

**BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE STATE OF IDAHO**

IN THE MATTER OF APPLICATION TO)
AMEND PERMIT NO. 95-9045, IN THE)
NAME OF BLACK ROCK UTILITIES, INC.)
_____)

**SECOND NOTICE
OF HEARING**

PLEASE TAKE NOTICE that the formal hearing for the above referenced matter will be conducted **on February 27, 2007, at 9:00 am. The hearing will be held in Coeur d'Alene, Idaho** at the offices of the Idaho Department of Water Resources ("Department"), 7600 Mineral Dr., Suite 100.

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 presiding officer at the hearing will be Gary Spackman.

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 10 days or more prior to the hearing. Inquiries about scheduling, hearing facilities, etc., should be directed to Deborah Gibson, Administrative Assistant, Idaho Department of Water Resources, P.O. Box 83720, Boise, Idaho 83720-0098, telephone: (208) 287-4942, fax: (208) 287-6700.

Dated this 23rd day of January, 2007.



Gary Spackman
Hearing Officer

CERTIFICATE OF SERVICE

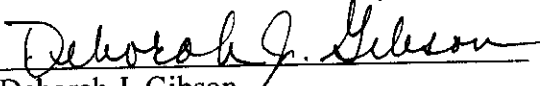
I HEREBY CERTIFY that on this 24th day of January, 2007, a true and correct copy of the document described below was served on the following as noted:

Document(s) Served: NOTICE OF RESUMPTION OF HEARING

BLACK ROCK UTILITIES
PO BOX 3070
COEUR D' ALENE ID 83816

JOHN R LAYMAN
LAYMAN LAYMAN & ROBINSON
S 601 DIVISION
SPOKANE WA 99202

COALITION FOR POSITIVE RURAL
IMPACT AT ROCKFORD BAY
C/O JAI NELSON
15192 GATE 7 RIDGE RD
COEUR D ALENE ID 83814


Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

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 S. LAYMAN
LAYMAN LAYMAN & ROBINSON
S 601 DIVISION
SPOKANE WA 99202

95-9045

A. Signature

Carrie McCay ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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)

☐ Yes2. Article
(Trans)

7005 2570 0000 5933 8507

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- 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:

COALITION FOR POSITIVE
RURAL IMPACT AT ROCKFORD BAY
C/O JAI NELSON
15192 GATE 7 RIDGE RD
COEUR D'ALENE ID 83814

95-9045

A. Signature

Mary A. Brown ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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)

☐ Yes2. Article N
(Transfer)

7005 2570 0000 5933 8491

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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:

BLACK ROCK UTILITIES
PO BOX 3070
COEUR D'ALENE ID 83816

95-9045

A. Signature

D. Knudson ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*D. Knudson**1-29-07*D. Is delivery address different from item 1? ☐ YesIf 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

2.

7005 2570 0000 5933 8484

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 2570 0000 5933 8484

7005 2570 0000 5933 8491

7005 2570 0000 5933 8507

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

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

1/24/07

Postmark
Here

dy

Sent To *John R. Layman*
 (Endc Street, Apt. No.,
 or PO Box No. *2 601 Division*
 Res (Endc City, State, ZIP+4
Spokane WA 99202
 Tot PS Form 3800, June 2002 See Reverse for Instructions

Sent To *Coalition for Positive ...*
 (Endc Street, Apt. No.,
 or PO Box No. *PO Jai Nelson*
 Res (Endc City, State, ZIP+4
15192 State 7 Ridge Rd. Co. ID
 PS Form 3800, June 2002 See Reverse for Instructions

Sent To
BLACK ROCK UTILITIES
 (Endc Street, Apt. No.,
 or PO Box No. **PO BOX 3070**
 Res (Endc City, State, ZIP+4
Coeur d'Alene, ID 83816
 PS Form 3800, June 2002 See Reverse for Instructions