

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 1-10437
Date Received: 2/10/2004
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

AMCOR INC Phone: (208)522-6150

PO BOX 51418
IDAHO FALLS ID USA 83405-1418

2. Date of Priority: 02/15/1946

3. Source: SNAKE RIVER Trib. to: COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
02N	37E	25	NW SW NE	BONNEVILLE	

5. Description of diverting works:

WELL, 2 PUMPS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
COMMERCIAL	03/01	09/30	2.1	

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

8. Total consumptive use:

9. Non-irrigation uses:
TO RUN ROCK CRUSHER FOR MFG

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
02N	37E	25	SW NE	COMMERCIAL	

A0110437



11. Place of use in counties: BONNEVILLE

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

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 _____ of
Title

_____, that I have signed the foregoing
Organization
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 _____

Title and Organization

Date

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this
of _____ 20__

Notary Public

Residing at _____

My commission Expires _____