

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
MAR 29 2023
Department of Water Resources
Eastern Region

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, [see #7](#) of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
32-4058	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Lewis and Louise Newman, L2 LTD Partnership, L3 LTD Partnership
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): L2 LTD Partnership and L3 LTD Partnership
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 2990 N 800 E Montevieu ID 83435
Mailing address City State Zip
- 208 681 2536 _____
Telephone Email
4. If the water rights and/or adjudication claims were split, how did the division occur?
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: _____.
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
☐ If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
7. This form must be signed and submitted with the following **REQUIRED** items:
☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☐ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☐ Filing fee (see instructions for further explanation):
☐ \$25 per *undivided* water right.
☐ \$100 per *split* water right.
☐ No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: [Signature] Partner 3-29-23
Signature of new owner/claimant Title, if applicable Date

Print name

Signature: _____
Signature of new owner/claimant Title, if applicable Date

Print name

For IDWR Office Use Only: No fee required.

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐

Name on W-9 _____ Approved by B Processed by JB Date 3/30/2023

MAR 30 2023

IDAHO DEPARTMENT OF WATER RESOURCES

WATER RIGHT REPORT

3/29/2023

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report

WATER RIGHT NO. 32-4058

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	LEWIS LA VAR NEWMAN
Current Owner	LOUISE J NEWMAN 2943 N 800 E MONTEVIEW, ID 83435-5069 2086572366
Current Owner	L2 LTD PARTNERSHIP 2990 N 800 E MONTEVIEW, ID 83435-5068 2086572366
Current Owner	L3 LTD PARTNERSHIP C/O LANE NEWMAN 2943 N 800 E MONTEVIEW, ID 83435 (208) 657-2252

Priority Date: 07/01/1953

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Volume</u>
STOCKWATER	1/01	12/31	0.16 CFS	
DOMESTIC	1/01	12/31	0.08 CFS	
Total Diversion			0.16 CFS	

Location of Point(s) of Diversion:

GROUND WATER|SWNW|Sec. 11|Township 08N|Range 32E|JEFFERSON County

SCANNED

MAR 30 2023

Place(s) of use:

Place of Use Legal Description: STOCKWATER JEFFERSON County

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>
08N	32E	11		SWNW										

Place of Use Legal Description: DOMESTIC JEFFERSON County

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>
08N	32E	11		SWNW										

Conditions of Approval:

1. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.
2. STOCKWATER, 2800 CATTLE.

Dates:

Licensed Date:

Decreed Date: 10/27/2000

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

Water Supply Bank Enrollment Date Accepted:

Water Supply Bank Enrollment Date Removed:

Application Received Date:

Protest Deadline Date:

Number of Protests: 0

Other Information:

State or Federal: S

Owner Name Connector: AND

Water District Number: 110

Generic Max Rate per Acre:

Generic Max Volume per Acre:

Civil Case Number:

Old Case Number:

Decree Plaintiff:

Decree Defendant:

Swan Falls Trust or Nontrust:

SCANNED

MAR 30 2023

Swan Falls Dismissed:

DLE Act Number:

Cary Act Number:

Mitigation Plan: False

SCANNED

MAR 30 2023

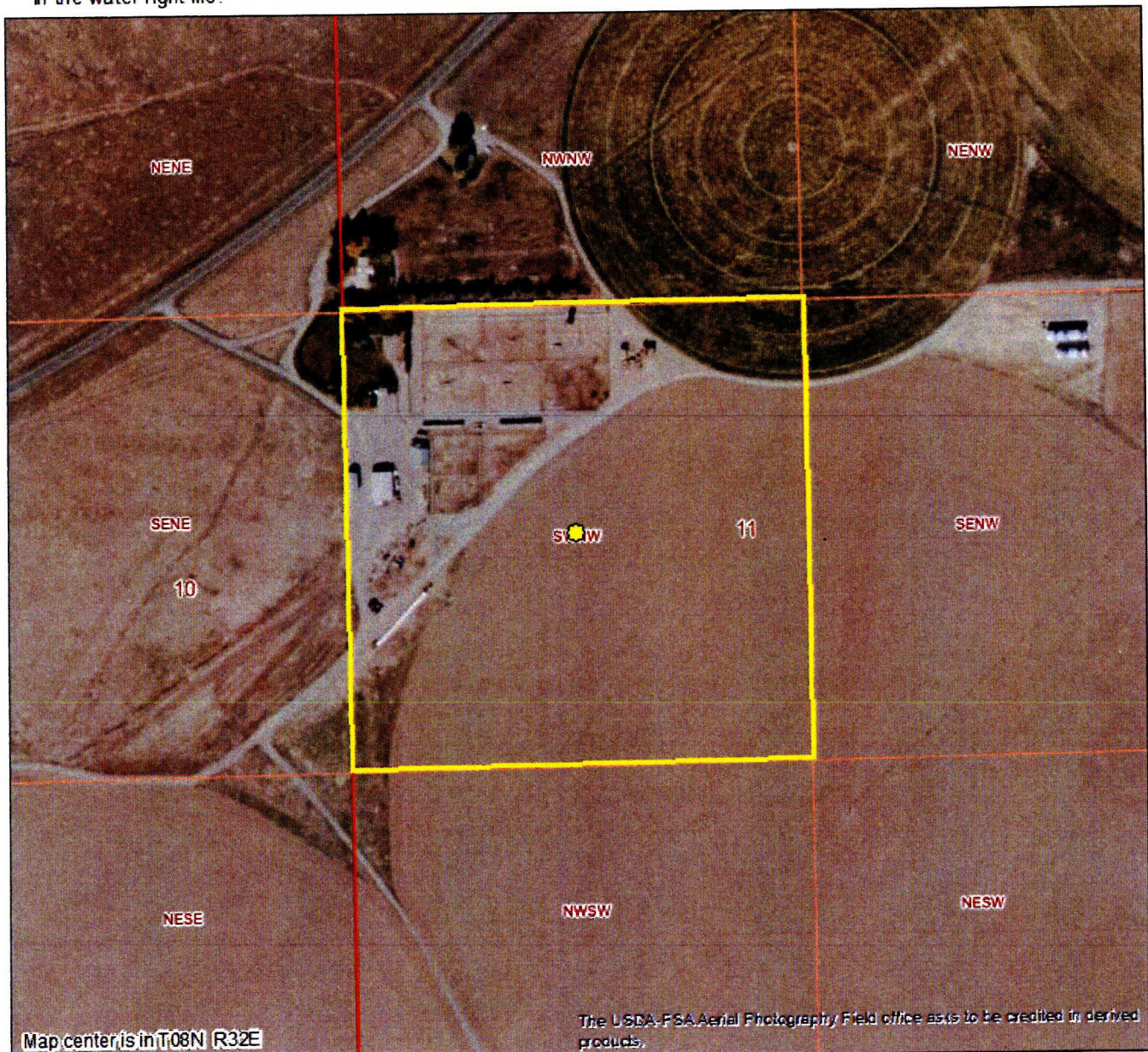
State of Idaho
Department of Water Resources

Water Right

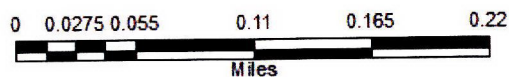
32-4058

STOCKWATER

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



Date created: 3/29/2023



Legend

- Point of Diversion
- Place of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters



SCANNED

MAR 30 2023

STATE OF IDAHO

CERTIFICATION OF VITAL RECORDS

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §29-24 (a) AND §29-274, IDAHO CODE.

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) LEWIS LAVAR NEWMAN				2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]					
	4a. AGE-Last Birthday 88 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 03/03/1932		6. BIRTHPLACE (City and State, Territory, or Foreign Country) REXBURG, IDAHO				
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO				7b. COUNTY JEFFERSON		7c. CITY OR TOWN MONTEVIEW						
	7d. STREET AND NUMBER 2941 NORTH 800 EAST				7e. APT. NO. _____		7f. ZIP CODE 83435		7g. INSIDE CITY LIMITS? ☒ Yes ☐ No				
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown										9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) ELLEN LOUISE JOHNSON			
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No										11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN OSCAR NEWMAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY ELLEN BIRD										12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH			
13a. INFORMANT'S NAME (Type or print) LANE NEWMAN										13b. RELATIONSHIP TO DECEDENT SON		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 78 EAST HWY 22 MONTEVIEW, ID 83435	
14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____										15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) WEST JEFFERSON MEMORIAL PARK TERRETON, IDAHO 83450		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN K. BODILY										17b. LICENSE NUMBER (of licensee) M0757		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long-term care facility ☐ Decedent's home ☐ Other (Specify) _____										19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____			
20. FACILITY NAME (if not facility, give street and number) 2941 NORTH 800 EAST										21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MONTEVIEW, ID 83435		22. COUNTY OF DEATH JEFFERSON	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 23, 2020										24. TIME OF DEATH (24hr) 16:56		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 23, 2020	
26. TIME PRONOUNCED DEAD (24hr) 16:56													
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. END STAGE RENAL FAILURE DUE TO (or as a consequence of): _____ b. TYPE 2 DIABETES DUE TO (or as a consequence of): _____ c. _____ DUE TO (or as a consequence of): _____ d. _____										Approximate Time Interval: Onset to Death MONTHS YEARS			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPERTENSION										28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown										30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____										33. TIME OF INJURY (24hr) _____		34. PLACE OF INJURY: (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____	
35. INJURY AT WORK? ☐ Yes ☒ No													
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____													
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. _____													
TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____										38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☒ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID R. LILJENQUIST, M.D.										39b. LICENSE NUMBER M-09285		39c. DATE SIGNED 8 / 25 / 2020 MM DD YYYY	
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID R. LILJENQUIST, 3910 WASHINGTON PARKWAY IDAHO FALLS, ID 83404													
40a. REGISTRAR'S SIGNATURE James B. Galt										40b. DATE SIGNED 8 / 31 / 2020 MM DD YYYY			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: September 1, 2020

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE
STATE REGISTRAR

MAR 8 2021



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §26-2414 AND §26-224, IDAHO CODE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's (if any) (First, Middle, Last, Suffix)) LOUISE NEWMAN AKA ELLEN LOUISE NEWMAN				2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 85 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		4c. UNDER 1 DAY Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) 02/04/1937	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) IDAHO FALLS, IDAHO							
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO				7b. COUNTY JEFFERSON		7c. CITY OR TOWN RIGBY	
PARENTS	7d. STREET AND NUMBER 2943 NORTH 800 EAST				7e. APT. NO.		7f. ZIP CODE 83442	
	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No							
	8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown				9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No				11a. FATHER'S NAME (First, Middle, Last, Suffix) GLENN HOWARD JOHNSON			
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO				12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELLEN SOPHIA SCOTT			
	12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO							
	13a. INFORMANT'S NAME (Type or print) LAURA SMITH				13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3506 JILL STREET IDAHO FALLS, ID 83401	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)				15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) WEST JEFFERSON MEMORIAL		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402	
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN K. BODILY				17b. LICENSE NUMBER (Of licensee) M0757		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☒ Other (Specify) PRIVATE CARE FACILITY				20. FACILITY NAME (If not facility, give street and number) 3938 EAST 800 NORTH			
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE RIGBY, ID 83442				22. COUNTY OF DEATH JEFFERSON			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 10, 2022				24. TIME OF DEATH (24hr) 03:48		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 10, 2022	
PLACE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 03:48				27. CAUSE OF DEATH			
	PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition) → a. ALZHEIMER'S DISEASE DUE TO (or as a consequence of):				Approximate Time Interval: Onset to Death YEARS			
	b. DUE TO (or as a consequence of):							
	c. DUE TO (or as a consequence of):							
DATE OF DEATH	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown				30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant (43 days to 1 year before death) ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year			
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined				32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☒ No			
	36. LOCATION OF INJURY: State: City/Town or County: Zip Code: Street and Number or Location: Apartment Number:				37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☒ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID R. LILJENQUIST, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID R. LILJENQUIST, 3910 WASHINGTON PARKWAY IDAHO FALLS, ID 83404			
CAUSE OF DEATH	39b. LICENSE NUMBER M-09285				39c. DATE SIGNED 6 / 13 / 2022 MM DD YYYY			
	40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE				40b. DATE SIGNED 6 / 13 / 2022 MM DD YYYY			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **June 14, 2022**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

March 30, 2023

L2 LTD PARTNERSHIP
2990 N 800 E
MONTEVIEW ID 83435-5068

L3 LTD PARTNERSHIP
C/O LANE NEWMAN
2943 N 800 E
MONTEVIEW ID 83435

Re: Change in Ownership for Water Right No(s): 32-4058

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 110
JEFFERSON CLARK GROUND WATER DISTRICT

SCANNED

MAR 30 2023