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IDWR/NORTHERN
Form No. 42-1409-2 (Internet 5/17)

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

CIVIL CASE NUMBER: 49576
Claim ID: 95-17749
Date Received: 1-23-2019
Receipt No: ND34008
Claim Fee: \$25.00 By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

- Name of claimant(s) STANFORD LLC Phone (509) 622-3538
Mailing address 801 W RIVERSIDE SUITE 300 SPOKANE WA Zip 99201
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 12/31/1977 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 48N, Range 04W, Section 16,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM, County of KOOTENAI;
Parcel no. 48N04W163960
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs () or AFY ()
- Non-Irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR ONE HOME

9. Location of place of use is: Township 48N, Range 04W, Section 16,
SW 1/4 of NW 1/4, Govt. Lot 2 BM, Parcel no. SAME
If different than shown in Item 4

for (check one) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes () No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ()

13. Remarks (include an explanation of the priority date selected);
TAX PARCEL YEAR BUILT DATE
SHARED WELL WITH 95-12223

14. Basis of claim (check one) Beneficial Use () Posted Notice () License () Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System Adjudication."
(b.) I/We do () do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Stanford LLC Date: _____
James W. Black Date: 1/17/2019

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Authorized Member of Stanford LLC
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent James W. Black Date 1/17/2019
Printed Name of Authorized Agent _____

16. Notice of Appearance:
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) STANFORD LLC Claim ID _____

□ ×
Identify from: Tax Parcels

[-] Tax Parcels
[-] STANFORD LLC

Location: 2,283,624.474 1,815,403.503 Meters

Field	Value
ID	10341641
UPDATED	9/10/2018
PIN	48ND4W163960
OWNER	STANFORD LLC
ADDRESS1	107 S HOWARD ST #600
ADDRESS2	<null>
CITY	SPOKANE
STATE	WA
ZIPCODE	99201
P_ADDRESS	18423 S THIRSTY BEACH LN
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TAX #23213 [IN GOVT LT 2]
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	1.5
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1977

Identified 1 feature

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Identify