

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

AUG 22 2024
CIVIL CASE NUMBER: 39576

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

By UM
Ident. Number: 55-14054 Clerk
Date Received: 2/6/2024 Deputy Clerk
Receipt No: C117733
Claim Fee:
Received By: _____

**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

1. Name of Claimant(s)

INDIAN MEADOWS RANCH LLC
2700 TROUT CREEK RD
SOUTH MOUNTAIN ID 97910

Phone: (208) 867-7299

2. Date of Priority: 11/6/1882

3. Source:

SPRING COYOTE CREEK
SPRING COYOTE CREEK

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
07S	04W	30	NE NE		OWYHEE	Beginning
07S	04W	30	NE NE		OWYHEE	Ending

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
STOCKWATER	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

STOCKWATER within OWYHEE County

Township	Range	Section	¼	of	¼	Lot	Acres
07S	04W	30	NE		NE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the SNAKE River Basin 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: _____

For Organizations:

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

Manager of Indian Meadows Ranch, LLC
 Agents 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 Jennifer Trautman Date 8/19/24

Printed Name of Authorized Agent Jennifer Trautman

