

RECEIVED

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 67-14807
Date Received: 12/7/06
Receipt No: C082773
Received By: CS

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

RAMONA L ALLRED Phone: (208)256-4440

926 GRAYS CK RD
INDIAN VALLEY ID 83632

DAVID VON ALLRED Phone: (208)256-4440

926 GRAYS CK RD
INDIAN VALLEY ID 83632

2. Date of Priority: 06/01/1909

3. Source: LITTLE WEISER RIVER Trib. to: WEISER RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
14N	01W	23	SW SE NW	ADAMS	

5. Description of diverting works:

CONCRETE STRUCTURE AND HEADGATE INTO GRAVITY DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	3/15	11/15	2.7	

7. Total Quantity Appropriated is:
2.7 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
14N	01W	2	SW	SW	IRRIGATION	34
					Section Acres	34
14N	01W	3	SE	SE	IRRIGATION	38
					Section Acres	38
14N	01W	10	NE	NE	IRRIGATION	40
					Section Acres	40
14N	01W	11	NW	NW	IRRIGATION	40
					Section Acres	40
					Total Acres	152

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:

67-439, Shares in Little Weiser Irrigation District

14. Remarks:

THIS CLAIM IS FOR FLOOD WATER. DIVERSION RATE CLAIMED IS AMOUNT OF WATER TO BRING USE OF THIS RIGHT AND 67-439 UP TO ONE INCH PER ACRE WHEN USED IN COMBINATION (CSAXTON 12-7-06)

ACREAGE FEES PAID FOR UNDER RECEIPT NUMBER M004818

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: _____

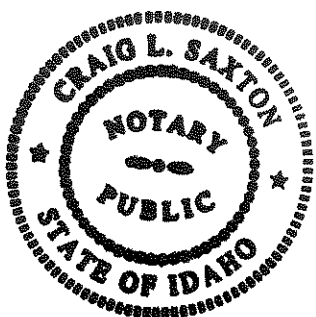
For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): David D. Alford Date: 12-7-06
_____ Date: _____

State of Idaho)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 7th
of December 2006 Craig L. Saxton



Notary Public
Residing at Ada County
My commission Expires 8-14-07