

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

RECEIVEDNOV 04 2005
DEPARTMENT OF
WATER RESOURCES

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
34-398			34-7010		
34-399			34-10514		
34-861A					
34-868					

2. The following **REQUIRED** information must be submitted with this form:

- A. The appropriate **FILING FEE**. See instructions for fee amounts. $\$25^{00}$ each - $\$150^{00}$
 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)

BROKEN RIVER RANCH LP

4. New Owner/Claimant(s)

BROKEN RIVER RANCH LLC

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

New Mailing Address

PO Box 360

City, State and ZIP Code

ARROYO GRANDE CA 93421-0360

New Telephone Number

(805) 489-5400

5. Date you acquired the property

7.18.05

SUPPORT DATA**IN FILE #** 34.398

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	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

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Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7.

Signature of New Owner(s) or Claimant(s)
(include title if applicable)

Rosemary A. Talley - Member

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 Regan

Date

7.19.05Fee $\$25^{00} \times 7 = \$175^{00}$

Receipted by

Date

Receipt No.

W033184

Processed by

AJ

Date

WR

Date

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.

RECEIVED
 JUL 19 2005
 WATER RESOURCES
 WESTERN REGION
 RECEIVED

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Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
34.398			34.138(0)	Permit	
34.399			34.10514		
34.861A					
34.868					
34.70(0)					

RECEIVED
 JUL 21 2005
 Department of Water Resources
 Eastern Region

2. The following **REQUIRED** information must be submitted with this form:

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

BROKEN RIVER RANCH LP
ROY E. CRAWFORD

4. New Owner/Claimant(s)

BROKEN RIVER RANCH, LLC

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

DONALD L. TALLEY, TRUSTEE

New Mailing Address

X

City, State and ZIP Code

P.O. Box 4392

New Telephone Number

() ~~864-6001~~, ~~864-60~~ 83340

5. Date you acquired the property

JULY 18, 2005

PH: _____

X P.O. Box 360
 ARROYO GRANDE, CA
 93421.0360

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.

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Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

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

✓ Dan Talley
✓ Barbara A. Talley

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>DB</u>	Date <u>7-19-05</u>	Fee <u>\$25⁰⁰ - EQ. x 7 = \$175⁰⁰</u>	
Received by <u>DB</u>	Date <u>7-19-05</u>	Receipt No. <u>W033184</u>	
Processed by _____	AJ Date _____	WR _____	Date _____

ACCEPTED AND APPROVED BY:

BCT
BLAINE COUNTY TITLE

ACCEPTED AND APPROVED BY:

RECEIVED TO BE A
TRUE AND CORRECT COPY
OF
BY

WARRANTY DEED

For Value Received

Broken R.R., LP, an Idaho limited partnership, who acquired title as Broken River Ranch Limited Partnership, an Idaho limited partnership

the Grantor, hereby grants, bargains, sells, conveys and warrants unto

Broken River Ranch, LLC, an Idaho limited liability company

the Grantee, whose current address is: ~~PO Box 4326 Ketchum, Idaho 83340~~

P.O. Box 360
Aukyo Grande, CA
93421-0360

the following described premises, to wit:

Township 8 North, Range 22 East, Boise Meridian, Custer County, Idaho.

Section 27: S1/2NW1/4 and SW1/4 and S1/2SE1/4

Section 28: N1/2SE1/4

Section 34: N1/2NW1/4 and W1/2NE1/4

Parcel Number:

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, their heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that it is the owner in fee simple of said premises, that said premises are free from all encumbrances and that he will warrant and defend the same from all lawful claims whatsoever.

Dated this 12th day of July, 2005.

Broken R.R., LP

By *Roy E. Crawford*
Roy E. Crawford
Managing General Partner

STATE OF CALIFORNIA)

COUNTY OF SAN FRANCISCO) ss.

On this 13th day of July, 2005, before me, the undersigned, a Notary Public, in and for said State, personally appeared Roy E. Crawford known to me, and/or identified to me on the basis of satisfactory evidence, to be the Managing General Partner of the Partnership that executed the within instrument and acknowledged to me that such partnership executed the same.

WITNESS MY HAND AND OFFICIAL SEAL.

Margaret Rodgers Zahn
Notary Public

Notary Resides: 3735 Northwood, Concord, CA 94520

My commission expires: August 24, 2006



Duplicate Idaho Title Application

Idaho Transportation Department



To ensure proper processing of your application, use the step-by-step instructions on page 2. **THIS FORM MUST BE NOTARIZED.**
ONLY THE OWNER OR LIENHOLDER OF RECORD OR THEIR AGENT MAY APPLY FOR A DUPLICATE TITLE. One owner shown on the original title (Section 2) must be shown on the duplicate title (Section 3).

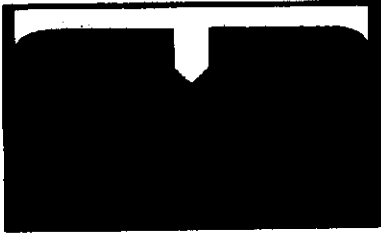
Take the completed form to any county vehicle licensing office or mail it with the applicable fee to the following address.

Ada County Processing Center
9115 Chinden Blvd Ste 105
Boise ID 83714

Regular Duplicate Fee \$ 8.00
RUSH Duplicate Fee \$23.00

Be Sure to Include the Proper Fee – Do Not Send Cash

Vehicle/Vessel Information							
SECTION 1	Vehicle/Hull Identification Number*			Title Number*			
	387KM23COPM136957						
	Year	Make	Model	Description	Hull	Horsepower	Propulsion
	93	DODGE	2500 CC	4x4 D			
*BOTH the Vehicle/Hull Identification Number and Title Number are necessary to locate your record. Your Registration should have both numbers. If your Registration is not available, contact any county vehicle licensing office for this information. Include an additional \$4.00 title search fee if either is left blank.							
SECTION 2	Current Title Owner Information			SECTION 3	Duplicate Title Owner Information		
	Owner's Name Shown on Original Title ☐ OR ☐ AND ☐ DBA				Owner's Name to be Shown on Duplicate Title ☐ OR ☐ AND ☐ DBA		
	Second Owner's Name on Original Title				Second Owner's Name to be Shown on Duplicate Title		
	Owner's Current Mailing Address				Owner's Current Mailing Address		
	165 PHILLIP RD				City, State, Zip		
	WOODSIDE, CA 94062				Added Owner's Signature		
					X		
SECTION 4	Mail Title to Different Address Only						
	C/O Name						
	Address (Street, City, State, Zip)						
SECTION 5	To Release Lien on Original Title			SECTION 6	To Add Lien to Duplicate Title		
	Lienholder of Record				Lienholder's Name		
	Releasing Interest's Signature				Address		
	X				City, State, Zip		
	Date				Lien Creation Date and Time		
SECTION 7	Owner's or Lienholder of Record's Signature With Notary						
	I hereby make application for duplicate title on the vehicle/vessel described above. The original title has been lost unless otherwise indicated ☐ Illegible ☐ Mutilated (please attach the old title).			Subscribed and sworn before me this			
	I certify under penalty of law that all statements contained in this application are true and correct. I realize that I cannot use this form to sell this vehicle/vessel. I hereby authorize the new title to be issued in the name(s) shown in Section 2 or Section 3. The signature below is my true and legal signature.			13th day of July year 2005			
	X [Signature]			MARGARET RODGERS ZAHN COMM. # 1367584 NOTARY PUBLIC-CALIFORNIA SAN FRANCISCO COUNTY COMM. EXP. AUG. 24, 2006			
	X 415-772-6705			Notary Public's or Idaho Transportation Department Agent's Signature			
	Daytime Phone Number (Include Area Code)			[Signature]			



Taylor Mountain Surveying

**903 Waller St.
Salmon, ID 83467**

Invoice

Date	Invoice #
6/6/2005	050557

BH To

Talley, Don
Talley Farms
P.O. Box 360
Arroyo Grande, CA. 93421

		P.O. No.	Terms	Project
Description	Qty	Rate	Amount	
Survey field work 2 man crew	26	115.00	2,990.00	
Record of Survey drawing		400.00	400.00	
Corner Perpetuation Form	10	30.00	300.00	
Office calculations	7	75.00	525.00	
Misc. - Travel and 4 wheeler		600.00	600.00	
		Total	\$4,815.00	
		Payments/Credits	\$-1,000.00	
		Balance Due	\$3,815.00	

SURVEY

REGISTRATION

213



AMENDMENT TO CERTIFICATE OR REGISTRATION OF LIMITED PARTNERSHIP

(Instructions on back of application)

FILED EFFECTIVE

 2005 JUL 12 10:12:27
 SECRETARY OF STATE

1. The name of the limited partnership is:

BROKEN RIVER RANCH LIMITED PARTNERSHIP

If the Limited Partnership has been administratively dissolved and the name is no longer available for use, #3a below must include an amendment of name.

2. The date on which its certificate or registration of limited partnership was filed with the Idaho

Secretary of State was AUG 3, 1990 and its Domestic State is: LO 1716

3. The certificate of limited partnership is amended as follows: (check appropriate box(es))

- ☒ a. The name of the limited partnership is amended to read:

~~BROKEN R. R. L.P.~~ BROKEN R. R. L.P.

- ☐ b. The name and business address of the registered agent are amended to read:

- ☐ c. The name of each withdrawing general partner is:

- ☐ d. The name and business address of each new general partner are:
(if more space is needed, continue in block f)

- ☐ e. The business of the limited partnership is continued following an event of withdrawal of a general partner.

- ☐ f. Other amendments (optional):

4. Signature of at least one general partner and all new general partners:

Signature Roy E. Crawford

Typed Name Roy E. Crawford

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 07/12/2005 05:00
 CK: 4256 CT: 21422 BH: 820792
 1 @ 30.00 = 30.00 LP AMEND # 3
 1 @ 20.00 = 20.00 EXPEDITE C # 4

g:\cpl\brnely\brnely\amend\lp.ind
Rev 06/12/2003

L 1716

251



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2005 JUL 12 PM 12:27
STATE OF IDAHO

1. The name of the limited liability company is:

BROKEN RIVER RANCH, LLC

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

101 Blue Grouse Road, Sun Valley, Idaho, 83353.

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

Rosemary Talley

3. The mailing address for future correspondence is:

P O Box 4326 Ketchum, Idaho, 83340

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
Rosemary Talley, Trustee of the Talley Living Trust dated 9/19/91	P.O. Box 4326 Ketchum, Idaho 83340
Donald L. Talley, Trustee of Talley living Trust dated 9/19/91	P.O. Box 4326 Ketchum, Idaho 83340

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

Signature: Rosemary Talley
Typed Name: Rosemary Talley
Capacity: Member

Signature: Donald L. Talley
Typed Name: Donald L. Talley
Capacity: Member

Secretary of State use only

IDAHO SECRETARY OF STATE
07/12/2005 05:00
CK: 4256 CT: 21422 DN: 820792
1 @ 100.00 = 100.00 ORGAN LLC # 5
1 @ 20.00 = 20.00 EXPEDITE C # 6

W 41003