

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 10 1979

Department of Water Resources

CLAIM TO A WATER RIGHT

Under the provisions of Section 42-243, Idaho Code, any person using or claiming rights to the public waters of Idaho established by diversion and application to a beneficial use must file a claim with the Department of Water Resources on or before June 30, 1983. Exempted from this filing are single family domestic uses as defined in Section 42-230(d), Idaho Code. Also exempted are rights represented by a permit, license, decree, adjudicated right, or a previously filed claim.

The filing of this claim does not confirm the water right claimed but failure to file may result in forfeiture of a water right.

Notice is hereby given that United States of America, Forest Service  
324 25th Street, Ogden, Utah (Mailing Address) (Name of Claimant) 84401 Telephone No. (801) 626-3561  
(Zip Code)

claims a right to the diversion and beneficial use of the surface or ground water. The extent and nature of said claim is as follows:

(1) Date of priority: (When was the water first applied to a beneficial use) June 1, 1903

A claim is not acceptable on a ground water source with a priority later than March 25, 1963 or on a surface water source with a priority later than May 20, 1971. An exception is that a claim may be filed on single family domestic use from a ground water source.

(2) Describe the source of water: (Name of stream, lake, spring, etc., or ground water)  
Valve House Number Two Spring tributary to Mink Creek

(3) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:

|                  | (cfs, <del>gpm</del> , <del>AF</del> ) | (Domestic, Irrigation, Stock, Etc.) | (Both dates inclusive)           |                      |
|------------------|----------------------------------------|-------------------------------------|----------------------------------|----------------------|
|                  |                                        |                                     | (Mo., Day)                       | (Mo., Day)           |
| Quantity         | <u>0.015</u>                           | Use <u>Stockwater</u>               | Period of Use From <u>June 1</u> | To <u>October 31</u> |
| Quantity         |                                        | Use                                 | Period of Use From               | To                   |
| Quantity         |                                        | Use                                 | Period of Use From               | To                   |
| Quantity         |                                        | Use                                 | Period of Use From               | To                   |
| Quantity         |                                        | Use                                 | Period of Use From               | To                   |
| (4) <u>0.015</u> |                                        | TOTAL QUANTITY USED.                |                                  |                      |

(5) A) Point of diversion: (Location of point where water is diverted from its source)  
SE ¼ SW ¼, Sec. 29 Twp. 8S. Rge. 35E-B.M., County of Bannock  
Additional points of diversion:

B) Describe means of diversion of water: (Pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.). Give sizes and capacities: be as specific as possible. Describe any changes in the system and give the date of the change. Wooden spring headbox 2' square, and approximately 60' of plastic 1½" dia. pipe to a watering trough.

(6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

| T   | R    | SEC. | NE¼ |     |     |     | NW¼ |     |     |     | SW¼ |     |     |     | SE¼ |     |     |     | TOTAL |
|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
|     |      |      | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ | NE¼ | NW¼ | SW¼ | SE¼ |       |
| 8S. | 35E. | 29   |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |
|     |      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |       |

No. of acres

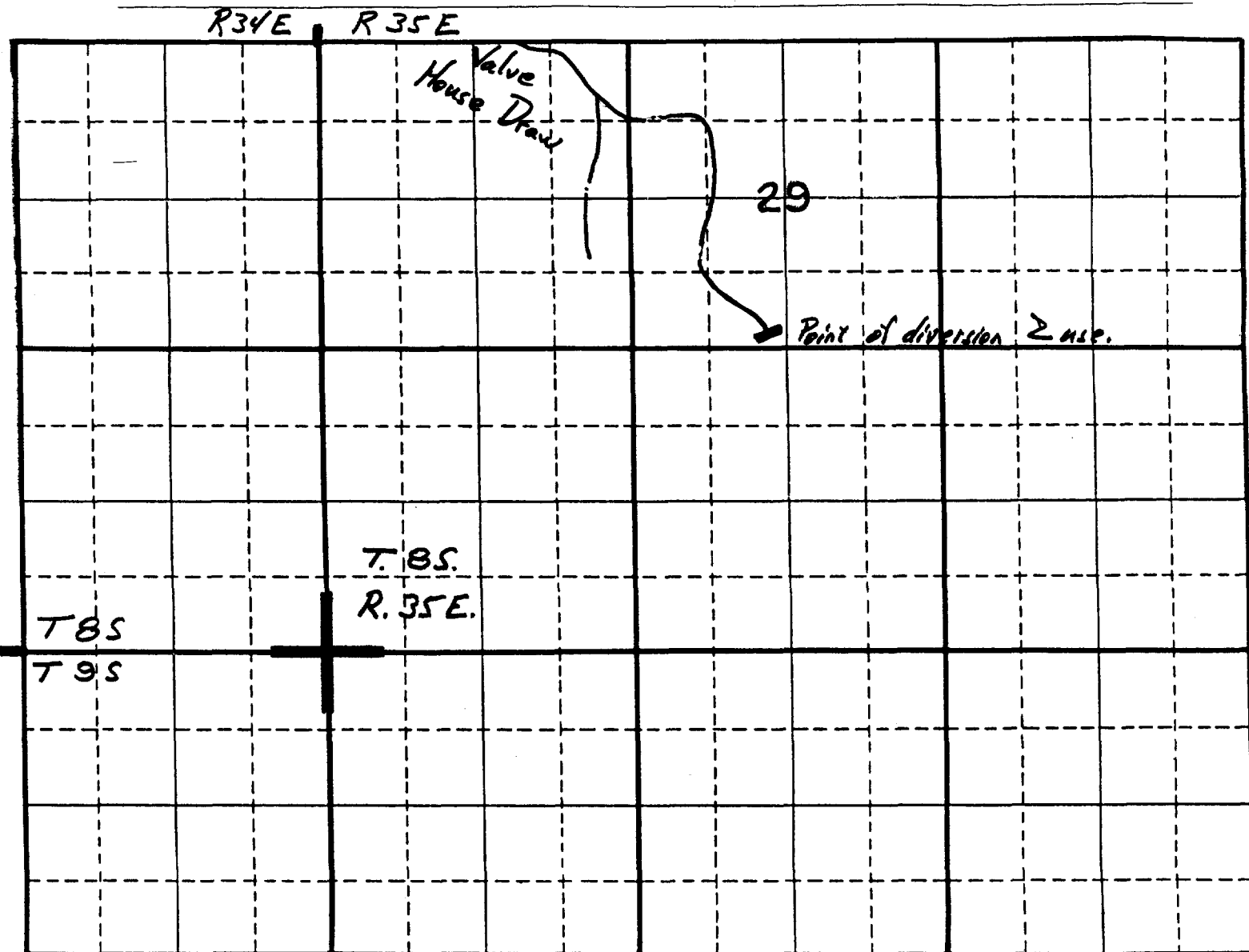
B) If water is used for other than irrigation, fully describe that use, being as specific as possible: Stockwater on Pocatello Cattle Allotment which has a total of 12 water developments for purpose of watering 2,202 beef cattle and calves.

NOTE: Include here the type and number of stock watered: 2,202 cattle

(7) If you are claiming water as a member of an organization, list name of organization: N/A

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(8) Remarks N/A



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of ~~Idaho~~ Utah )  
County of ~~Bannock~~ Weber ) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge. United States of America, Forest Service

Sworn to before me this 6<sup>th</sup> day of September, 1979. Jeff M. Sirmon (Claimant) Deputy Regional Forester, Resources

Valerie Layton  
Notary Public  
Residing at Ogden, Utah

My commission expires 6/19/83

FOR DEPARTMENT USE ONLY

Received by dh Date 9-12-79 Exception filed by: \_\_\_\_\_ Forwarded to \_\_\_\_\_ Date \_\_\_\_\_  
Prelim. check by RP Date \_\_\_\_\_  
\$20.00 fee received by dh Date 10-3-79 #13734  
Published in Idaho State Journal  
Dates 9/27 & 10/4/79

OCT 15 1979

STATE OF IDAHO  
County of Bannock

ss.

Department of Water Resources  
Eastern District Office

*Jeri Larsen*

NOTICE OF CLAIMS TO WATER RIGHTS

Notice is hereby given that the following claim(s) to water right(s) have been established by diversion and application to beneficial use:

29-4116  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: LEAD DRAW NUMBER 3 SPRING tributary to MINK CREEK, EAST FORK  
Priority Date: 06/01/1903  
Amount: 0.0150 CFS  
Diversion Point: NWSE Sec 10 T 08S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: NWSE Sec 10 T 08S R 35E  
Diversion Means: HEADBOX & TROUGH

29-4117  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: EAST GOOD ENOUGH SPRING tributary to TWO MILE CREEK  
Priority Date: 06/01/1907  
Amount: 0.0150 CFS  
Diversion Point: NWNW Sec 33 T 08S R 37E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 08/31  
Place of Use: NWNW Sec 33 T 08S R 37E  
Diversion Means: HEADBOX

29-4118  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: OLD TOM CREEK tributary to GORDON CREEK  
Priority Date: 06/01/1932  
Amount: 0.0150 CFS  
Diversion Point: SESW Sec 26 T 09S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 07/31  
Place of Use: SESW Sec 26 T 09S R 35E  
Diversion means: DAM

29-4119  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: LEAD DRAW NUMBER 2 SPRING tributary to MINK CREEK, EAST FORK  
Priority Date: 06/01/1903  
Amount: 0.0150 CFS  
Diversion Point: NWSW Sec 15 T 08S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: NWSW Sec 15 T 08S R 35E  
Diversion Means: HEADBOX, PIPE, TROUGH

29-4120  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: LEAD DRAW NUMBER 1 SPRING tributary to MINK CREEK, EAST FORK  
Priority Date: 06/01/1903  
Amount: 0.0150 CFS  
Diversion Point: SWNW Sec 10 T 08S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: SWNW Sec 10 T 08S R 35E  
Diversion Means: HEADBOX, PIPE & TROUGH

29-4121  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: BEACH HOLLOW SPRING tributary to EAST BOB SMITH CREEK  
Priority Date: 06/01/1907  
Amount: 0.0150 CFS  
Diversion Point: NESE Sec 07 T 09S R 38E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 08/31  
Place of Use: NESE Sec 07 T 09S R 38E  
Diversion Means: HEADBOX, PIPE & TROUGH

29-4122  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401

tributary to MINK CREEK  
Priority Date: 06/01/1903  
Amount: 0.0150 CFS  
Diversion Point: SWNW Sec 27 T 08S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: SWNW Sec 22 T 08S R 35E  
Diversion Means: HEADBOX & PIPE

29-4130  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: VALVE HOUSE NUMBER 2 SPRING tributary to MINK CREEK  
Priority Date: 06/01/1903  
Amount: 0.0150 CFS  
Diversion Point: SESW Sec 29 T 08S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: SESW Sec 29 T 08S R 35E  
Diversion Means: HEADBOX, PIPE & TROUGH

29-4131  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: BULL CANYON SPRING tributary to MINK CREEK, SOUTH FORK  
Priority Date: 06/01/1911  
Amount: 0.0150 CFS  
Diversion Point: SWNE Sec 08 T 09S R 35E, BANNOCK Co.  
Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31  
Place of Use: SWNE Sec 08 T 09S R 35E  
Diversion Means: DAM

29-4133  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: SCOUT MOUNTAIN SPRING tributary to MINK CREEK, EAST FORK  
Priority Date: 06/01/1920  
Amount: 0.0150 CFS  
Diversion Point: SWSW Sec 27 T 08S R 35E, BANNOCK Co.  
Use: DOMESTIC (0.0150 CFS) from 05/01 to 10/31  
Place of Use: SWNW NWSW SWSW Sec 27 T 08S R 35E SENE NESE SESE Sec 28 T 08S R 35E  
Diversion Means: HEADBOX & STORAGE TANK

29-4135  
U.S. FOREST SERVICE  
324 25TH STREET, OGDEN, UT 84401  
Source: SCOUT MOUNTAIN SPRING tributary to MINK CREEK, EAST FORK  
Priority Date: 06/01/1920  
Amount: 0.0150 CFS  
Diversion Point: NWNE Sec 33 T 08S R 35E, BANNOCK Co.  
Use: DOMESTIC (0.0150 CFS) from 05/01 to 10/31  
Place of Use: NWNE Sec 33 T 08S R 35E  
Diversion Means: HEADBOX, STORAGE TANK & PIPE

Any exception to any claim of water right may be filed with the Director of the Idaho Department of Water Resources, 1515 Lincoln Road, Idaho Falls, Idaho 83401  
S/C. STEPHEN ALLRED  
Director  
September 27, 1979  
October 4, 1979  
No. 870

on oath deposes and says: That *she* is mentioned a citizen of the United States of 21 years of age, and the Principal Clerk of THE IDAHO STATE JOURNAL, printed and published at County, Idaho, and having a general circulation

it or notice, a true copy of which is attached, was IDAHO STATE JOURNAL, on the following dates,

27, 1979 ..... 19.....  
..... 1979 ..... 19.....  
..... 1979 ..... 19.....  
..... 19..... 19.....  
..... 19..... 19.....  
..... 19..... 19.....

has been continuously and uninterruptedly published for a period of seventy-eight weeks prior to the notice or advertisement and is a newspaper within laws of Idaho.

*Jeri Larsen*  
vorn to before me this 10<sup>th</sup>

1979  
*[Signature]*

Notary Public, State of Idaho  
Residence: Pocatello, Idaho

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S . A T E   O F   I D A H O  
DEPARTMENT OF WATER RESOURCES  
Eastern Region

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1515 Lincoln Road  
Idaho Falls, Idaho 83401  
(208) 523-7186

OCTOBER 15, 1979

U. S. FOREST SERVICE  
325 25TH STREET  
OGDEN

UT 84401

RE: Claim No. 29-4130

Dear Claimant:

The Department of Water Resources has completed the advertising of your claim to a water right, and no further action is authorized under Section 42-243 and 42-244, IDAHO CODE. Your claim will be retained in our files and will be available at any time for use by you or the court.

The filing and advertising of the claim does not confirm the water right claimed, but will serve to record and preserve the information and the evidence which you included in your claim.

If, at a later date, you find that you have additional information or supporting evidence that you would like to have included with the claim, you may have that information or evidence added at any time. Please refer to the claim identification number when corresponding with this office.

We are enclosing a copy of your claim for your records. If you have questions, or if this office may be of further assistance, please feel free to contact us.

Yours truly,

RONALD D. CARLSON  
Eastern Region Supervisor

Enclosure

**MICROFILMED**

October 3, 1979

U. S. Forest Service  
324 25th Street  
Ogden, Utah 84401

Gentlemen:

Re: (25) Claims to Water Rights -  
Challis and Caribou Nat'l Forests

Attached herewith is Departmental receipt No. 13734 in the amount of \$500.00 for the above referenced claims.

Very truly yours,

RONALD D. CARLSON  
Supervisor  
Eastern Region

RDC:dh

Attachment

**MICROFILMED**

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
Eastern Region

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1515 Lincoln Road  
Idaho Falls, Idaho 83401  
(208) 523-7186

SEPTEMBER 21, 1979

Idaho State Journal  
P. O. Box 431  
Pocatello, Idaho 83201

Gentlemen:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. We have allowed ample time for you to submit a galley proof to this office for review before the first publication date. If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billings to this office before OCTOBER 15, 1979.

Yours truly,

RONALD D. CARLSON  
Supervisor  
Eastern Region

Encl.

**MICROFILMED**

29-4130-

U. S. FOREST SERVICE

325 25TH STREET, OGDEN, UT 84401

Source: VALVE HOUSE NUMBER 2 SPRING tributary to MINK CREEK

Priority Date: 06/01/1903

Amount: 0.0150 CFS

Diversion Point: SESW Sec 29 T 08S R 35E, BANNOCK Co.

Use: STOCKWATER (0.0150 CFS) from 06/01 to 10/31

Place of Use: SESW Sec 29 T 08S R 35E

Diversion Means: HEADBOX, PIPE & TROUGH

# NOTICE OF CLAIMS TO WATER RIGHTS

Notice is hereby given that the following claim(s) to water right(s) have been established by diversion and application to beneficial use:

Any exception to any claim of water right may be filed with the Director of the Idaho Department of Water Resources, 1515 Lincoln Road, ~~Boise, Idaho 83702~~ Idaho Falls, Idaho 83401

C. STEPHEN ALLRED

Director

Published &. 9/27 & 10/04/79

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          |                                            |     |                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------|-----|---------------------------------------------------------------------------------|--|
| Standard Form 1034<br>7 GAO 5000<br>1034-113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>                                                                           |          |                                            |     | VOUCHER NO.                                                                     |  |
| U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION<br><br>U. S. Department of Agriculture<br>Forest Service<br>324 25th Street<br>Ogden, Utah 84401                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                                                                                                |          | DATE VOUCHER PREPARED<br>September 6, 1979 |     | SCHEDULE NO.                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          | CONTRACT NUMBER AND DATE                   |     |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          | REQUISITION NUMBER AND DATE                |     |                                                                                 |  |
| <b>PAYEE'S NAME AND ADDRESS</b><br><br>Mr. C. Stephen Allred<br>State Engineer<br>Idaho Department of Water Resources<br>Statehouse<br>Boise, Idaho 83720                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                |          | <b>PAID BY</b>                             |     | DATE INVOICE RECEIVED                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          |                                            |     | DISCOUNT TERMS                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          |                                            |     | PAYEE'S ACCOUNT NUMBER                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          |                                            |     | GOVERNMENT B/L NUMBER                                                           |  |
| SHIPPED FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | TO                                                                                                                                             |          | WEIGHT                                     |     |                                                                                 |  |
| NUMBER AND DATE OF ORDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE OF DELIVERY OR SERVICE                    | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUANTITY | UNIT PRICE                                 |     | AMOUNT<br>(1)                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          | COST                                       | PER |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9/6/79                                         | Filing fees for 24 Claims on the Caribou N.F. and one Permit on the Challis N.F.                                                               | 25       | \$20                                       | ea. | \$500.00                                                                        |  |
| I certify that the above bill is correct and just and that payment therefor has not been received.<br>Date <u>Sept 14</u> Payee <u>C. Stephen Allred, State Engr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                                                                                                                                |          |                                            |     |                                                                                 |  |
| (Use continuation sheet(s) if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                                                                                                |          | (Payee must NOT use the space below)       |     | TOTAL \$500.00                                                                  |  |
| <b>PAYMENT:</b><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> PROGRESS<br><input type="checkbox"/> ADVANCE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | APPROVED FOR<br>BY: _____<br>TITLE _____                                                                                                       |          | EXCHANGE RATE<br>= \$1.00                  |     | DIFFERENCES<br>_____<br>Amount verified; correct for<br>(Signature or initials) |  |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.<br>_____<br>(Date) (Authorized Certifying Officer) <sup>2</sup> (Title)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                |          |                                            |     |                                                                                 |  |
| ACCOUNTING CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                                                |          |                                            |     |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                                                                |          |                                            |     |                                                                                 |  |
| PAID BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CHECK NUMBER ON TREASURER OF THE UNITED STATES |                                                                                                                                                |          | CHECK NUMBER ON (Name of bank)             |     |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CASH DATE                                      |                                                                                                                                                |          | PAYEE <sup>3</sup>                         |     |                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                             |                                                                                                                                                |          |                                            |     |                                                                                 |  |
| <sup>1</sup> When stated in foreign currency, insert name of currency.<br><sup>2</sup> If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.<br><sup>3</sup> When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be. |                                                |                                                                                                                                                |          |                                            |     | PER<br><br>TITLE                                                                |  |

State of Idaho  
Department of Water Resources

CLAIM ANALYSIS SHEET

INITIAL REVIEW BY: RP

Right Number 29 4130 Applicant U.S. F.S.

NOTE: IF ANY OF THE ITEMS BELOW ARE MISSING, THE CLAIM IS INCOMPLETE AND MUST BE RETURNED IMMEDIATELY TO THE CLAIMANT ALONG WITH THE APPROPRIATE COVER LETTER.

CHECK:

- ☒ Name and address.
- ☒ Date of priority. (Check for a date past the mandatory filing dates.) (One date only.)
- ☒ Source.
- ☒ Quantity, use, period.
- ☒ Point(s) of diversion.
- ☒ Location of use.
- ☒ Signature/notarization/fee.

FINAL REGIONAL PROCESSING REVIEW:

- ☒ Affidavit of publication received.
- ☒ Claim published correctly.
- ☐ Exceptions processed.

By Ernest Carlson Date 10/18/79

STATE OFFICE PROCESSING:

- ☒ Claim review complete.

By Juni Date 10/26/79

APPROVED