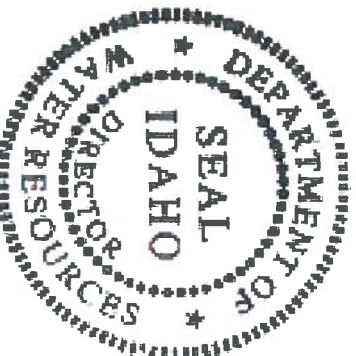


*State of Idaho
Department of Water Resources*

Certificate of Appointment

This is to certify that I have on this day appointed M Todd Perkes *as*
 Watermaster *of* Water District 34 *for*
 the 2014 Irrigation Season *or until his successor is*
 appointed and qualified under the provisions of Sections 42-605
Idaho Code, at such rate of compensation as established by applicable law.



*This certificate has been issued and the seal of the
Director fixed at Boise, Idaho, this* 17th *day of* March *, 2014.*

Bry Spectman
Director - IDWR



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 17, 2014

M Todd Perkes
PO Box 53
Mackay ID 83251

RE: WATER DISTRICT #34

Dear Watermaster:

Your CERTIFICATE OF APPOINTMENT is enclosed herewith. You will, therefore, take charge of the waters of such district and distribute the same in accordance with the law and the decrees of the courts to the various users in such district in accordance with the terms and conditions of their respective rights, and perform such other duties as may be required by the Department of Water Resources, under the laws of the State of Idaho. You are hereby requested to assume your duties at once and continue thereat until the necessity therefore shall cease.

Please feel free to call upon this office whenever we can be of assistance to you. We have a personal interest in the success of your year's work and desire to keep in as close touch with you as conditions will permit.

Respectfully submitted,

A handwritten signature in black ink that reads "Dennis M. Dunn". The signature is written in a cursive style with a large, looped 'D' at the beginning.

Dennis Dunn
Senior Water Rights Agent

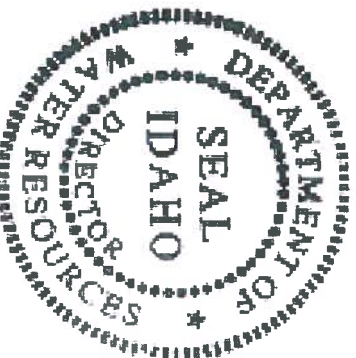
Enclosure

DD:sc

State of Idaho
Department of Water Resources

Certificate of Appointment

This is to certify that I have on this day appointed _____ *as*
Secretary _____ *of* _____ *Water District 34* *for*
the 2014 Irrigation Season _____ *or until his successor is*
appointed and qualified under the provisions of Sections _____ *42-605* _____,
Idaho Code, at such rate of compensation as established by applicable law.



This certificate has been issued and the seal of the
Director fixed at Boise, Idaho, this _____ *17th* _____
day of _____ *March* _____, *2014.*

Ray Spackman

Director - IDWR



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718

Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 17, 2014

Cindy Smyer
PO Box 53
Mackay ID 83251

RE: WATER DISTRICT #34

Dear Watermaster:

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Please feel free to call upon this office whenever we can be of assistance to you. We have a personal interest in the success of your year's work and desire to keep in as close touch with you as conditions will permit.

Respectfully submitted,

A handwritten signature in black ink that reads "Dennis M. Dunn". The signature is written in a cursive, flowing style.

Dennis Dunn
Senior Water Rights Agent

Enclosure

DD:sc