DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls-State of Idaho

Form No. 42-1409-2 (Internet 7/17)

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 SNAKE RIVER BASIN WATER SYSTEM

CI VIL CASI	- NUMBER	39576	Clork
Claim ID:		Depu	ty Clerk
Date Receive	ed:		
Receipt No:			
Claim Fee:	By	<i>r</i> :	

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 clear	rŀ	۲
----------------------------	----	---

1.	Name of claimant(s) Casa Del Norte, LP Phone (208) 599-1580						
	Mailing address 11204 N. Bar 21 Dr. Glenns Ferry Idaho Zip 83623 Street or Box City State						
	Email address (optional) irondragonmistress@yahoo.com						
2.	Date of priority: (Only one per claim)9/18/1880 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)						
3.	Source of water supply (Check one) Ground Water () or Other () (a) Unnamed Stream						
	which is tributary to (b) King Hill Creek						
4.	Location of point of diversion is: Township <u>02S</u> , Range <u>10E</u> , Section <u>23</u>						
	SW 1/4 of SE 1/4, or Govt. Lot BM, County of Elmore ;						
	Parcel no						
	Additional points of diversion, if any: T02SR10E26 NENW and NWNE						
	If available, GPS coordinates:						
5.	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.						
	Instream stockwateron IDL property with authority through IDL Grazing Lease G700105						
6.	Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions) Month/Day Month/Day cfs () or AFY ()						
	For Stockwater purposes from 01/01 to 12/31 amount .02						
	For purposes from to amount						
7.	Total quantity claimed cfs (🗸) or AFY ()						
8.	Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) 6,860 Cattle						

9.	Location of place of use is: Township <u>02S</u> , Range <u>10E</u> , Section <u>23</u> ,				
	SW1/4 ofSE1/4, Govt. Lot BM, Parcel no				
	SW 1/4 of SE 1/4, Govt. Lot BM, Parcel no				
. •	Additional places of use, if any T02SR10E26 NENW and NWNE				
10.	In which county(ies) are lands listed above as place of use located? Elmore				
	 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.				
	CDN 61-12042A with pritority date of 07/18/1920 or None (
13.	Remarks (include an explanation of the priority date selected):				
	Vested water rights, as recognized by Congress in the Mining Act of March 6, 1866, 14 Stat. 253, Sec. 9, evidenced by an exhaustive chain of title to original appropriator.				
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 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 Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in to foregoing document are true and correct.				
	Signature of Claimant(s) Date:				
	Date:				
	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				
	Managing Member of Casa Del Norte, LP				
	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 Date				
	Printed Name of Authorized Agent Teresa M. McCallum				
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				
No-					
MAI	me of claimant(s) Claim ID				

61-12401

