

**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.

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SOUTHERN REGION

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 division of the existing water right or adjudication claim record will be required.

Water Right No.(s)	Adjudication Claim No.(s)	Split	Water Right No.(s)	Adjudication Claim No. (s)	Split
	<u>AJ 37-1151D</u>	☐	<u>37-12157</u>		☐
	<u>AJ 37-1152</u>	☐			☐
	<u>AJ 37-627</u>	☐			☐
		☐			☐

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) 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 usually attached to your deed or on file with the county).

OR

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 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 PROPERTY or SURVEY MAP.

3. Name and Address of Former Owner/Claimant(s): Gail Reiter, August K. Reiter III
P.O. Box 7250, Newport Beach, CA
4. New Owner/Claimant(s): Rock Creek, LLC
Harry S. Rinker, Manager
- New Mailing Address: P.O. Box 7250
- City, State, Zip Code: Newport Beach, CA 92658
- New Telephone Number: (714) 979-8300
5. Date you acquired the property: 1989, 2004

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 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 (one water right per box, you may copy this page as necessary). If your quantity of water is greater than 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(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number: _____

<u>Water Use</u>	<u>Diversion Rate or Volume</u> (cubic feet per second or acre-feet annum)	<u>Description</u> (acres, number and type of stock, homes, etc.)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other: _____	_____	_____
TOTAL	_____	_____

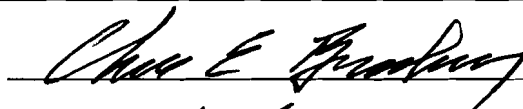
DESCRIPTION OF YOUR PORTION OF WATER RIGHT

(If the right(s) will not be split, skip this area and proceed to item 7)

Water Right and/or Adjudication Claim Number: _____

<u>Water Use</u>	<u>Diversion Rate or Volume</u> (cubic feet per second or acre-feet annum)	<u>Description</u> (acres, number and type of stock, homes, etc.)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other: _____	_____	_____
TOTAL	_____	_____

7. Signature of New Owner(s) or Claimant(s):
(include title, if applicable)



power of attorney

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.

FOR OFFICE USE ONLY			
Received by: <u>Chris</u>	Date: <u>9/24/07</u>	Fee: <u>25⁰⁰</u>	
Received by: _____	Date: _____	Receipt No _____	
Processed by: _____ AJ	Date: _____	WR: _____	Date: _____

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)



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1. The name of the limited liability company is: ROCK CREEK LLC

2. The address of the initial registered office is: 300 North 6th Street,
(not a PO Box)

Boise, Idaho 83701 and the name of the initial registered agent at that address is: C T CORPORATION SYSTEM

Signature of registered agent: [Signature]

3. Is management of the limited liability company vested in a manager or managers?

☒ Yes

☐ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Harry S. Rinker

949 South Coast Drive, Ste 500

Costa Mesa, California 92626

5. Signature of at least one person listed in #4 above:

[Signature]
Harry S. Rinker

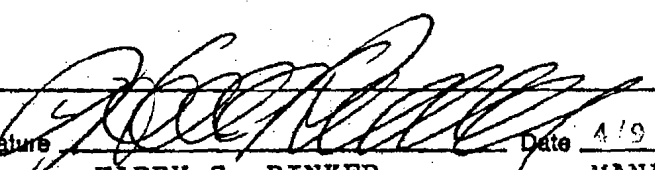
IDAHO SECRETARY OF STATE
Secretary of State use only

06/22/1998 09:00
CK: 119035519 CT: 2048 BH: 121668

1 @ 100.00 = 100.00 ORGAN LLC
1 @ 28.00 = 28.00 EXPEDITE C

8/20/98 MORM LLC 1 and Revised 08/7

W6394

No. W 6394	Due no later than June 30, 2007 Annual Report Form		2. Registered Agent and Office 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 applicable		CT CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE, ID 83701												
	ROCK CREEK LLC PO BOX 7250 NEWPORT BEACH, CA 92658														
3. New Registered Agent Signature															
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>HARRY S. RINKER</td> <td>PO BOX 7250</td> <td>NEWPORT BEACH, CA.</td> <td></td> <td>92658-7250</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	HARRY S. RINKER	PO BOX 7250	NEWPORT BEACH, CA.		92658-7250
Office held	Name	Street or P.O. Address	City	State	Zip										
MANAGER	HARRY S. RINKER	PO BOX 7250	NEWPORT BEACH, CA.		92658-7250										
5. Organized Under the Laws of: IDAHO W 6394		6.  Signature _____ Date 4/9/07 Name (Typed or Printed) HARRY S. RINKER Title MANAGER													

Issued 04/02/2007

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LIMITED POWER OF ATTORNEY

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KNOWN ALL MEN BY THESE PRESENT:

I, Harry J. Rinker, hereby nominate and appoint
Charles E. Brockway as my attorney-in-fact with full authority to
act for and on my behalf to undertake any and all acts or matters pertaining to water right
applications, permits, and transfers before the Idaho Department of Water Resources for any
water right transactions:

in Blaine County, Idaho. Additionally, I hereby ratify and confirm any
and all such acts on matters as contemplated herein.

My agent is hereby authorized to sign, seal and deliver, as my act in deed, those said
instruments of writing that may be necessary or proper to carry into execution and effect the
applications, and transfers above-mentioned. Further, I hereby declare that each and every
application, transfer, agreement, receipt, or payment which shall be by my said agent given,
made or done for the aforesaid purposes shall be as good, valid, and effectual as if they had
been signed, sealed, and delivered by me in my own proper person; and I hereby undertake at
all times to ratify whatsoever my said agent shall lawfully do or cause to be done in or
concerning the said premises by virtue of these present. This Limited Power of Attorney will
become void upon approval, denial or withdrawal of the above referenced applications.

Dated this 6 day of May, 2004

[Signature]
Signature

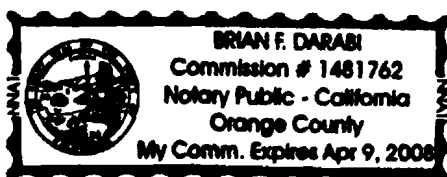
Signature

California
State of Idaho)
County of Orange) ss.

On this 6th Day of May, 2004, before me, a Notary Public
in and for said County and State, personally appeared Harry S. Rinker,
known or identified to me to be the individual whose name and subscription to the within
instrument, and acknowledged to me that he 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.

S
E
A
L



[Signature]
Notary Public
In and for said State and County
April 9, 2008
My Commission Expires

BLAINE CO. REQUEST

GRANT DEED OF SAWTOOTH TITLE

2000 JAN -3 A 9:23

MARSHA RIEMANN, CLERK

Deed

435097

435097

FOR VALUE RECEIVED

HARRY S. RINKER, TRUSTEE OF THE RODERICK RINKER AND KENNETH RINKER TRUST NO. 44

FEES \$

GRANTOR(s) do(es) hereby GRANT, BARGAIN, SELL and CONVEY unto

3⁰⁰

ROCK CREEK LLC, an Idaho Limited Liability Company

GRANTEE(s), whose address is: 949 South Coast Drive, Suite 500, Costa Mesa, CA 92626

the following described real property in Blaine County, Idaho, to wit:

TOWNSHIP 1 NORTH, RANGE 17 EAST, BOISE MERIDIAN, BLAINE COUNTY, IDAHO.

SECTION 14: NE $\frac{1}{4}$ NW $\frac{1}{4}$

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Subject To: Taxes, easements, restrictions and encumbrances of record, ~~and those matters set forth on Exhibit "A" attached hereto and made a part hereof.~~

TO HAVE AND TO HOLD said premises, with their appurtenances unto the said Grantee and to the Grantee's heirs and assigns forever.

Dated: December 23, 1999

Roderick Rinker and Kenneth Rinker Trust No. 44

Harry S. Rinker, Trustee

State of Idaho }
County of Blaine } ss.

On this 28 day of December, in the year 1999, before me, the undersigned, personally appeared **Harry S. Rinker**, known or identified to me to be the person(s) whose name is/are subscribed to the within instrument as trustee(s) of the **Roderick Rinker and Kenneth Rinker Trust No. 44**, and acknowledged to me that he/she/they executed the same as such trustee(s).

WITNESS my hand and official seal.

Notary Public

Commission Expires: 2/18/2004

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