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Rev. 04/2022

OCT 05 2026

Filing Fee: \$25.00

DEPT. OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NOTICE OF PROTEST

This form may be used to file a protest under Sections 42-203A, 42-203C, 42-211, 42-222 or 42-240, Idaho Code. The Department will also accept a timely protest completed in a different format if it contains the same information requested on this form. Each protestant must provide a separate \$25 filing fee for each application protested. The Department's Rules of Procedure (IDAPA 37.01.01) require the protestant to **send a copy of the protest to the applicant.**

- Matter protested. Application for ☐ Permit ☐ Amendment of Permit ☒ Transfer ☐ Exchange
No. 90668 in the name of Kim Thornton Alliance Land & Livestock
- Protestant's Name: Kim Thornton
Address: 285 N. 1st E. Malta, Idaho 83342
Telephone: 208-431-2284 Email: _____
- Protestant's Representative: _____
Address: _____
Telephone: _____ Email: _____
- Basis of protest. Clearly state your objections to approval of the application and identify the applicable review criteria. See Instructions for Filing a Notice of Protest for the relevant review criteria.
with the water so low I don't think its a good time to change. It will take so much longer for people to get there water. Would like to know more of there plan.

(Additional pages may be attached to describe the basis of your protest.)

Identify any review criteria that are not a basis for your protest:

- ☒ Check here if Protestant and Representative will accept service of documents by email at the email address(es) listed under Item #2 and #3 above.

I acknowledge that if I, or my designated representative, fail to appear at any regularly scheduled conference or hearing in the matter, of which I have been properly notified, the Department may issue a notice of proposed default against me in this matter for failure to appear. **I also verify that I have served a copy of this protest upon the applicant.**

Kim Thornton
Protestant's or Representative's Signature

Kim Thornton
Printed Name and Title (if applicable)

10-5-26
Date

FOR DEPARTMENT USE ONLY

\$25.00 fee received by dmReceipt # 5041233Date 10/5/2026