

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO

| | | |
|----------------------------------|---|-------------------------|
| IN THE MATTER OF APPLICATIONS TO |) | SECOND NOTICE OF |
| APPROPRIATE WATER NO. 63-32573 |) | EXTENDED |
| IN THE NAME OF THE M-3 EAGLE |) | HEARING |
| _____ |) | |

PLEASE TAKE NOTICE that the formal hearing will be extended at the parties' request which have been identified as **July 30, 2009, beginning at 8:30 a.m. at the offices of the Idaho Department of Water Resources, located at 322 East Front Street, 6th Floor Conference Rooms C & D, Boise, Idaho.** The presiding officer at the hearing will be Gary Spackman.

If you plan to offer exhibits for the record at the hearing, note that Rule 606 of the department's Rules of Procedure requires that a copy be provided to each party and to the presiding officer.

The hearing will be held in accordance with the provisions of Chapters 2 and 17, Title 42 and Chapter 52, Title 67, Idaho Code, and the adopted Rules of Procedure of the department. IDAPA 37.01.01. A copy of the rules may be obtained from the department upon request.

The hearing will be conducted in accordance with the accessibility requirements of the Americans with Disabilities Act. If you require special accommodations in order to attend, participate in or understand the hearing, please advise the department no later than two (2) days prior to the hearing. Inquires about scheduling, hearing facilities, etc., should be directed to Gary Spackman, Hearing Officer, Idaho Department of Water Resources, P.O. Box 83720, Boise, Idaho 83720-0098, telephone: (208) 287-4800, fax: (208) 287-6700.

All parties appearing in this matter will have the opportunity to present information, examine witnesses, and provide argument on issues related to the appropriation of water this application has bearing on, during the course of this hearing.

Dated this 23rd day of July, 2009.

A handwritten signature in cursive script, reading "Gary Spackman", written over a horizontal line.

Gary Spackman
Hearing Officer

CERTIFICATE OF SERVICE

I FURTHER CERTIFY that on this 24th day of July, 2009, a true and correct copy of the document described below was served on the following by placing a copy of the same in the United States mail, certified mail with return receipts, postage prepaid and properly addressed to the following:

Document(s) Served: SECOND NOTICE OF EXTENDED HEARING


JEFFREY C FEREDAY
GIVENS PURSLEY LLP
601 W BANNOCK ST
PO BOX 2720
BOISE ID 83701

M3 EAGLE LLC
533 E RIVERSIDE DR STE 110
EAGLE ID 83616

NORMAN L EDWARDS
884 W BEACON LIGHT RD
EAGLE ID 83616

ALAN SMITH
3135 OSPREY RD
EAGLE ID 83616

JOHN THORNTON
NORTH ADA COUNTY
GROUNDWATER
USERS ASSO.
5264 NORTH SKY HIGH LN
EAGLE ID 83616



Deborah J. Gibson
Administrative Assistant
Water Management Division

John Thornton
 North Ada County
 Groundwater Users Assn
 5264 N Sky High Ln
 Eagle ID 83616

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOHN THORNTON
 NORTH ADA COUNTY
 GROUNDWATER USERS ASSO
 5264 N SKY HIGH LN
 EAGLE ID 83616

63-32573

2. Article Number (Copy from service label)
 7600 1530 0000 9414 6181

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 John Thornton 7-31-09

C. Signature
 [Signature]

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

OFFICIAL USE
 U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 Domestic Mail Only; No Insurance Coverage Provided

Postage \$
 Certified Fee \$

7/24/09

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ALAN SMITH
 3135 OSPREY RD
 EAGLE ID 83616

63-32573

2. Article Number (Transfer from service label)
 7600 1530 0000 9414 6167

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Margaret Smith Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 M Smith 07/25/09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

GIVENS PURSLEY LLP
 C/O JEFFREY C FEREDAY
 PO BOX 2720
 BOISE ID 83701

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GIVENS PURSLEY LLP
 C/O JEFFREY C FEREDAY
 PO BOX 2720
 BOISE ID 83701

63-32573

2. Article Number (Copy from service label)
 7600 1530 0000 9414 60174

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 Cassie Lillard 7/27/09

C. Signature
 X Cassie Lillard Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Mail Only; No Insurance Coverage Provided

OFFICIAL USE

Postmark Here *7/24/09* *dy*

| |
|--|
| Postage \$ |
| Certified Fee |
| Return Receipt Fee (Endorsement Required) |
| Restricted Delivery Fee (Endorsement Required) |
| Total Postage & Fees \$ |

NORMAN L EDWARDS
 884 W BEACON LIGHT RD
 EAGLE ID 83616

Sent To
 Street, Ap.
 City, State

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORMAN L EDWARDS
 884 W BEACON LIGHT RD
 EAGLE ID 83616

63-32573

2. Article Number (Transfer from service label) 7000 1530 0000 9414 6143

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Marilyn Edwards* Agent Addressee

B. Received by (Printed Name) *Marilyn Edwards* C. Date of Delivery *7/27/09*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL RECEIPT Domestic Mail Only; No Insurance Coverage Provided

OFFICIAL USE

Postmark Here *7/24/09* *dy*

| |
|--|
| Postage \$ |
| Certified Fee |
| Return Receipt Fee (Endorsement Required) |
| Restricted Delivery Fee (Endorsement Required) |
| Total Postage & Fees \$ |

M3 EAGLE LLC
 533 E RIVERSIDE DR STE 110
 EAGLE ID 83616

Sent To
 Street, Ap.
 City, State

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

M3 EAGLE LLC
 533 E RIVERSIDE DR STE 110
 EAGLE ID 83616

63-32573

2. Article Number (Transfer from service label) 7000 1530 0000 9414 6150

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Pat Peter* Agent Addressee

B. Received by (Printed Name) *Pat Peter* C. Date of Delivery *07/27*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

0519 4146 0000 DEST 0002