

RECEIVED

MAY 07 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT. OF WATER RESOURCES
SOUTHERN REGION

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)
	37-158C	-			
	274	-			
	276B	-			
	892A	-			
	894B	-			
	4269	-			

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)

David M Sellgren
 PO Box 2810, Sun Valley, ID 83353
 Rigwood

4. New Owner/Claimant(s)

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

New Mailing Address

PO Box 87

City, State and ZIP Code

Sun Valley, ID 83353

New Telephone Number

(208) 438-5678 Email: rpost@earthlink.net
 720-6589

5. Date you acquired the property _____
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) Bigwood Golf Course LLC
Elizabeth Eased-Salzman, member
 (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 J F Stanton
 Received by -
 Processed by _____ AJ

Date 5-7-09
 Date -
 Date _____

Receipt Amt. -
 Receipt No. -
 WR _____ Date _____



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

00 FEB -3 AM 8:55

STATE OF IDAHO

1. The name of the limited liability company is: Bigwood Golf Course, L.L.C.
2. The address of the initial registered office is: 291 W. 3rd Street, #16
Ketchum, ID 83340 and the name of the initial registered agent at that address is: David M. Sellgren
3. The mailing address for future correspondence: P. O. Box 87, Sun Valley,
Idaho 83353
4. Management of the limited liability company will be vested in:
Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

David M. Sellgren

P. O. Box 87, Sun Valley, ID 83353

6. Signature of at least one person responsible for forming the limited liability company:

David M. Sellgren

DAVID M. SELLGREN

IDAHO SECRETARY OF STATE only

02/03/2000 09:00
CK: 1968 CT: 24249 BH: 287898

1 @ 100.00 = 100.00 ORGAN LLC # 2

W 11003

No. W 11003	Due no later than 2/28/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH 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. BIGWOOD GOLF COURSE, L.L.C. PO BOX 87 <i>Box 85</i> SUN VALLEY ID 83353 <i>PAUL 10 83347</i>		ELIZABETH BOSTED-SELLGREN 291 W 3RD ST #16 KETCHUM ID 83340 3. New Registered Agent Signature:	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State Zip
<i>Member</i>	<i>Elizabeth Bosted-Sellgren</i>	<i>Box 85</i>	<i>Paul</i>	<i>ID 83347</i>
5. Organized Under the Laws of:				
ID W 11003		6. Annual Report must be signed. Signature: <i>Elizabeth Bosted-Sellgren</i> Date: <i>3-12-09</i> Name (type or print): <i>Elizabeth Bosted-Sellgren</i> Title: <i>Member</i>		

EXHIBIT A

LEGAL DESCRIPTION

Real property located in the City of Ketchum, County of Blaine, State of Idaho, as more particularly described as follows:

Block 11, 14, 16, and 18 of BIGWOOD P.U.D. LARGE BLOCK SUBDIVISION PLAT, according to the official plat thereof, recorded as Instrument No. 270981, records of Blaine County, Idaho

AND

Block 12A of BIGWOOD P.U.D. SUBDIVISION BLOCK 12A, according to the official plat thereof, recorded as Instrument No. 429493, records of Blaine County, Idaho

AND

Block 13, 17A, 17B, 21 and 22 of AMENDED BIGWOOD P.U.D. SUBDIVISION BLOCKS 4A-4D, 5, 7, 12, 13, 17A, 17B, 19, 21 and 22, according to the official plat thereof, recorded as Instrument No. 289785, records of Blaine County, Idaho

together with all appurtenances.

OPERATING AGREEMENT

THIS OPERATING AGREEMENT of BIGWOOD GOLF COURSE, L.L.C., an Idaho Limited Liability Company ("Company") organized pursuant to the Idaho Limited Liability Company Act ("Act") is made and entered into as of this 20 day of NOVEMBER, 2002 by and among the Company and DAVID M. SELLGREN and WILLIAM A. SELLGREN (collectively "Members").

WHEREAS, the Members have organized the Company as an Idaho Limited Liability Company by filing Articles of Organization with the Secretary of State of Idaho, which were accepted by the Secretary of State of Idaho on February 3, 2000.

WHEREAS, the Members desire to enter into this Operating Agreement to set forth the duties, obligations, rights and agreements of the Members as to the conduct and business of the Company.

NOW, THEREFORE, the Members, intending to be bound, hereby agree as follows:

I. NAME AND ORGANIZATION OF COMPANY.

1.1 Name. The name of the Company is BIGWOOD GOLF COURSE, L.L.C. and all business of the Company shall be conducted under that name or under any other name, but in any case, only to the extent permitted by applicable law.

1.2 Principal Office. The principal office of the Company shall be located at 291 W. 3rd Street, #16, Ketchum, Idaho 83340.

1.3 Term. The Company shall be dissolved and its affairs wound up in accordance with the Act and this Operating Agreement on December 31, 2050, unless sooner dissolved in accordance with the Act or this Operating Agreement.

II. NATURE OF BUSINESS

The Company is formed to engage in the operation of a public golf course known as the Bigwood Golf Course. The Company shall have the authority to do all things necessary or convenient to accomplish its purpose and operate its business as described herein.

(g) Substitute Member. An Assignee who has been admitted to all of the rights of membership pursuant to the Operating Agreement.

IN WITNESS WHEREOF, this Operating Agreement is executed as of the day and year above written.

BIGWOOD GOLF COURSE, L.L.C.
an Idaho limited liability company

David M. Sellgren
By: David M. Sellgren
Its: Member

David M. Sellgren
DAVID M. SELLGREN

William A. Sellgren
WILLIAM A. SELLGREN

EXHIBIT A

CAPITAL ACCOUNT AND OWNERSHIP INTEREST SCHEDULE

<u>Name</u>	<u>Initial Capital Contribution</u>	<u>Ownership Interest</u>
David M. Sellgren P. O. Box 87 Sun Valley, ID 83353	75% of real property known as Bigwood Golf Course	75%
William A. Sellgren 12806 Harney Street Omaha, NE 68154	25% of real property known as Bigwood Golf Course	25%

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed DECEMBER 22, 2005

State File No. 2005-09861

DECEDENT - LEGAL NAME DAVID MONROE SELLGREN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 76 YEARS	DATE OF BIRTH NOVEMBER 21, 1929
BIRTHPLACE BEVERLY HILLS, CALIFORNIA		PLACE OF RESIDENCE TWIN FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) ELIZABETH RICHTER	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME ARTHUR SELLGREN			BIRTHPLACE UNKNOWN/NOT STATED
MOTHER - MAIDEN NAME FERN LOCKHART			BIRTHPLACE UNKNOWN/NOT STATED
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE LEWIS A. LENKER	
NAME AND ADDRESS OF FUNERAL FACILITY WHITE MORTUARY, INC., TWIN FALLS, IDAHO			
DATE OF DEATH DEC. 15, 2005	TIME OF DEATH 5:10 P.M.	CITY, TOWN OR LOCATION OF DEATH KIMBERLY, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. ALZHEIMERS DEMENTIA			Approximate Interval Between Onset and Death 6 MONTHS
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER MATTHEW JOLLEY, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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

DATE ISSUED: DECEMBER 23, 2005

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


JANE S. SMITH
STATE REGISTRAR

