

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 22-13396
Date Received: 5/26/2005
Receipt No:
Received By:

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

1. Name of Claimant(s)
COMMUNICATIONS INVESTMENT CORP Phone:
312 E S TEMPLE
SALT LAKE CITY UT USA 84111
2. Date of Priority: 03/14/1966
3. Source: GROUND WATER Trib. to:
4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
05N	45E	1	NW NW SW	TETON	
5. Description of diverting works:
WELL TO COMMOM MAINLINE/SPRIKLER
6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/15	10/15	0.95	342.3
7. Total Quantity Appropriated is:
0.95 C.F.S. and/or 342.3 A.F.A.
8. Total consumptive use:
9. Non-irrigation uses:
10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
05N	45E	2	NW SE	IRRIGATION	18.5
			NE SE	IRRIGATION	40
			SE SE	IRRIGATION	40
			SW SE	IRRIGATION	40
				Section Acres	138.5
				Total Acres	138.5
11. Place of use in counties: TETON
12. Do you own the property listed above as place of use? Yes
13. Other Water Rights Used:

14. Remarks:

CLAIM CORRECTS POD FROM SEC 2 TO SEC. 1.

This right is a split from former right 22-2267 .

15. Basis of Claim: License

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 _____