

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 24-4018
Date Received: 1/30/1990
Receipt No: E011889
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

GENEVA LAND & CATTLE LLC Phone: (208)227-1451

329 S WOODRUFF
IDAHO FALLS ID USA 83401

2. Date of Priority: 05/01/1919

3. Source: CROW CREEK Trib. to: SALT RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
09S	46E	29	NW SE	CARIBOU	

5. Description of diverting works:

HEADGATE & DITCHES/ FLOOD IRRIGATE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	1.5	

7. Total Quantity Appropriated is:
1.5 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
09S	46E	28	SE	NE	IRRIGATION	5
					Section Acres	5
09S	46E	29	NE	NE	IRRIGATION	20
			SW	NE	IRRIGATION	5
			SE	NE	IRRIGATION	20
					Section Acres	45
					Total Acres	50

11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

CHANGED OWNERSHIP PER REQUEST/JH/5-20-99

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 _____ 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 _____