

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

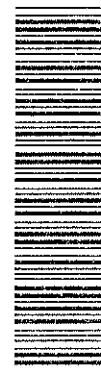
IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 22-2280E
Date Received: 4/6/01
Receipt No:
Received By:

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

A2202280E



1. Name of Claimant(s)

TREES INC Phone: (307)733-6563

C/O MICHAEL MCBRIDE
PO BOX 396
TETON VILLAGE WY USA 83025

2. Date of Priority: 10/03/1966

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
04N	45E	18	SE SW	TETON	

5. Description of diverting works:

WELL, PUMP AND SPRINKLER SYSTEM.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/15	10/15	0.53	136.5

7. Total Quantity Appropriated is:

0.53 C.F.S. and/or 136.5 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
04N	45E	18	SE SW	IRRIGATION	39

Section Acres 39
Total Acres 39

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:

THE PERIOD OF USE FOR THE IRRIGATION DESCRIBED IN THIS RIGHT MAY BE EXTENDED TO AN ENDING DATE OF 10/31 PROVIDED THAT BENEFICIAL USE OF THE WATER CAN BE SHOWN AND OTHER ELEMENTS OF THE RIGHT ARE NOT EXCEEDED. THE USE OF WATER AFTER 10/15 IS SUBORDINATE TO ALL WATER RIGHTS HAVING NO SUBORDINATED LATE IRRIGATION USE AND A PRIORITY DATE EARLIER THAN THE DATE OF THIS APPROVAL.

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 _____