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Broken River Ranch LLC P. O. Box 360 Arroyo Grande, CA 93421-0360 805.489.5400

DEPARTMENT OF WATER RESOURCES

State of Idaho Department of Water Resources P.O. Box 83720 Boise, ID 83720-0098

Dear Sir,

Please correct the contact person for Broken River Ranch LLC, located at 5650W 4920 N, Mackay Idaho 8321-0360 from Don Talley to Rosemary Talley, Broken River Ranch LLC, P.O. Box 360, Arroyo Grande, CA 93421-0360. My husband Don Talley, passed away on December 2, 2006.

For the upcoming meeting in Arco on March 5, 2007 I would like to designate Morgan Haroldsen to vote for the Broken River Ranch on all issues that come before the meeting including the election of a watermaster and adoption of a budget for Water District 34, Big Lost River.

Sincerely,

Lasemary Talley
Rosemary Talley

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	•
a dan hui Ahana	ss.
County of gun nuis velages	_ J
on Lebruary 21,2007 before me.	Beatriz M. Raminz "Notary Pu Name and Title of Officer (e.g., "Jane Doe, Notary Public") Name(s) of Signer(s) Thersonally known to me
Date Date	Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared <u>Scattifitting</u> / all	Name(s) of Signer(s)
	= percentary mount to me
	proved to me on the basis of satisfactory
	evidence
	to be the person(s) whose name(s) (is)are
BEATRIZ M. RAMIREZ	subscribed to the within instrument and
Commission # 1489970	acknowledged to me that he/she/they executed the same in his/her/their authorized
Notary Public - California	the same in his/her/t hei r authorized capacity(ies), and that by his/he/t hei r
San Luis Obispo County My Comm. Expires Jun 2, 2008	signature(e) on the instrument the person(e), or
Wy Comm. Explication 2, 2000	the entity upon behalf of which the person(s)
	acted, executed the instrument.
	WITNESS my hand and official seal.
	Leating of Damier
	-g
Though the information below is not required by law, it may pro-	FIONAL ————————————————————————————————————
fraudulent removal and reattachm	nent of this form to another document,
Description of Attached Document	
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
-19-14-(4) -11-01 (Mail Mailliod / 1864).	
Capacity(ies) Claimed by Signer	
Signer's Name:	
	RIGHT THUMBPRINT OF SIGNER
□ Individual	Top of thumb here
□ Individual □ Corporate Officer — Title(s):	
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General	
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Attorney-in-Fact	
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Attorney-in-Fact □ Trustee	
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact ☐ Trustee ☐ Guardian or Conservator	
□ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Attorney-in-Fact □ Trustee	
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney-in-Fact ☐ Trustee ☐ Guardian or Conservator	