

Page _____ of _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1

RECEIVED
 Transfer No. _____
JUL 28 2003
 Department of Water Resources
 Southern Region

Name of applicant Art Brokerage, Inc. Phone (208) 934-8543
 Post Office address P.O. Box 54, Gooding, ID 83330

A. PURPOSE OF TRANSFER

1. ☐ Change point of diversion ☒ Add diversion point ☒ Change place of use
☒ Change nature of use ☐ Change period of use ☒ Other Split right
2. Describe the reason for the proposed changes To split off a portion of a groundwater irrigation right for use on a new subdivision lot. Transfer is for Lot 1, Magic Ranch Subdivision #11.

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. Right Number 37-7395 (pt) Priority 10/30/1974 Amount (cfs/ac-ft) 0.012 Nature of Use Irrigation Period of Use 5/1 to 10/1
2. Total amount of water being transferred 0.012 cubic feet per second and/or _____ acre-feet per annum.
3. Source of water Groundwater tributary to _____
4. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion
	SE	NW	SE	2	2S	17E	Camas	Future well and pump

5. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2S	17E	11								1.0									1.0

Page _____ of _____

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DEPARTMENT OF WATER RESOURCES

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Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2S	17E	11								1.0									1.0

DM

PART 1

6. General Information:

a. Description of diversion system Well and pump to serve a residence and irrigation on
a newly-platted lot.

b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?
☐ Yes ☒ No. If yes, provide a notarized statement from the holder of the lien, deed of trust, mortgage or contract
 agreeing to the proposed changes.

c. Describe the effect on the land now irrigated if the place of use is changed pursuant to this transfer:
1.0 acre will no longer be irrigated.

d. Remarks:

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Transfer of Water Rights No. _____

And said application is hereby _____, subject to the following limitations and conditions:

Witness my hand this _____ day of _____, 19 _____

DM

Page _____ of _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Transfer No. _____

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 2

(Attach one copy for each right)

A. DESCRIPTION OF RIGHT AS RECORDED

1. Right evidenced by:

- a. Decree No. _____ Decreed to _____
In case of _____ vs. _____
dated _____ in _____ county of _____
- b. License No. 37-7395 issued by the Idaho Department of Water Resources.
- c. Claim No. 37-7395 on file with the Idaho Department of Water Resources.
- d. Transfer No. _____ which produced this right.

2. Attach a copy of last year's tax notice for the property to which the water right is appurtenant or other documents which show ownership. Label document as attachment A. check appropriate box below.

☐ Tax notice ☐ Warranty Deed ☐ Other _____

3. Source of water Groundwater tributary to _____

4. Date of priority 10/30/1974

5. Water is used for the following purpose:

Amount 9.94 cfs for Irrigation purposes from 5/1 to 10/1
(cfs/ac-ft)
Amount _____ for _____ purposes from _____ to _____
(cfs/ac-ft)
Amount _____ for _____ purposes from _____ to _____
(cfs/ac-ft)

6. Total amount of water under right 9.94 cubic feet per second and/or _____ acre-feet per annum.

7. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion
		SW	NW	1	28	17E	Camas	North well
		SW	SE	11	28	17E	Camas	South well

8. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
28	17E	1							7			31	39						77
28	17E	2				2						15	32	33	6	39	40		167
28	17E	11	40	36	30	32	33			16				19	13	20	37		276
28	17E	12			22		17	40	40	37	36	40	29	8		21			290

Total acres 810

9. Describe any other water rights used for the same purpose as described above 37-2211 AND 37-11989, BUT
NEITHER RIGHT IS OVERLAPPING WITH 37-7395 ON THE PLACE OF USE TO BE SPLIT OFF.

DM

PART 2

Transfer No. _____

10. To your knowledge, has any portion of this water right undergone a period of five or more consecutive years of non-use?
 _____ No _____ If yes, describe _____

B. DESCRIPTION OF PORTION OF RIGHT BEING TRANSFERRED

(If the entire right is to be changed by the applicant, omit part B and C)

1. Amount 0.012 for Irrigation purposes from 5/1 to 10/1
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion
		SW	NW	1	2S	17E	Camas	North well
		SW	SE	11	2S	17E	Camas	South well

3. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2S	17E	<u>11</u>								1.0									1.0

C. DESCRIPTION OF UNCHANGED PORTION OF RIGHT (omit if there is no change)Total acres 1.0

1. Amount 9.93 for Irrigation purposes from 5/1 to 10/1
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 Amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

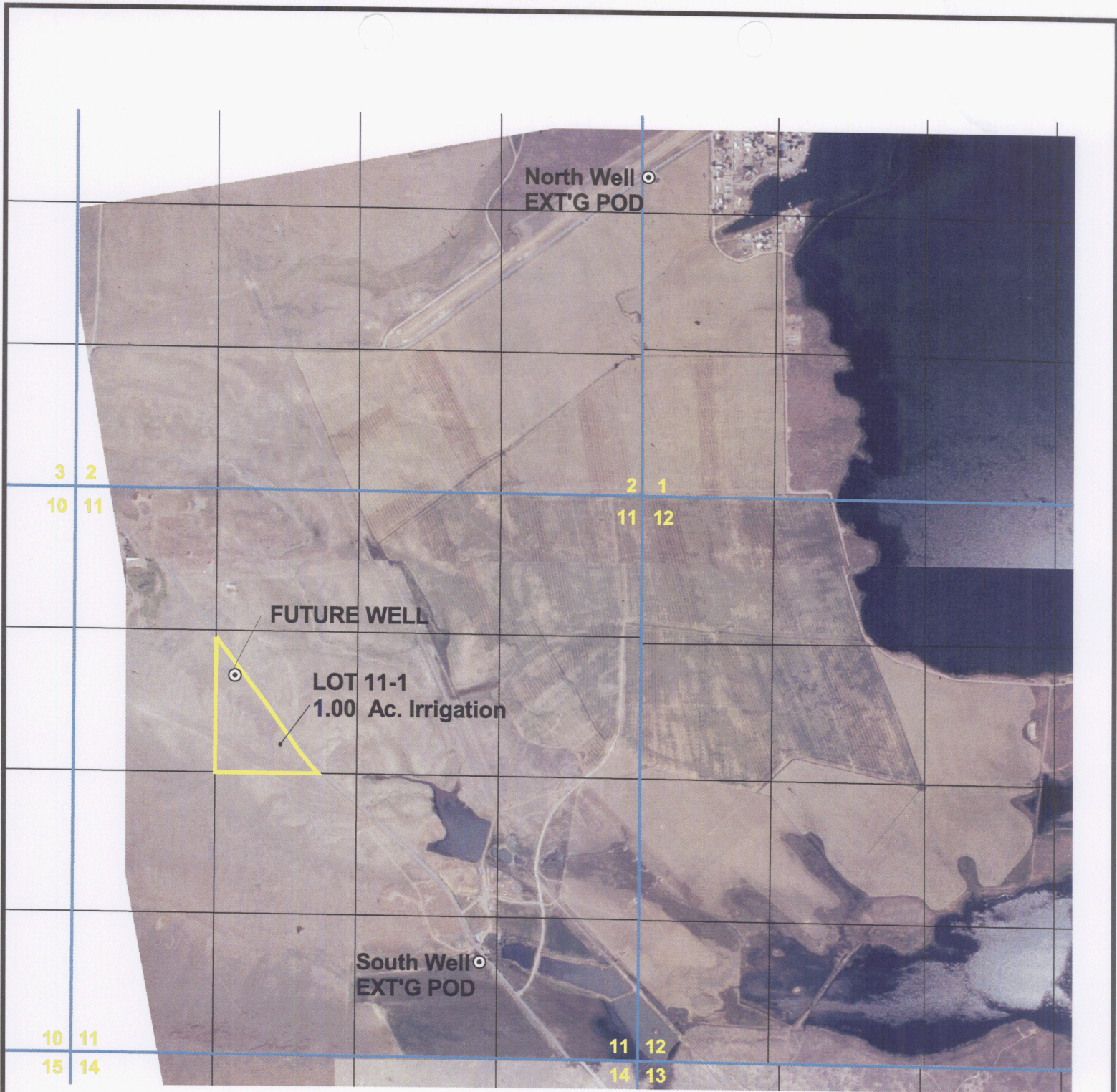
2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge	County	Local name for diversion
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3. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
2S	17E	1							7			31	39						77
2S	17E	2				2						15	32	33	6	39	40		167
2S	17E	11	40	36	30	32	33		15					19	13	20	37		275
2S	17E	12			22		17	40	40	37	36	40	29	8		21			290

Total acres 809



1999 Rectified FSA Aerial Photo

-  Lot 11-1
-  Township.shp
-  Sections.shp
-  Quads



PART 3**B. CHANGES IN NATURE OF USE**

1. New Nature of Use Amount Hours/days/year Period of Use
(cfs/ac-ft) _____ to _____
_____ to _____
2. Quantity and quality of return flows and location of discharge:
None
3. Describe the effects on other water uses resulting from the proposed change:
None

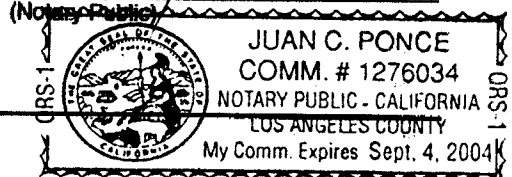
I hereby assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge.

I understand that any willful misrepresentations made in this application may result in voiding its approval.

Subscribed and sworn to before me this 22nd day of July, 19 2003

My commission expires 09-04-04

FOR DEPARTMENT USE ONLY



J.F. receipted on 7-29-03 5026019
\$200 - Check was for two transfers

QUIT CLAIM DEED

FOR VALUE RECEIVED

DONNA ROSE, a single woman

GRANTOR

Does hereby Convey, Release, Remise and Forever Quitclaim Unto

ART BROKERAGE, INC., a Nevada Corporation

GRANTEE

Whose address is: P.O. Box 3730, Ketchum, ID 83340

The following described premises, to-wit:

Township 2 South, Range 17, East of the Boise Meridian, Camas County, Idaho

Section 11: SE1/4NW1/4

SUBJECT TO a 60 foot wide right of way along the South boundary thereof.

TOGETHER WITH any water rights appurtenant thereto.

Together with their appurtenances.

Dated: March 7, 2002Donna Rose
Donna RoseState of ~~IDAHO~~ CaliforniaCounty of ~~Blaine~~ San Diego

On this 7 day of March, 2002, before me, the undersigned, personally appeared Donna Rose, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Pamela J. Hottinger
Notary PublicResiding At: La Jolla, CA

Commission Expires:

June 23, 2005

075123

Recorded at the Request of

Alfred B. Lowell8:50 AApril 8th 2002Book 33 Page 60DEEDSCamas County RecorderJohn D.300



Department of State.

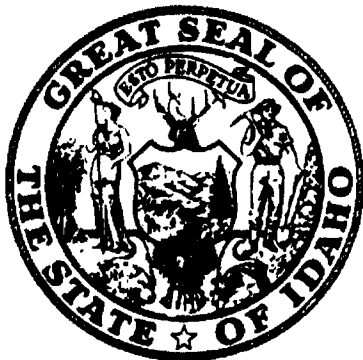
**CERTIFICATE OF AUTHORITY
OF**

THE ART BROKERAGE, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of **THE ART BROKERAGE, INC.** for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to **THE ART BROKERAGE, INC.** to transact business in this State under the name **THE ART BROKERAGE, INC.** and attach hereto a duplicate original of the Application for such Certificate.

Dated **July 05, 1990**



Pete T. Cenarrusa

SECRETARY OF STATE

Elizabeth B. Bakala

Corporation Clerk

92734

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

RECEIVED
SEC. OF STATE

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose makes the following statement:

1. The name of the corporation is The Art Brokerage, Inc.
2. The name which it shall use in Idaho is AS ABOVE
Art Brokerage, Inc.
- (To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)
3. It is incorporated under the laws of Nevada
4. The date of its incorporation is 5-24-83 and the period of its duration is match perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 300 So. Fourth Street, Suite 1503, Las Vegas, NV. 89101
6. The address to which correspondence should be addressed, if different from that in item 5.
Same as in (5)
7. The street address of its proposed registered office in Idaho is 201 N. Main St., Ketchum, Id., 83340, and the name of its proposed registered agent in Idaho at that address is ? Donna Rose, Resident
8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are:
Wholesale ART ORIGINALS, GRAPHICS AND
SCULPTURES AND RELATED ITEMS
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>Violet F. Fowler</u>	<u>President</u>	<u>201 N. main, Ketchum, ID 83340</u>
<u>Donna Rose</u>	<u>Secretary</u>	<u>201 N. main, Ketchum, ID 83340</u>
<u>Violet F. Fowler</u>	<u>Treasurer</u>	<u>201 N. Main, Ketchum, ID 83340</u>
<u>Donna Rose</u>	<u>Vice President</u>	<u>" "</u>
<u>June H. Wakeley</u>	<u>Vice President</u>	<u>300 So. Fourth St. Ste 1503 LV, NV</u>
<u>Dorothy W. Monroe</u>	<u>Assistant Secretary</u>	<u>5534 Topaz, LV, NV 89120</u>

(continued on reverse)

Name

Office

Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: 6/28/90

Art Brokerage Inc
(Corporation Name)
By *Donna Rose* *Secretary*
Its President/ Vice President (please specify)
and *Ursula E. Lowler* *President*
Its Secretary/ Assistant Secretary (please specify)

STATE OF Idaho)
COUNTY OF Blaine) ss:

I, Mary Miller, a notary public, do hereby certify that on this 28th day of June, 19 90, personally appeared before me Donna Rose, who being by me first duly sworn, declared that (s)he is the Vice President of The Art Brokerage, Inc.

that (s)he signed the foregoing document as Secretary Vice President of the corporation and that the statements therein contained are true.

Mary Miller
Notary Public

STATE OF NEVADA
SECRETARY OF STATE

CERTIFICATE OF CORPORATE STATUS

REC'D
SEC. OF STATE

90 JUN 29 PM 2 41

I, FRANKIE SUE DEL PAPA, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate,

THE ART BROKERAGE, INC.

is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand

and affixed the Great Seal of the State at my office in

Carson City, Nevada, this 26TH day of

JUNE, A.D., 19 90

Frankie Sue Del Papa
Secretary of State

By *[Signature]*
Deputy

No. C 92734 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2003 Annual Report Form (Mailing Address - Corporations Only - Filing Office) ART BROKERAGE, INC. (THE) PO BOX 3730 KETCHUM, ID 83340	2. Registered Agent and Office NO PO BOX HELEN MARGULIS 544 EAST FORK KETCHUM, ID 83340 3. New Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td>President</td> <td>Donna Rose</td> <td>P.O. Box 3730</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Donna Rose	P.O. Box 3730	Ketchum	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Donna Rose	P.O. Box 3730	Ketchum	ID	83340									
5. Organized Under the Laws of: NEVADA C 92734	6. <table border="0"> <tr> <td><u>Signature</u></td> <td><u>Date</u></td> </tr> <tr> <td><i>Donna Rose</i></td> <td>5/23/03</td> </tr> <tr> <td>(Typed or Name Printed)</td> <td><u>Title</u></td> </tr> <tr> <td>Donna Rose</td> <td>President</td> </tr> </table>		<u>Signature</u>	<u>Date</u>	<i>Donna Rose</i>	5/23/03	(Typed or Name Printed)	<u>Title</u>	Donna Rose	President				
<u>Signature</u>	<u>Date</u>													
<i>Donna Rose</i>	5/23/03													
(Typed or Name Printed)	<u>Title</u>													
Donna Rose	President													

Issued 05/02/2003

Do Not Tape or Staple

2377