



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

August 13, 2007

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

7 BS'
2653 FAIRMONT AVE
BURLEY ID 83318

RE: Notice of Change of Ownership for Water Right: 36-2146

Dear Interested Party:

Our letter of June 13, 2007 (copy enclosed) requesting evidence of water right ownership for the above referenced water rights ownership change remain unanswered. Therefore, I am returning the Notice of Change in Water Right Ownership request. Copies of your ownership change request information will be kept in our files for reference.

If, at a later date, you wish to reinstate this request you may send the enclosed ownership change request form along with the required support data we will be happy to complete the request for you.

Please feel free to contact the Department if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Brian Cox". The signature is written in dark ink and is positioned above the printed name and title.

Brian Cox
Technical Reviewer

Enclosure

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

RECEIVED
 DEC 05 2006
 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 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
PD 36-2146					

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 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 OF PROPERTY** or **SURVEY MAP**.

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

CARL + JEANETTE NELSON 11855 2600R
HARLEM ID 8333-

4. New Owner/Claimant(s)

7 BS'

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

New Mailing Address

2653 FAIRMONT AVE

City, State and ZIP Code

BURLEY, ID 83318

New Telephone Number

(208) 678-0012

5. Date you acquired the property

11-15-2002

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 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(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domesuc	_____	_____
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 _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (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)

Snake BS; J. R. [Signature]

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 *[Signature]* Date 12/5/06 Fee 25.00
 Received by *[Signature]* Date 12/5/06 Receipt No. SO 29087
 Processed by _____ AJ Date _____ WR _____ Date _____

MAKE CHECK PAYABLE TO:
JEROME COUNTY TAX COLLECTOR
MARY CHILDERS 644-2720
300 NORTH LINCOLN SUITE 209
JEROME IDAHO 83338

2006 TAX BILL/RECEIPT

BILL# 12458
CODE AREA 6-0000

PARCEL NUMBER
RF10S21E176001A
L 94,110

1ST HALF DUE	2ND HALF DUE	FULL DUE	TOT MV	94,110
TAX 1,201.34	TAX 1,201.34	TAX 2,402.68		
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT	TOT ACS	162.560

7 B S 'S LLC
2653 FAIRMONT AVENUE
BURLEY ID 83318

\$1/2SW, SWSE, TAX 13 OF SESE
SEC 17 T10 R21
158.16 AC

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
COUPON BOOKS AVAILABLE IN
TAX COLLECTOR'S OFFICE

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

DROP BOX AVAILABLE - LOCATED EAST OF
COURTHOUSE CREDIT CARDS: 1-800-272-9829
/ JURISDICTION #2218

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

7 B.S.'S, LLC

2006
BILL# 12458

2ND HALF

AMOUNT DUE 1,201.34

JEROME COUNTY
RF10S21E176001A
6-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2007

TAXING DISTRICT	RATE	
JEROME COUNTY	.004774570	449.32
SCHOOL #262	.000000000	
SD262 BOND	.002481343	233.52
HILLSDALE HWY	.001937093	182.30
HAZELTON CEM	.000080873	7.60
FIRST SEG. FIRE	.001264805	119.02
COLLEGE SO. ID.	.000932323	87.74
LIFELINE AMB	.000388281	36.54
VALLEY REC DIST	.000591364	55.64
DISTRICT TOTAL	.012450652	1,171.68
N SNAKE GROUND WATER		1,231.00
AMOUNT DUE		2,402.68

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

7 B.S.'S, LLC

2006
BILL# 12458

1ST HALF

FULL

AMOUNT DUE 1,201.34 2,402.68

JEROME COUNTY
RF10S21E176001A
6-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2006

12/01/2006 02:29 FAX 2088787873

SURPTHESSNAKE

0003

000

MAKE CHECK PAYABLE TO:

2006 TAX BILL/RECEIPT

PARCEL NUMBER

JEROME COUNTY TAX COLLECTOR

BILL#

12469

RP10S21E189000A

MARY CHILDERS 644-2720

CODE AREA

6-0000

L

23,350

300 NORTH LINCOLN SUITE 209

JEROME IDAHO 83338

1ST HALF DUE

2ND HALF DUE

FULL DUE

TOT MV

23,350

TAX 145.33

TAX 145.33

TAX 290.66

LATE

LATE

LATE

INT

INT

INT

COST

COST

COST

TOT

TOT

TOT

TOT ACS

40.000

7 B S 'S LLC

2653 FAIRMONT

BURLEY

ID 83318

SE1/4SE1/4

SEC 18 T10 R21

40.00 AC

*** IMPORTANT ***
 *** PLEASE READ BOTH FRONT AND BACK ***
 *** MONTHLY PAYMENTS ARE ACCEPTED ***

COUPON BOOKS AVAILABLE IN

TAX COLLECTOR'S OFFICE

TO AVOID LATE CHARGES, PAYMENTS MUST BE
 RECEIVED OR POSTMARKED BY THE DUE DATE.

DROP BOX AVAILABLE - LOCATED EAST OF
 COURTHOUSE CREDIT CARDS: 1-800-272-9829
 / JURISDICTION #2218

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

7 B.S.'S, LLC

TAKING DISTRICT	RATE	
JEROME COUNTY	.004774570	111.48
SCHOOL #262	.000000000	
SD262 BOND	.002481343	57.94
HILLSDALE HWY	.001937093	45.22
HAZELTON CEM	.000080873	1.88
FIRST SEG. FIRE	.001264805	29.52
COLLEGE SO. ID.	.000932323	21.76
LIFELINE AMB	.000388281	9.06
VALLEY REC DIST	.000591364	13.80
AMOUNT DUE	.012450652	290.66

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

7 B.S.'S, LLC

2006
 BILL# 12469

2006
 BILL# 12469

2ND HALF

1ST HALF

FULL

AMOUNT DUE 145.33

AMOUNT DUE 145.33 290.66

JEROME COUNTY
 RP10S21E189000A
 6-0000

LATE
 INT
 COST
 TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2007

JEROME COUNTY
 RP10S21E189000A
 6-0000

LATE
 INT
 COST
 TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE DECEMBER 20, 2006



FSN 1256
T 87

4
37.5
HEL

Tract 97
Farm 1256
Map R22, T10S,R21,S18,17
Jerome

500 0 500 1000 1500 2000 Feet



Map Printed: Feb 10, 2005

CERTIFICATE OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed **NOVEMBER 27, 2002**

State File No. **2002-08459**

DECEDENT - NAME JEANETTE FRANCIS NELSON				AGE 83 YEARS	
DATE OF DEATH NOV. 15, 2002		SEX FEMALE	SOCIAL SECURITY NUMBER 519-05-8611	DATE OF BIRTH JAN. 28, 1919	
BIRTHPLACE WASHINGTON		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS WIDOWED	
SURVIVING SPOUSE (if wife, maiden name)		CITY, TOWN OR LOCATION OF DEATH KIMBERLY, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION KIMBERLY			
FATHER - NAME WILLIAM GASSER					BIRTHPLACE NEBRASKA
MOTHER - FULL MAIDEN NAME EDNA FRANCIS JACOBY					BIRTHPLACE WYOMING
NAME AND ADDRESS OF MORTUARY REYNOLDS FUNERAL CHAPEL, TWIN FALLS, IDAHO					
FUNERAL SERVICE LICENSEE TRENT STIMPSON					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 8:54 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. ALZHEIMER'S DEMENTIA					Approximate Interval Between Onset and Death 3 YEARS
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 LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER DANIEL PREUCIL, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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: **NOVEMBER 29, 2002**

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



CERTIFICATE OF VITAL RECORD

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

Date Filed **MARCH 30, 1993**

State File No. **1993-01757**

DECEDENT - NAME CARL L. NELSON				AGE 74 YEARS	
DATE OF DEATH MAR. 15, 1993		SEX MALE	SOCIAL SECURITY NUMBER 518-40-9938	DATE OF BIRTH JULY 05, 1918	
BIRTHPLACE IDAHO		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED	
SURVIVING SPOUSE (If wife, maiden name) JEANNETTE GASSER		CITY, TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION HAZELTON			
FATHER - NAME CARL NELSON					BIRTHPLACE SWEDEN
MOTHER - FULL MAIDEN NAME LOUISA BOEHM					BIRTHPLACE COLORADO
NAME AND ADDRESS OF MORTUARY REYNOLDS FUNERAL CHAPEL, TWIN FALLS, IDAHO					
FUNERAL SERVICE LICENSEE JOHN M. HEAD					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 6:15 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. CARDIAC ARREST					Approximate Interval Between Onset and Death 10 MINUTES
DUE TO (or as a consequence of): b. SEPSIS					48 HOURS
DUE TO (or as a consequence of): c. ISCHEMIC BOWEL					48 HOURS
DUE TO (or as a consequence of): d. LOW CARDIAC OUTPUT					UNKNOWN
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above SEVERE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE					AUTOPSY PERFORMED? YES
NAME OF CERTIFIER JOHN LOGAN SHUSS, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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: **FEBRUARY 11, 2003**

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

Jane S. Smith
JANE S. SMITH
 STATE REGISTRAR



No. W 41184		Due no later than July 31, 2006		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address - Correct in this box if applicable: SEVEN B.S.S. LLC MARTHELLA SMITH 2853 FAIRMONT AVE BURLEY, ID 83318		MARTHELLA SMITH 2853 FAIRMONT AVE BURLEY, ID 83318	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
Office held	Name	Street or P.O. Address	City	State	Zip
Mgt/Sec	Martella Smith (Marty)	2853 FAIRMONT AVE	Burley	ID	83318
5. Organized Under the Laws of: IDAHO W 41184					
6. Signature		Date			
Name (Typed or Printed)		Title			
Marty L. Smith		Mgt/Sec			
Issued 05/01/2006		Do Not Tape or Staple		200607000428	

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ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

1. The name of the limited liability company is:

Seven B.S.'s, LLC

2. The street address of the initial registered office is:

2653 Fairmont Avenue, Burley, Idaho 83318

and the name of the initial registered agent at the above address is:

Marthella Smith

3. The mailing address for future correspondence is:

2653 Fairmont Avenue, Burley, Idaho 83318

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 member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Marthella Smith2653 Fairmont Avenue, Burley, Idaho 83318

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

Signature: Marthella SmithTyped Name: Marthella SmithCapacity: Manager-Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Revised 07/2007

IDAHO SECRETARY OF STATE
07/15/2005 05:00
CK: 9475 CT: 15366 IN: 021502
1 @ 100.00 = 100.00 ORGAN LLC # 2

W41184