crofoot and Dee Ann Crofoot
 Route #1 Box 38
 Salmon, Idaho 83467

the following described premises, to-wit:

The East Half of the Southwest Quarter (E/4SW/4), and the West Half of the Southeast Quarter (W/4SE/4), Section 9; The West Half of the Northwest Quarter (W/4NW/4), The North Half of the Southwest Quarter (N/4SW/4), the Southeast Quarter of the Northwest Quarter (SE/4NW/4), the Southwest Quarter of the Northeast Quarter, Section 17; the Southeast Quarter of the Northeast Quarter (SE/4NE/4) and the North Half of the Southeast Quarter (N/4SE/4), Section 18; and all that part of the Northeast Quarter of the Northeast Quarter (NE/4NE/4), and all that part of the Southwest Quarter of the Northeast Quarter (SW/4NE/4) of Section 18 lying South and East of a straight line extending from the Northeast corner of said Section to the Southwest corner of the Northeast Quarter thereof, all in Township 20 North, Range 24 East, Boise Meridian, containing 560 acres, more or less, together with all improvements thereon and all range and range rights, water and water rights, ditch and ditch rights used in connection therewith;

together with their appurtenances.

Dated: 5/16/73

Hope Mae Crofoot

STATE OF IDAHO, COUNTY OF LATAH

On this 16 day of February, 1973,
 before me, a notary public in and for said State, personally
 appeared

Hope Mae Crofoot

STATE OF IDAHO, COUNTY OF LEMHI

I hereby certify that this instrument was filed for record at
 the request of DEE ANN CROFOOT

at 56 minutes past 3 o'clock P.m.,
 this 28 th day of April

Post-it® Fax Note

7671

Date	5/19	# of pages	1
To	Jonie Bary		
From	Bob Foster		
Co./Dept.	Co.		
Phone #	Phone #		
Fax #	Fax #		

SALES AGREEMENT

1 THIS AGREEMENT, Made and entered into this 23rd day of June,
2 1971, between FRED C. MALCOLM, an unmarried man, the party of the
3 first part and hereinafter referred to as the "seller", and STEVE
4 L. CROFOOT and DEE ANN CROFOOT, husband and wife, and HOPE MAE
5 CROFOOT, the mother of STEVE L. CROFOOT, the parties of the second
6 part and hereinafter referred to as the "purchasers, witnesseth:

7
8 That the said party of the first part in consideration of the
9 covenants and agreements on the part of the said parties of the
10 second part hereinafter contained, agrees to sell and convey unto
11 said parties of the second part, and second parties agree to buy
12 all those certain lots, pieces or parcels of land situate, lying
13 and being in Lemhi County, Idaho, and bounded and particularly
14 described as follows, to wit:

15
16 The East Half of the Southwest Quarter ($E\frac{1}{2}SW\frac{1}{4}$), and the West
17 Half of the Southeast Quarter ($W\frac{1}{2}SE\frac{1}{4}$), Section 9; the West Half of
18 the Northwest Quarter ($W\frac{1}{2}NW\frac{1}{4}$), the North Half of the Southwest
19 Quarter ($N\frac{1}{2}SW\frac{1}{4}$), the Southeast Quarter of the Northwest Quarter
20 ($SE\frac{1}{4}NW\frac{1}{4}$), the Southwest Quarter of the Northeast Quarter, Section
21 17; the Southeast Quarter of the Northeast Quarter ($SE\frac{1}{4}NE\frac{1}{4}$) and th
22 North Half of the Southeast Quarter ($N\frac{1}{2}SE\frac{1}{4}$), Section 18; and all
23 that part of the Northeast Quarter of the Northeast Quarter ($NE\frac{1}{4}NE$
24 and all that part of the Southwest Quarter of the Northeast Quarte
25 ($SW\frac{1}{4}NE\frac{1}{4}$) of Section 18 lying South and East of a straight line
26 extending from the Northeast corner of said Section to the South-
27 west corner of the Northeast Quarter thereof, all in Township 20
North, Range 24 East, Boise Meridian, containing 560 acres, more
or less, together with all improvements thereon and all range and
range rights, water and water rights, ditch and ditch rights used
in connection therewith; and,

Together with the following described personal property:

CATTLE:

180 mixed cows plus calves. most branded "Triagle Dot" on left hip

3 the seller as to the productivity of the lands, the
4 location of the fences or any representations by the seller except
5 that he has the right to sell the same and will deliver clear title
6 thereto to said purchasers when fully paid.

7 In the event it becomes necessary for either party to institute
8 formal action to protect his rights under this agreement, it is
9 understood and agreed that the losing party shall pay all costs in
10 connection therewith, including reasonable attorney's fees for the
11 prevailing party.

12 It is also understood and agreed that neither the seller nor
13 the buyers shall record a copy of this agreement unless mutually
14 agreed upon, it being understood that possession of the premises
15 by the purchasers shall be sufficient notice.

16 It is understood that the stipulations aforesaid are to apply
17 to and bind the heirs, executors, administrators and assigns of
18 the respective parties. Time is the essence of this agreement.

19 IN WITNESS WHEREOF, The said parties have hereunto set their
20 hands and seals, the day and year first above written.

21 Fred B. Malcolm

22 SELLER

23 Steve L. Crofoot

24 Dee Ann Crofoot

25 Wade Mae Crofoot

26 PURCHASERS

1 STATE OF IDAHO

2 County of Lemhi--SS

3 On this 28 day of June, 1971, before me, the
4 undersigned, a Notary Public in and for said state, personally
5 appeared Fred C. Malcolm, and unmarried man, known to me to be the
6 person whose name is subscribed to the within instrument and acknow-
7 ledged to me that he executed the same.
8

9
10 Fredrick Hughes Smith

11 Notary Public for Idaho, Residing at Salmon, Idaho.
12
13

14 ^{Idaho}
15 STATE OF ~~MONTANA~~

16 County of Lemhi --SS

17 On this 28 day of _____, 1971, before me, the
18 undersigned, a Notary Public in and for said state, personally
19 appeared Steve L. Crofoot and Dee Ann Crofoot, husband and wife,
20 and Hope Mae Crofoot, the mother of Steve L. Crofoot, all known to
21 me to be the persons whose names are subscribed to the within
22 instrument and acknowledged to me that they executed the same.
23

24
25 Fredrick Hughes Smith

26 Notary Public for Montana, Residing at Salmon, Idaho
27

279940

AFFIDAVIT OF SURVIVING SPOUSE

RECEIVED

APR 09 2010

Department of Water Resources
Eastern Region

STATE OF IDAHO)
) s.s.
COUNTY OF LEMHI)

DEE ANN CROFOOT Salmon, Idaho, being first duly
sworn and deposes and says:

That me and my spouse, Steve L. Crofoot now deceased were married on
June 25 1965, and that during such marriage I and my deceased spouse on
or about 28 Jun 1971, purchased the following described property:

See Attached

That the above described property was purchased from community funds, or funds
acquired during affiant's coverture with the said STEVE L CROFOOT

That Steve L Crofoot died May 16, 2009 leaving surviving him the affiant;
and

That the estate of Steve L Crofoot has not been probated but if such estate
is probated, the affiant as the surviving spouse would pursuant to the laws of the State of Idaho be
entitled to the sole and exclusive ownership, custody and control of all the community property of
the community of DEE Ann Crofoot and Steve L Crofoot, deceased,
including the real property described above.

That the surviving spouse shall assume and be liable for any and all indebtedness that might
be a claim against the above described property.

SUBSCRIBED AND SWORN to before me this 11th day of June, 2009

Dee Ann Crofoot
Terri J. Morton
Notary Public for Idaho, residing at Salmon, ID

State of Idaho) SS No. 279940
County of Lemhi)
This instrument was filed for record at the request
of Dee Ann Crofoot
at 2:45 o'clock Pm 6-12 2009
and duly filed and indexed in the records of Lemhi
County
By Terri J. Morton Deputy
Fee 15.00
Return to _____

CERTIFIED COPY OF DEATH CERTIFICATE ATTACHED

6/11/09

PMO100 - PARCEL MASTER INQUIRY

15:07:42

ARCEL: RP 20N24E180002 A

F9=MS

F12=RC F14=HO

F19=SP

F23=AG

CROFOOT, STEVE L
& CROFOOT, DEE ANN

LEGAL DESCRIPTION

N2SE4 SE4NE4 FR NE4NE4

FR SW4NE4

18 20 24

ProVal Area Number 2

128 SANDY CRK RD

CODE AREA 21-0000 OWNER CD

SALMON ID 83467

PARC TYPE TV LOC CODE 1200

128 SANDY CREEK RD

EFFDATE EXPDATE

PREV PARCEL

AT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
1 1	2007	77000	AC	32079				
2 1	2007	16500	AC	8762				
4 1	2007	43960	AC	15608				
5 1	2007	17000	AC	847				
TOTALS		160000		162308	91527	45764		

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
F8=CT F13=TM F18=HS F20=SrcH F22=EU

279940

6/11/09

PMO100 - PARCEL MASTER INQUIRY

15:07:35,

PARCEL: RP 20N24E173600 A

F9=MS

F23=AG

CROFOOT, STEVE L
& CROFOOT, DEE ANN

LEGAL DESCRIPTION

NW4NW4 S2NW4 N2SW4
SW4NE4
17 20 24

128 SANDY CRK RD

ProVal Area Number 2

CODE AREA 21-0000 OWNER CD

PARC TYPE TV

LOC CODE 1200

SALMON ID 83467

EFFDATE

EXPDATE

PREV PARCEL

CAT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
1 1	2007	23000	AC	10603				
2 1	2007	34000	AC	19924				
4 1	2007	64000	AC	22819				
5 1	2007	116313	AC	5212				
TOTALS		240000		58558				

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=Nm F7=LG
F8=CT F13=TM F18=HS F20=SrcH F22=EU

279940

6/11/09

PMO100 - PARCEL MASTER INQUIRY

15:07:29

ARCEL: RP 20N24E094800 A

F9=MS

F23=AG

CROFOOT, STEVE L
& CROFOOT, DEE ANNLEGAL DESCRIPTION
E2SW4 W2SE4
9 20 24

128 SANDY CRK RD

SALMON ID 83467

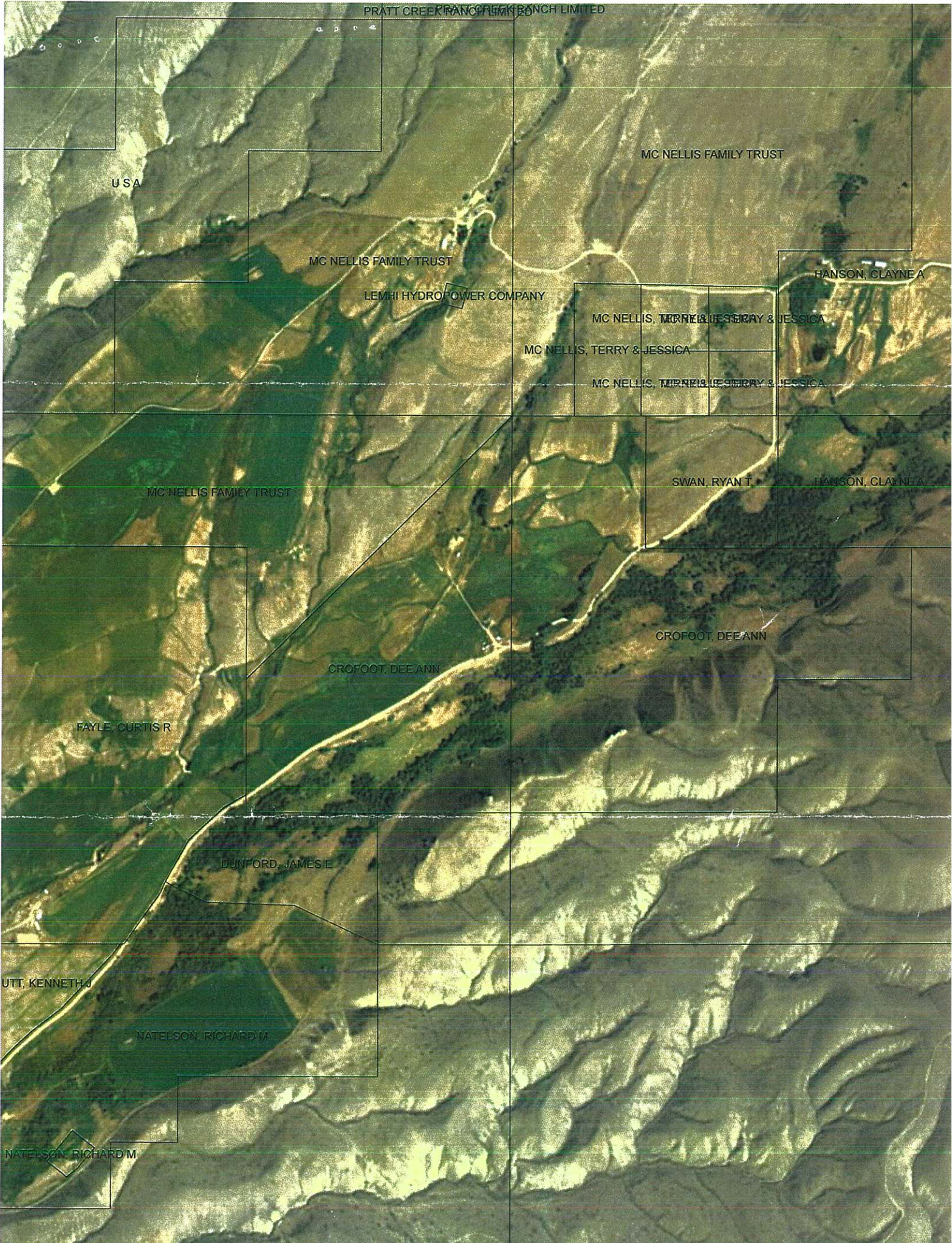
ProVal Area Number 2
CODE AREA 21-0000 OWNER CD
PARC TYPE TV LOC CODE 1200
EFFDATE EXPDATE
PREV PARCEL

AT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
1 1	2007	44000	AC	17116				
2 1	2007	9000	AC	2349				
4 1	2007	33000	AC	15993				
5 1	2007	69982	AC	7910				
TOTALS		160000		43368				

ENTER NEXT PARCEL NUMBER RP A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
F8=CT F13=TM F18=HS F20=SrcH F22=EU

279940



PRATT CREEK RANCH LIMITED

USA

MC NELLIS FAMILY TRUST

MC NELLIS FAMILY TRUST

LEMHI HYDROPOWER COMPANY

HANSON, CLAYNE A

MC NELLIS, TERRY & JESSICA

MC NELLIS, TERRY & JESSICA

MC NELLIS, TERRY & JESSICA

MC NELLIS FAMILY TRUST

SWAN, RYAN T

HANSON, CLAYNE A

CROFOOT, DEE ANN

CROFOOT, DEE ANN

FAYLE, CURTIS R

DUNFORD, JAMES E

UTT, KENNETH J

NATELSON, RICHARD M

NATELSON, RICHARD M