NOTICE OF INTENT TO APPEAR

State Water Contractors (name of party or participant)		_ plans to participate ir	the water	right hea	ring regarding
		Cease and Desist Orde Against t Side Irrigation District			
Th	ursday, Novembe	c Hearing will commen er 12, 2015 and continu vember 13 and 16, 201 at 9:00 a.m.	e, if necess	sary,	
'	ent a policy stater cipate by cross-ex	_	•	the Follo	owing Table)
NAME	SUBJECT OF P	ROPOSED TESTIMONY	ESTIM/ LENGT DIRE TESTIM	H OF CT	EXPERT WITNESS (YES/NO)
(If more space is required, please add additional pages or use reverse side.)					
2) Fill in the following Representative:	g information of	the Participant, Party	, Attorney,	or Othe	r
Name (Print): Stefanie Morris					
Mailing Address: <u>1121 L Stre</u>	et, Suite 1050, S	acramento, CA 95814			
Phone Number: <u>530</u>) <u>386-8145</u> Fax Number: <u>(</u>)					
E-mail: <u>smorris@sw</u>	/c.org				
Optional:					
☐ I/we <u>decline</u> electro	nic service of hea	aring-related materials.			
Signature:	mu Morris		Date:	9/24	115