

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

✓ RECEIVED

SEP 20 2024

DEPT. OF WATER RESOURCES  
SOUTHERN 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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 37-11675              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Timothy D. Semones and Susan C. Desko  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): CSCBAC, LLC, an Idaho limited liability company  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 1581 Sage Canyon Road Saint Helena CA 94574  
Mailing address City State Zip  
(707) 486-0993 / (707) 287-5050 cyril@chappellet.com / bachappellet@gmail.com  
Telephone E-mail
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: 9/13/24
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: Cyril Chappellet Member 9/16/2024  
Signature of new owner/claimant Title, if applicable Date  
Cyril Chappellet  
Print name
- Signature: Blakesley Chappellet Member 9/16/2024  
Signature of new owner/claimant Title, if applicable Date  
Blakesley Chappellet  
Print name

Received by: SC Date: 9/20/2024 For IDWR Office Use Only: Receipt No: 5040368 Receipt Amt: \$25  
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: \_\_\_\_\_ Processed by: KA Date: 10-18-2024



**PioneerTitleCo.**  
GOING BEYOND

491 N. Main Street, Suite 102  
Ketchum, ID 83340

**ELECTRONICALLY RECORDED-DO NOT  
REMOVE THE COUNTY STAMPED FIRST  
PAGE AS IT IS NOW INCORPORATED AS  
PART OF THE ORIGINAL DOCUMENT**

File No. 861058 /TG

**Instrument # 708228**

HAILEY, BLAINE, IDAHO  
09-16-2024 4:55:10 PM No. of Pages: 2  
Recorded for: PIONEER TITLE CANYON - CALDWELL  
STEPHEN MCDUGALL GRAHAM Fee: \$15.00  
Ex-Officio Recorder Deputy: MG  
Electronically Recorded by Simplifile

## WARRANTY DEED

For Value Received Timothy D. Semones and Susan C. Desko, husband and wife  
hereinafter referred to as Grantor, does hereby grant, bargain, sell, warrant and convey unto

CSCBAC, LLC, an Idaho limited liability company

hereinafter referred to as Grantee, whose current address is 1581 Sage Canyon Road Saint Helena, CA  
94574

The following described premises, to-wit:

See Exhibit A attached hereto and made a part hereof.

To HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), and  
Grantees(s) heirs and assigns forever. And the said Grantor(s) does (do) hereby covenant to and with the  
said Grantee(s), that the Grantor(s) is/are the owner(s) in fee simple of said premises; that said premises  
are free from all encumbrances EXCEPT those to which this conveyance is expressly made subject and  
those made, suffered or done by the Grantee(s); and subject to U.S. Patent reservations, restrictions,  
dedications, easements, rights of way and agreements, (if any) of record, and current years taxes, levies,  
and assessments, includes irrigation and utility assessments, (if any) which are not yet due and payable,  
and that Grantor(s) will warrant and defend the same from all lawful claims whatsoever.

Dated: 9-13-24

Timothy D. Semones

Susan C. Desko

State of Idaho, County of Blaine

This record was acknowledged before me on 9/17/24 by Timothy D. Semones and  
Susan C. Desko.

Hayden  
Signature of notary public

Commission Expires: 1/5/30

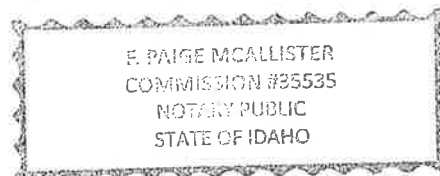


EXHIBIT A

TOWNSHIP 4 NORTH, RANGE 18 EAST, of the BOISE MERIDIAN, BLAINE COUNTY, STATE OF IDAHO

SECTION 32: Commencing at the Southwest corner of said Section 32 and said corner being the POINT OF BEGINNING; thence

North  $0^{\circ}14'10''$  East, 245.00 feet; thence

South  $88^{\circ}54'08''$  East, 401.80 feet; thence

28.00 feet along a curve to the right with a central angle of  $2^{\circ}09'53''$ , a radius of 741.07 feet and a tangent of 14.00 feet bearing South  $20^{\circ}34'07''$  West; thence

South  $22^{\circ}44'00''$  West, 152.00 feet; thence

78.99 feet along a curve to the left with a central angle of  $5^{\circ}39'44''$ , a radius of 799.31 feet and a tangent of 39.53 feet; thence

North  $89^{\circ}24'55''$  West, 306.83 feet to the POINT OF BEGINNING. (Tax Lot 4229)

## Blaine County GIS



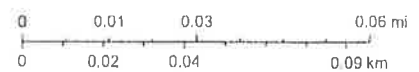
8/29/2024, 11:59:51 AM



Parcels

## Roads

1:1,294



Blaine County GIS



0005894817



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005894817

Date Filed: 9/9/2024 1:38:53 PM

B0946-5268 09/09/2024 1:40 PM Received by Office of the Idaho Secretary of State

| Certificate of Organization Limited Liability Company                                                                                                                                                                                                     |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------------------|---------------------------------------|----------------------|---------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) Expedited (+\$40; filing fee \$140)                                                                                                                                          |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| 1. Limited Liability Company Name                                                                                                                                                                                                                         |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| Type of Limited Liability Company                                                                                                                                                                                                                         | Limited Liability Company                                                                                                                                            |      |         |                  |                                       |                      |                                       |
| Entity name                                                                                                                                                                                                                                               | CSCBAC, LLC                                                                                                                                                          |      |         |                  |                                       |                      |                                       |
| 2. The complete street address of the principal office is:                                                                                                                                                                                                |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| Principal Office Address                                                                                                                                                                                                                                  | BLAKESLEY CHAPPELLET<br>105 MADISON AVENUE<br>HAILEY, ID 83333                                                                                                       |      |         |                  |                                       |                      |                                       |
| 3. The mailing address of the principal office is:                                                                                                                                                                                                        |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| Mailing Address                                                                                                                                                                                                                                           | PO BOX 14001 PMB 110<br>KETCHUM, ID 83340-4991                                                                                                                       |      |         |                  |                                       |                      |                                       |
| 4. Registered Agent Name and Address                                                                                                                                                                                                                      |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| Registered Agent                                                                                                                                                                                                                                          | Registered Agent<br>Brian Barsotti<br>Physical Address:<br>215 PICABO ST<br>STE 304<br>KETCHUM, ID 83340<br>Mailing Address:<br>PO BOX 370<br>KETCHUM, ID 83340-0361 |      |         |                  |                                       |                      |                                       |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                                                                                              |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| 5. Governors                                                                                                                                                                                                                                              |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| <table><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Cyril Chappellet</td><td>PO BOX 14001-110<br/>KETCHUM, ID 83340</td></tr><tr><td>Blakesley Chappellet</td><td>PO BOX 14001-110<br/>KETCHUM, ID 83340</td></tr></tbody></table> |                                                                                                                                                                      | Name | Address | Cyril Chappellet | PO BOX 14001-110<br>KETCHUM, ID 83340 | Blakesley Chappellet | PO BOX 14001-110<br>KETCHUM, ID 83340 |
| Name                                                                                                                                                                                                                                                      | Address                                                                                                                                                              |      |         |                  |                                       |                      |                                       |
| Cyril Chappellet                                                                                                                                                                                                                                          | PO BOX 14001-110<br>KETCHUM, ID 83340                                                                                                                                |      |         |                  |                                       |                      |                                       |
| Blakesley Chappellet                                                                                                                                                                                                                                      | PO BOX 14001-110<br>KETCHUM, ID 83340                                                                                                                                |      |         |                  |                                       |                      |                                       |
| Signature of Organizer:                                                                                                                                                                                                                                   |                                                                                                                                                                      |      |         |                  |                                       |                      |                                       |
| <u>Brian Barsotti</u>                                                                                                                                                                                                                                     | <u>09/09/2024</u>                                                                                                                                                    |      |         |                  |                                       |                      |                                       |
| Sign Here                                                                                                                                                                                                                                                 | Date                                                                                                                                                                 |      |         |                  |                                       |                      |                                       |



IDAHO DEPARTMENT OF  
**WATER RESOURCES**

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: [southerninfo@idwr.idaho.gov](mailto:southerninfo@idwr.idaho.gov) • Web: [idwr.idaho.gov](http://idwr.idaho.gov)

**Governor Brad Little**

**Director Mathew Weaver**

October 18, 2024

CSCBAC LLC  
1581 SAGE CANYON RD  
SAINT HELENA CA 94574-9628

Re: Change in Ownership for Water Right No(s): 37-11675

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right 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) 293-9916.

Sincerely,

Kent Aasa  
Water Resource Agent, Senior

Enclosure(s)

C: Pioneer Title Company Ketchum File No. 861058 /TG