IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM
RECEIVED

CIVIL CASE NUMBER: 49576
Claim ID: <u>95 - 17716</u>
Date Received: 10 -29-18
Receipt No: No33861
Claim Fee: \$2599 By:

OCT 29 2018

IDWR/NORTHERN

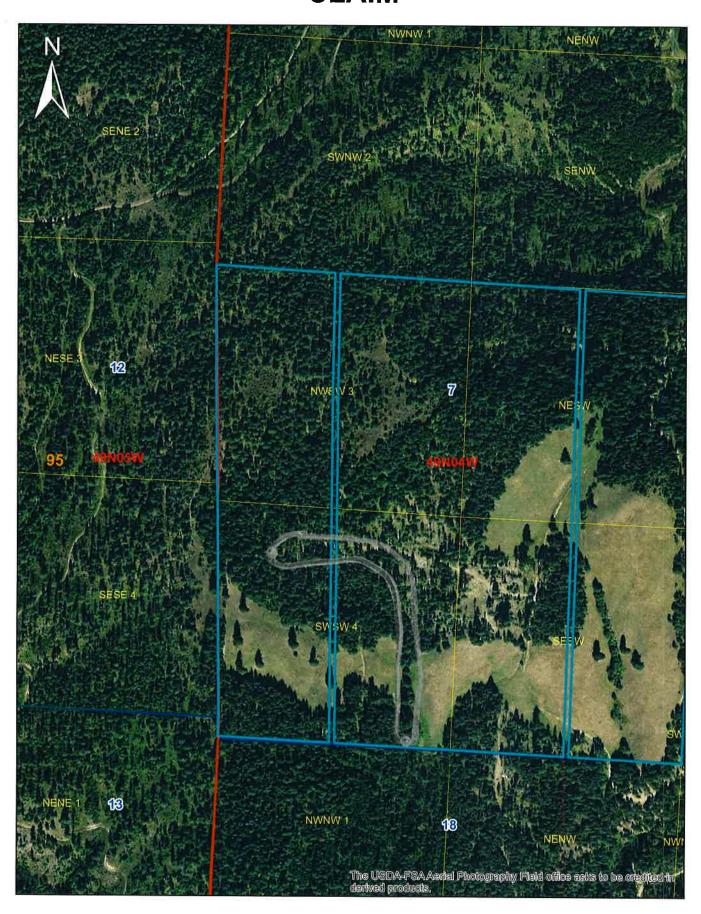
NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clear!	se type or print clea	arlv
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Mailing address 8251 S MUNDT RD COEUR D'ALENE Street or Box City Email address (optional)	Phone (_208_) 660-9744 (cell)
Email address (optional)	ID Zip 83814
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) UNN/ which is tributary to (b) NORTH FORK MICA CREEK 4. a. Location of point of diversion is: Township, Range1/4 of1/4, Govt. Lot, BM, County of Parcel no Additional points of diversion, if any: If available, GPS Coordinates b. If instream flow, beginning point of claimed instream flow is: Township49N, Range04W, Section7 SW Govt. Lot4, BM, County of KOOTENAI Ending point is: Township49N, Range04W, Section7 Govt. Lot4, BM, County of KOOTENAI Description of existing diversion works (dams, reservoirs, ditches, wells, pump including the dates of any changes or enlargements in use, the dimensions of constructed and as enlarged and the depth of each well.	State HOME PHONE: (208)667-6049
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Parcel no	, Section
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PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



14.	Basis of claim (C	heck one) Beneficial Us	e (✓) Posted	Notice () License () Permit()Decree()
	Court	Decree Date _		_ Plaintiff v. Defenda	nt
	If applicable prov	vide IDWR Water Right N	lumber		
15.	you will rece	ive notices in the Coeur	d'Alene-Spoka	ine River Basin Water	understand the form entitled "How r System Adjudication." nonthly copies of the docket sheet.
	Number of attach	nments: 1			
	foregoing docum	ent are true and correct.		er penalty of perjury t	hat the statements contained in the
	Signature of Clai	mant (s)	5 Merdet		Date: <u>/0 /2//8</u>
		10-			Date:
	For Organizatio foregoing docum	ent in the space below a	s the		nat I am, and that I have signed the
	Agent	's title (Please print)	of _	Name of	organization (Please print)
	and that the state	ements contained in the	foregoing docu	ıment are true and co	rrect.
	Signature of Auth	norized Agent			Date
16.	Notice of Appea Notice is hereby attorney at law of director to the cla		t) signing above, ould be mailed	and that all notices re to me at the address	, will be acting as equired by law to be mailed by the listed below.
	Signature				Date
	Address				
Nam	ne of claimant(s) RA	LIFF FAMILY LLC #1			Claim ID

