Form No.42-1409-1 (Internet 12/08)

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 95-17046

Ident. Number 94-8064

Date Received: 6-27-9

Receipt No: No 27778

Received By: 6-2-17046

NOTICE OF	CLAIM		RECEIVE	D
TO A WATE ACQUIRED UNDER			JUN 2 7 2011	
Please type or print clearly			IDWR/NORTHE	RN
Name of Claimant (s) James & Michelle Koontz		Phor	ne (509) <u>534-0048</u>	
Mailing Address 4242 E 12 th ave Street or Box	Spokane	Wa	ZIP 99202	
Street or Box 2. Date of Priority (Only one (1) per claim) June 1 1982 Mon	th Day Year (YYYY)	State		
3. Source of water supply (Check one) Ground Water () o	r Other (✔) (a) Hi	dden Lake		
which is tributary to (b) St.Joe River				
4. a. Location of Point of Diversion is: Township 47 North	, Range <u>3</u> We	st	, Section 31	
, 1/4 of, 1/4 Govt. Lot, BM., Count	y of Benewah			
Parcel (PIN) no. Lp202210				
Additional points of diversion if any: None				
If available, GPS Coordinates				
b. If instream flow, beginning point of claimed instream flow is	S:			
Township, Range, Section		4 of	. 1/4	
Govt. Lot, BM., County of				
•		444 ==	. 414	
ending point is: Township, Range, Sect		, 1/4 0	. 1/4	
Govt. Lot, BM., County of				
 Description of existing diversion works (Dams, Reservoirs including the dates of any changes or enlargements in use, the and as enlarged and the depth of each well. Pump 				

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For Organizations: I do solemnly swear or affirm under penalty of perjury that I am of Organization Title Organization Title Organization Title Organization of Organization Title Organization and that the statements contained in the forgoing document are true and correct. Signature of Authorized Agent Date Title and Organization 16. Notice of Appearance:	Court	Decree Date	Plaintiff v. Defendant
(a.) By signing below, IWWe acknowledge that IWWe have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) IWWe 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 the foregoing document are true and correct. Signature of Claimant (s) For Organizations: I do solemnly swear or affirm under penalty of perjury that I am of Title Organization Title Organization and that the statements contained in the forgoing document are true and correct. Signature of Authorized Agent Date Title and Organization 16. Notice of Appearance: Notice is hereby given that I, Signature Date Date Date Address Date Date	If applicable prov	ride IDWR Water Right Numb	ber
For Individuals: I/We do solemnly swear or affirm under penalty of perjuty that the statements contained in the foregoing document are true and correct. Signature of Claimant (s) Wind Comment are true and correct. Signature of Claimant (s) Date: 6 17 17 17 17 18 19 19 19 19 19 19 19	(a.) By signing be you will receive n	notices in the Coeur d'Alene-S	Spokane River Basin Adjudication." (b.) I/We do ()
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that I have signed the foregoing document in the space below as	foregoing document a	are true and correct. Iture of Claimant (s)	NA Decement Date: 6/17/2
Title Organization that I have signed the foregoing document in the space below as	For Organizations: 1	do solemnly swear or affirm u	under penalty of perjury that I am
Title Organization and that the statements contained in the forgoing document are true and correct. Signature of Authorized Agent	that I have signed the	Title foregoing document in the s	Organization space below as
Title and Organization	and that the statemer	Title	Organization
Notice is hereby given that I,	Signature of Authorize	ed Agent	Date
Notice is hereby given that I,, will be acting as attorney at law of behalf of 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	Title and Organization	n	
cehalf of 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		ance:	
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Last Name

Identification No.