NOTICE OF INTENT TO APPEAR

Flocchini Es	state, LLC	plans to	participate in	the water right he	aring regarding
(name of party or pa	articipant)				
F	locchini Dr	aft CDO an	d ACL Hea	aring	
_					
		scheduled to 6/1/15	commence		
	*	-,-,			
Observation at the state of the	r				
Check all that appl I/we intend to pr		statement only.			
I/we intend to pa	articipate by cro	ss-examination			
<pre> I/we decline election I/we plan to call</pre>					
				7-1	
NAME	SUBJECT	F PROPOSED	restimony	ESTIMATED LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
Andrew Flocchin	i Issues 1	and 2		30 minutes	no
Paula Whelan	Issues 1	and 2		1 hour	yes
Kurt Kelder	Issues 1	and 2		1 hour	yes

11					
(If more space is red	quired, please a	idd additional p	ages or use	reverse side.)	
Name, Address, Ph	one Number an	d Fax Number	of Attorney of	or Other Represen	tative:
Olamat				2/1	11
Signature:	The same of the sa	N. 6 (1)		Dated:	173
Name (Print): <u>Joh</u>	n A. Holdre	edge, Esq.		-	
Mailing Address: Geary,	Shea, O'Do	nnell, Gra	ttan & M:	itchell, P.C.	
90 South E St					
Jo Boath E Bt.	roce, bure	Jou, Ball	a Roba,		
Phone Number: (70	⁹⁷) 545-1660		Fax Numi	ber: <u>(707)</u> 545-1	876
E-mail: jholdre	dge@gearvla	aw.com			
L IIIaii	3009002110				