

RECEIVED

MAY 08 2023

DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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?
47-13957	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-7663K	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Eagle Financial LLC

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): SBMD Properties LLC

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

PO Box 268

Heber

CA

92249

Mailing address

City

State

Zip

steve@vegpacker.com

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: May 4, 2023
6. Do you own the land identified as the water right place of use? Yes ☐ No ☐
- o 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):
- o \$25 per *undivided* water right.
- o \$100 per *split* water right.
- o 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]

Signature of new owner/claimant

Print name Stephen M. Scaroni

Manager

5/4/2023

Title, if applicable

Date

Signature: _____

Signature of new owner/claimant

Print name _____

Title, if applicable

Date

Received by SG Date 5/8/2023

Receipt No. 5039764

Receipt Amt. \$50.00

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 BW

Date 6/2/23

SCANNED

JUL 03 2023

TWIN FALLS COUNTY
RECORDED FOR:
TITLEONE BOISE
01:26:28 PM 05-05-2023
2023005332
NO. PAGES 3 FEE: \$15.00
KRISTINA GLASCOCK
COUNTY CLERK
DEPUTY: AP
Electronically Recorded by Simplifile



Order Number: 23476369

Warranty Deed

For value received,

Eagle Financial, LLC, an Idaho limited liability company

the grantor, does hereby grant, bargain, sell, and convey unto

SBMD Properties, LLC, a California limited liability company,

whose current address is P.O. Box 268 Heber, CA 92249

the grantee, the following described premises, in Twin Falls County, Idaho, to wit:

See Exhibit A, attached hereto and incorporated herein.

To have and to hold the said premises, with their appurtenances unto the said Grantee, its heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that Grantor is the owner in fee simple of said premises; that they are free from all encumbrances except those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee; and subject to all existing patent reservations, easements, right(s) of way, protective covenants, zoning ordinances, and applicable building codes, laws and regulations, general taxes and assessments, including irrigation and utility assessments (if any) for the current year, which are not due and payable, and that Grantor will warrant and defend the same from all lawful claims whatsoever. Whenever the context so requires, the singular number includes the plural.

Remainder of page intentionally left blank.

Order Number: 23476369

Warranty Deed - Page 1 of 3

SCANNED
JUL 03 2023

Dated: May 4, 2023

Eagle Financial, LLC

By: The Chris Jones Trust, Member

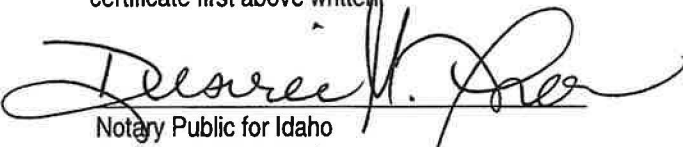
By: _____

Christopher Jones, Co-Trustee

State of Idaho, County of Twin Falls, ss.

On this 4th day of May, 2023, before me, the undersigned, a Notary Public in and for said State, personally appeared ~~Chris Jones~~ ^{Christopher Jones}, known or identified to me to be a Co-Trustee of the limited liability company that executed the within instrument and acknowledged to me that he executed the same for and on behalf of said limited liability company and that such limited liability company executed it.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written


Notary Public for Idaho
Residing In: Twin Falls
My Commission Expires: 1/18/2029



*Christopher Jones

EXHIBIT A
LEGAL DESCRIPTION OF THE PREMISES

Being a portion of Government Lot 4 and a portion of the Southwest quarter of the Northwest quarter of Section 1, Township 10 South, Range 15 East, Boise Meridian, Twin Falls County, Idaho, more particularly described as follows:

Commencing at the Northwest corner of said Section 1, said corner lies North 00°10'55" West 2872.83 feet from the West Quarter corner of said Section 1; thence, along the West Boundary of said Lot 4, South 00°10'55" East 455.46 feet to the REAL POINT OF BEGINNING; thence, leaving said West Boundary,

North 89°49'13" East 26.70 feet; thence

South 58°19'59" East 120.25 feet; thence

South 25°07'08" East 332.20 feet; thence

South 37°25'37" East 122.79 feet; thence

South 40°22'29" East 525.33 feet; thence

South 36°10'14" East 33.50 feet; thence

South 29°16'15" East 33.72 feet; thence

South 02°24'59" West 23.54 feet; thence

South 02°25'20" East 31.25 feet; thence

South 16°09'26" West 35.31 feet; thence

South 53°55'49" West 146.65 feet to a point on the North Boundary of said Southwest quarter of the Northwest quarter of Section 1; thence, along said North Boundary,

North 89°57'13" East 71.07 feet; thence leaving said North Boundary,

South 37°53'00" West 283.77 feet; thence

North 76°24'45" West 51.21 feet to the centerline of a ditch; thence, along said centerline,

South 63°41'00" West 106.48 feet; thence continuing along said centerline,

South 63°27'50" West 135.66 feet; thence, continuing along said centerline,

South 63°14'13" West 107.41 feet; thence, continuing along said centerline,

South 65°01'30" West 135.38 feet to a point on the West Boundary of said Southwest quarter of the Northwest quarter of Section 1; thence, along the West Boundary of said Southwest quarter of the Northwest quarter and Lot 4 of Section 1,

North 00°10'55" West 1518.27 feet to said REAL POINT OF BEGINNING.



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

22-B76859

FILED

In the office of the Secretary of State
of the State of California

MAR 22, 2022

IMPORTANT — This form can be filed online at
bizfile.sos.ca.gov.

Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

This Space For Office Use Only

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, see instructions.)

SBMD PROPERTIES, LLC

2. 12-Digit Secretary of State Entity Number

200406610154

3. State, Foreign Country or Place of Organization (only
if formed outside of California)

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
b. Mailing Address of LLC, if different than item 4a P.O. Box 1547	City (no abbreviations) Heber	State CA	Zip Code 92249
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b Stephen	Middle Name M.	Last Name Scaroni	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Effie	Middle Name F.	Last Name Anastassiou	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 242 Capitol Street	City (no abbreviations) Salinas	State CA	Zip Code 93901

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Limited Liability Company
Real estate investments.

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. Labor Judgment

Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?	☐ Yes ☒ No
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10. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

03/22/2022

Date

Stephen M. Scaroni

Type or Print Name

Manager

Title

Signature



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

22-B76859

A. Limited Liability Company Name

SBMD PROPERTIES, LLC

This Space For Office Use Only

B. 12-Digit Secretary of State File Number

200406610154

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Brenda	Middle Name S.	Last Name Scaroni	Suffix
Entity Name			
Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
First Name Matthew	Middle Name S.	Last Name Scaroni	Suffix
Entity Name			
Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
First Name David	Middle Name W.	Last Name Scaroni	Suffix
Entity Name			
Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
First Name	Middle Name	Last Name	Suffix
Entity Name Stephen M. Scaroni and Brenda S. Scaroni, Co-Trustees of the Scaroni Family Trust dated June 12, 1983			
Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
First Name	Middle Name	Last Name	Suffix
Entity Name Linda S. Rossi, Trustee of the Scaroni 1996 Withdrawal Demand Trust Dated November 30, 1996			
Address 101 E Main Street	City (no abbreviations) Heber	State CA	Zip Code 92249
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code



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 • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

June 06, 2023

SBMD PROPERTIES LLC
PO BOX 268
HEBER CA 92249-0268

Re: Change in Ownership for Water Right No(s): 47-7663K, and 47-13957

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 that one additional water right also appears to be appurtenant to this property. The water right number is: 47-7092. I have enclosed a computer-generated report for this water right. In order to change the ownership of this right into your name, please submit a Notice of Change in Water Right Ownership form (enclosed) along with the \$25.00 filing fee to our office.

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) 736-3033.

Sincerely,

Benny Walker
Senior Water Resource Agent,

Enclosure(s)

C: TitleOne, Twin Falls: File 23476369