

NOV 14 2002

Department of Water Resources

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

In Re SRBA

Subcase 625-1723

(Insert water right number)

Case 39576

STANDARD FORM 4

MOTION TO FILE:

☐ LATE NOTICE OF CLAIM☒ AMENDED NOTICE OF CLAIM

INSTRUCTIONS

This form is used to file a late Notice of Claim or an amendment to a Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the SRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form. If you copy or reproduce this form, please copy on both sides with the even-number pages upside down.

The water right number for your late or amended claim must be indicated above in the blank space following "Subcase." You must use a separate form for each late or amended Notice of Claim.

This form has been adopted by the court in *SRBA Administrative Order 1, Rules of Procedure* (amended Sept. 30, 1996), Section 4, which may be consulted for further information.

By filing a *Motion to File a Late Notice of Claim* or a *Motion to File an Amended Notice of Claim*, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

I have attached:

- ☐ A fully completed Notice of Claim (available from IDWR).
- ☐ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. § 42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.
- ☐ A claim filing fee and a late claim fee for those claims other than a domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.

Follow these instructions regarding the hearing on this motion.

1. Contact the Clerk of the SRBA Court (208-736-3011) to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on _____
(Insert Date and Time)
at the SRBA courthouse, 253 Third Avenue North, Twin Falls, Idaho.

MOTION TO FILE AN AMENDED NOTICE OF CLAIM

A Motion to File an Amended Notice of Claim may require a hearing before the Presiding Judge or Special Master or may be granted by leave of the court or by written consent of the parties and the Idaho Department of Water Resources. Leave to amend a claim shall be freely given when justice so requires.

☒ I must amend my Notice of Claim to the use of water in the SRBA because:

THE LEGAL DESCRIPTION IS IN THE INCORRECT
SECTION & TWP. IT IS EXACTLY 1 MILE SOUTH
AS IT ALWAYS HAS BEEN IN THE SEC. 1, TWP 7N.
THIS LAND HAS BEEN HISTORICALLY IRRIGATED
SINCE 1899.

VERIFICATION (Must be completed)

State of IDAHO

County of CEM

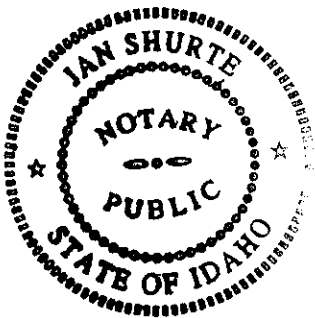
ROGER A. KINGBACK, being first duly sworn, upon oath, deposes and says:
(Insert name of person filing form)

That I am the party/claimant filing this motion for late or amended claim (as listed on Page 2) as defined by I.C. §§ 42-1401A(1) and (7) or that I am the attorney for the party/claimant filing this motion for late or amended claim and that I have read this motion, know its contents, and believe that the statements are true to the best of my knowledge.

[Signature]
Signature of person filing motion TRUSTEE
ROGER A & KENNIE LYN KINGBACK
TRUST

Attorney signing in representative capacity

Subscribed and sworn to before me on 11-12-02.
(Insert Date)



[Signature]
Notary Public for Idaho
Residing at: Mevchan, ID
My Commission expires: 9-12-2006

INSTRUCTIONS FOR MAILING

You must mail this form, including all attachments, to the Clerk of the SRBA Court. FAX filings will not be accepted by the SRBA Clerk of the Court. You must also send a copy to all the parties listed below in the Certificate of Mailing.

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

CIVIL CASE NUMBER: 39576

Ident. Number 65-1773
Date Received: 1/9/1990
Receipt No: X999999
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ROGER A & KENNIE LYN KLINGBACK TRUST Phone: (208) 365-4725

7000 SPRING CREEK RD

EMMETT ID USA 83617

2. Date of Priority: 02/18/1899

3. Source: SPRINGS , SPRINGS , SPRINGS Trib. to: LONG HOLLOW CREEK , LONG HOLLOW
CREEK , LONG HOLLOW CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot		County	Type
08N	01W	36	SW	SE	GEM	
08N	01W	36	SE	NW	GEM	
08N	01W	36	SE	SW	GEM	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	03/15	11/15	0.36	

7. Total Quantity Appropriated is:
0.36 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
07N	01W	1	NW	NE	IRRIGATION	15
			SW	NE	IRRIGATION	3
Section Acres						18
Total Acres						18

11. Place of use in counties: GEM

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

13. Other Water Rights Used:

14. Remarks:

INCREASED NUMBER OF ACRES IN NW1/4, NE1/4 OF SECTION 36. THESE HAVE ALWAYS BEEN IRRIGATED. SEE MICROFICHE PAYETTE RIVER ADJ.

THIS WATER RIGHT. NO ADD. FEE CHARGED.

OTHER WATER RIGHTS: A65-01770, A65-01771, A65-01772, A65-01661 A65-01662-NOT NECESSARILY OVERLAPPING ACREAGE.

INCREASE IN THE AMOUNT OF WATER.

15. Basis of Claim: Decreed

16. 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: _____

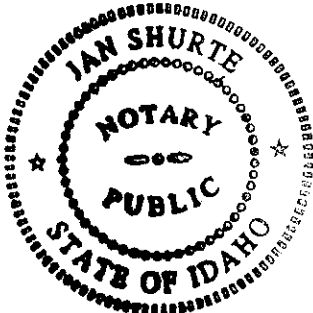
For Organizations:

I do solemnly swear or affirm that I am Roger A & Kennick Lyn Kingback, Trustee
Title Trustee
that I have signed the foregoing
Organization TRUST document in the space below as _____ of
Title _____
and that the statements contained in the
Organization _____
foregoing document are true and correct.
Signature of Authorized Agent Roger A & Kennick Lyn Kingback
Title and Organization TRUST
Date 11-12-02

State of Idaho)
County of ADA) SS.

Subscribed and sworn (or affirmed) before me this 12th day
of Nov. 2002
[Signature]
Notary Public

Residing at Mendham ID
My commission Expires 9-14-2006



1987 NAAPP

Section Lines

Claim Nos: 65-1772 & 1773

Owners: Klingback

Prepared by:

Jan Shurte

Date: 10-30-02



2640

1320

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