Form No.42-1409-1 (Internet 3/12)

RECEIVED

IDWR / NORTH 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 CASI	E NUMBER: 49576	
D Number: _	95-17084	
Date Receive	ed: /1-12-15	-
Receipt No: _	1003153011	
Amount:	Bv:	_

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT **ACQUIRED UNDER STATE LAW**

JTO_95_4

FII	ease type or print cleari	у				
1.	Name of claimant(s) Ja-	ckson Timberland Opportur	nities -Tristar, LLC	Phor	ne 208-762-6641	
	Mailing address 654 N.	State Street	Jackson	MS	ZIP 39202	
2.		Street or Box ne (1) per claim) 7/3/1968	City	State	30	
3.	Source of water supply	(check one) Ground Water	Month Day Year (yyyy) () or Other (x) (a)	Benewah Cr	eek	
	which is tributary to (b)	Coeur d'Alene Lake				
4.	a. Location of point of o	iversion is: Township 46N	, Range <u>3</u> W		_, Section 22	
	NE 1/4 of SE	, B, B.	M., County of Benewa	h, (Map ID	#418)	
	Parcel (PIN) no					
		iversion if any:				
		rdinates:				
	b. If instream flow, begi	nning point of claimed instre	eam flow is: Township		, Range	1
	Section,	1/4 of 1/4, or 0	Govt. Lot, B.M.,	County of _		
		nship, Range _				
	Govt. Lot, B.N	., County of				
5.	including the dates of	diversion works (dams, res any changes or enlarger ged and the depth of each	nents in use, the di	s, pumps, p mensions c	pipelines, headgates of the diversion wo	, etc.), rks as
	Portable pump (5 hp), tre	uck mounted pump or helic	opter bucket.			
				<u> </u>	<u> </u>	

6.	Wa	ater is	claime	ed for	the fo	ollowi	ng pu	rpose	s:	/hoth	dates	are inc	lenoium e	nm dd)			/afa\		/	<i>5</i>	
	For Industrial						DII	mace	s fron												
	For	. Fire I	Protec	tion			pu	ourposes from 03-01 to 12-01 ourposes from 03-01 to 12-01								unt _	1.2	_ or <u>o.e. ()</u>			
																		or <u>0.2 AF/DAY</u> or			
7.																				acre-feet	
8.																				type and control)	
9.	a. b.	If wate	on of per is fo er is us elow. S	r irriga sed fo	ation, or othe	indica r pur	ate ac poses	reage s, plac	e in ea e a si	ich si vmbo	ubdivi I of us	sion ii se (e.	n the f	abula or dor	ition t nestic	elow.	ne cor	respo	onding	place o	
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		narks: attac	hed m	ap for	locat	tion of	f point	t of di	versio	n and	i plac	e of u	se.								
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							Last n	ame <u>J</u>	ackso	n Tin	nberla	ind O	op-Tri	star	ldenti	ficatio	n no				

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile

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Last name Jackson Timberland Opp-Tristar Identification no.

14.	Basis of claim (check one)	Beneficial Use (×)	Posted Notice ()	License ()	Permit () Decree ()									
	Court Dec	cree Date	Plaintiff v. Defenda	int										
	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 Adjudication". b. I/We do () do not (x) wish to receive and pay a small annual fee for monthly copies of the docket sheet.													
	Number of attachments: 1 map													
	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)			<u>.</u>	Date:									
					Date:									
	For organizations: I do solemnly swear or affirm Chief Operating Officer			eodlands Grou	n, LLC									
	Title		Organization											
	that I have signed the foregoing document in the space below as authorized agent and property manager of Jackson Timberland Opportunities-Tristar, LLC													
	Title	ty manager			ilties-Tristar, LLC									
	Title Organization and that the statements contained in the forgoing document are true and correct.													
	Signature of authorized ager	it Jan	1	Da	te_1110115									
	Signature of authorized agent Date													
16.	Notice of appearance: 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											
	Address													