## Enclosure

ILENGTH OF DIRECT TESTIMONY TO BE DIETERM (ALE)  (If more space is required, please add additional pages or use reverse side.)  Name, Address, Phone Number and Fax Number of Attorney or Other Representative:  Signature: Robert C Many About Man Dated: 7/3/14				- 1948 Mar.
Draft Cease and Desist Order and Administrative Civil Liability against Robert Mann (individual and trustee) and Robert C. Mann 1999 Trust  scheduled to commence Tuesday, August 26, 2014 and continuing, if necessary, on Wednesday, August 27, 2014 at 9:00 a.m.  Check all that apply:    I/we intend to present a policy statement only.    I/we intend to participate by cross-examination or rebuttal only.    I/we decline electronic service of hearing-related materials.    I/we plan to call the following witnesses to testify at the hearing.    NAME   SUBJECT OF PROPOSED TESTIMONY   ESTIMATED   EXPER WITNES   (YES/N)     TESTIMONY   FESTIMONY   ESTIMATED   EXPER WITNES   (YES/N)     TESTIMONY   FESTIMONY   ESTIMATED   (YES/N)     TESTIMONY   FESTIMONY   FESTI	0 1		AR	- 2011 - 2011
Draft Cease and Desist Order and Administrative Civil Liability against Robert Mann (individual and trustee) and Robert C. Mann 1999 Trust  scheduled to commence Tuesday, August 26, 2014 and continuing, if necessary, on Wednesday, August 27, 2014 at 9:00 a.m.  Check all that apply:  I/we intend to present a policy statement only.  I/we intend to participate by cross-examination or rebuttal only.  I/we plan to call the following witnesses to testify at the hearing.  NAME  SUBJECT OF PROPOSED TESTIMONY  ESTIMATED  LENGTH OF  DIRECT  TESTIMONY  YES  WITNES  (YES/N)  TO BE DIETERM (NIED)  Same, Address, Phone Number and Fax Number of Attorney or Other Representative:  Signature:  Robert C Mann Maddt Mann_Dated:  7/3/14	Kobert 1	Mann plans to participate in	the water right hea	ring regarding
and Administrative Civil Liability against Robert Mann (individual and trustee) and Robert C. Mann 1999 Trust  scheduled to commence Tuesday, August 26, 2014 and continuing, if necessary, on Wednesday, August 27, 2014 at 9:00 a.m.  Check all that apply:  I/we intend to present a policy statement only.  I/we intend to participate by cross-examination or rebuttal only.  I/we plan to call the following witnesses to testify at the hearing.  NAME  SUBJECT OF PROPOSED TESTIMONY  ESTIMATED  LENGTH OF DIRECT TESTIMONY  70 BE DETERMINIED  For more space is required, please add additional pages or use reverse side.)  Lame, Address, Phone Number and Fax Number of Attorney or Other Representative:  Signature:  Robert C Mann Math Mann Dated: 7/3/14	······································	······································		DAY OF WILL
Tuesday, August 26, 2014 and continuing, if necessary, on Wednesday, August 27, 2014 at 9:00 a.m.  Check all that apply:    I/we intend to present a policy statement only.   I/we intend to participate by cross-examination or rebuttal only.   I/we decline electronic service of hearing-related materials.   I/we plan to call the following witnesses to testify at the hearing.    NAME   SUBJECT OF PROPOSED TESTIMONY   ESTIMATED   LENGTH OF DIRECT   TESTIMONY   TESTIMONY   YES	Robe	and Administrative Civil Liabilit against	y	SA CRAINE st
I/we intend to present a policy statement only.   I/we intend to participate by cross-examination or rebuttal only.   I/we decline electronic service of hearing-related materials.   I/we plan to call the following witnesses to testify at the hearing.   EXPER   I/we plan to call the following witnesses to testify at the hearing.   EXPER   WITNES   LENGTH OF DIRECT   TESTIMONY   GO   YES/NY   TESTIMONY   GO   YES/NY   YES/NY   GO   YES/NY   TESTIMONY   GO   YES/NY   GO   YE	Tue	esday, August 26, 2014 and continuing on Wednesday, August 27, 2		
TO BE DETERM (NED)  LENGTH OF DIRECT TESTIMONY 4 ES  Testimony 4 ES  If more space is required, please add additional pages or use reverse side.)  Itame, Address, Phone Number and Fax Number of Attorney or Other Representative:  Signature: Robert C Many About Man Dated: 7/3/14	<ul><li>I/we intend to position</li><li>I/we intend to position</li><li>I/we decline ele</li></ul>	resent a policy statement only. articipate by cross-examination or rebuttal o ctronic service of hearing-related materials.	-	
f more space is required, please add additional pages or use reverse side.)  Ilame, Address, Phone Number and Fax Number of Attorney or Other Representative:  Signature: Robert C Mann Abott Mann Dated: 7/3/14			LENGTH OF DIRECT TESTIMONY	EXPERT WITNESS (YES/NO)
ignature:Robert C Mann Dettett Man_Dated:7/3/14				
ame, Address, Phone Number and Fax Number of Attorney or Other Representative:	· · · · · · · · · · · · · · · · · · ·			
ame, Address, Phone Number and Fax Number of Attorney or Other Representative:				
ame, Address, Phone Number and Fax Number of Attorney or Other Representative:  Ignature:Robert C Mann Detect:7/3/14				
ame, Address, Phone Number and Fax Number of Attorney or Other Representative: ignature:Robert C Mann Detect:7/3/14				
ame, Address, Phone Number and Fax Number of Attorney or Other Representative:  Ignature:Robert C Mann Detect:7/3/14	MANY.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ame, Address, Phone Number and Fax Number of Attorney or Other Representative:  ignature:Robert C Mann Detect:7/3/14				
ignature: Robert C Mann Abett Man Dated: 7/3/14	f more space is re	quired, please add additional pages or use r	everse side.)	
	ignature: <u>Ro</u>	bert C Many Slotett Man	•	
lame (Print):/Co DOTI	lame (Print):/	Robort C Mann		
Mailing 29876 King Ridge Rd.	lailing ddress: <u>29</u>	876 King Ridge Rd	,	

\_\_\_\_. Fax Number: (\_\_\_)

Phone Number: (202 847 3329

E-mail: bob@bftbinet