

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: 69-4006
Date Received: 6/2/1988
Receipt No: C001245
Received By:

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

1. Name of Claimant(s)

HIKON PROPERTIES INC Phone: (208)258-4351

DBA OX RANCH
1095 CALF PEN RD
COUNCIL ID USA 83612

2. Date of Priority: 06/01/1901

3. Source: BEAR CREEK Trib. to: WILDHORSE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 lot	County	Type
20N	03W	24	SW NE NE	ADAMS	

5. Description of diverting works:

DITCH 4-5 MILES LONG

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	5/01	11/01	2.48	
STOCKWATER	1/01	12/31	0.1	

7. Total Quantity Appropriated is:

2.58 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
19N	03W	3	NE	NW	STOCKWATER	
			SW	NW	STOCKWATER	
			SE	NW	STOCKWATER	
			NE	SW	STOCKWATER	
			NW	SW	STOCKWATER	
			NE	NW	IRRIGATION	21
			SW	NW	IRRIGATION	16
			SE	NW	IRRIGATION	1
			NE	SW	IRRIGATION	9
			NW	SW	IRRIGATION	2
					Section Acres	49
20N	03W	34	SE	SW	IRRIGATION	16
			NW	SE	IRRIGATION	23
			SW	SE	IRRIGATION	36
			SE	SW	STOCKWATER	
			NW	SE	STOCKWATER	
			SW	SE	STOCKWATER	
					Section Acres	75
					Total Acres	124

11. Place of use in counties: ADAMS

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Statutory Claim

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 Patricia Dyer, Mgr. of
_____ Title

Expend. _____, that I have signed the foregoing

Organization _____ of
document in the space below as _____ Title

Ox _____ and that the statements contained in the
Organization _____
foregoing document are true and correct.

Signature of Authorized Agent [Signature]

Mgr.
Title and Organization

3/2/06
Date

State of Idaho _____)
County of Washington _____) SS.

Subscribed and sworn (or affirmed) before me this 2nd
of March 2006

Stephanie McDaniel

Notary Public

Residing at Weiser, ID

My commission Expires 09-11-06

