

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

RECEIVED
 APR 03 2009
 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)
72-186B ⁸⁴					

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)

Katherine K. Winter
 87 Valley View Dr.
 Pocatello, ID 83204-4714

4. New Owner/Claimant(s)

Challis Irrigation Company, Inc.
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

Po Box 71

City, State and ZIP Code

Challis, ID 83226

New Telephone Number

(208) 879-4477

Email: ricktrus@custertel.net

Tina Trusnowec
 Secretary/Treasurer

5. Date you acquired the property

N/A

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)

Tina Trusnovec

Tina Trusnovec, Challis Irrigation Company (title if applicable)
 Secretary
 See attached Idaho Annual Report Form (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 [Signature]Date 4/3/09Receipt Amt. 2500Received by [Signature]Date 4/7/08Receipt No. 5030789Processed by [Signature] AJDate WR Date

ASSIGNMENT

Katherine K. Winter (hereinafter collectively referred to as "Assignor"), herein assigns all of her rights, title and interest in and to Water Right No. 72-186B to **CHALLIS IRRIGATION COMPANY, INC.** an Idaho non-profit irrigation corporation (hereinafter referred to as "Assignee") in consideration of the receipt of six (6) shares of stock in the Challis Irrigation Company, Inc., pursuant to agreement. Said Water Right No. 72-186B is fully described on Exhibit "A" attached hereto and made a part of this Assignment by reference.

DATED this 15th day of April, 2009.

"ASSIGNOR(S)"

Katherine K. Winter
Katherine W. Winter

STATE OF IDAHO)
)ss,
County of Bannock)

On this 15th day of April, 2009, before me, a Notary Public for said County and State, personally appeared Katherine K. Winter, known or identified to me, to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Tara J. Potter
NOTARY PUBLIC FOR IDAHO
Residing at: Bannock County, Idaho
My commission expires: Mar 12, 2013

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MAY 05 2009
DEPT. OF WATER RESOURCES
SOUTHERN REGION

No. C 21198	Due no later than Mar 31, 2009 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. CHALLIS IRRIGATION COMPANY SHARLENE MILLER P. O. BOX 71 CHALLIS ID 83226		SHARLENE MILLER PO BOX 71 CHALLIS HOT SPRINGS RD CHALLIS ID 83226			
			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	LEIGH REDICK	PO BOX 71	CHALLIS	ID	USA	83226
DIRECTOR	JIM THOMAS	PO BOX 71	CHALLIS	ID	USA	83226
DIRECTOR	CLIFF HANSEN	PO BOX 71	CHALLIS	ID	USA	83226
DIRECTOR	DOUG JAMES	PO BOX 71	CHALLIS	ID	USA	83226
SECRETARY	TINA TRUSNOVEC	PO BOX 71	CHALLIS	ID	USA	83226
PRESIDENT	GARY CHAMBERLAIN	PO BOX 71	CHALLIS	ID	USA	83226
5. Organized Under the Laws of: ID C 21198		6. Annual Report must be signed.* Signature: Tina Trusnovec Name (type or print): Tina Trusnovec Date: 01/26/2009 Title: Secretary				
Processed 01/26/2009		* Electronically provided signatures are accepted as original signatures.				