

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 24-10756
Date Received: 10/13/2006
Receipt No: B000025
Received By: CB.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CARIBOU LANDS LLC Phone: (480) 368-5205

14400 N 76TH PLACE
SCOTTSDALE AZ USA 85260

2. Date of Priority: 05/01/1975

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
05S	46E	8	NW NW SW	CARIBOU	

5. Description of diverting works:

WELL

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
05S	46E	8	NW	NE	DOMESTIC	

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:

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.

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STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
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CIVIL CASE NUMBER: 39576

Ident. Number _____
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NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Caribou Lands LLC Phone () 408-368-5205

Mailing Address 14400 N. 76th PL. Scottsdale, AZ Zip 85260

2. Date of Priority: (Only one per claim) 5-1-1975 Month/Day/Year

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 5S, Range 46E, Section 8,
NW, 1/4 of NW, 1/4 of SW, 1/4 Govt. Lot _____, BM., County of Caribou.

GPS. Additional points of diversion if any: N42° 59' 50.0" W 111° 05' 55.7"

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
well

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic purposes from 4/1 to 12/31 amount 0.04 (cfs)

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 (cfs)

8. Total consumptive use claimed is de minimus

9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) NONE

10. Location of Place of Use is: Township 5S, Range 46E, Section 8.
NW, 1/4 of SW, 1/4, Govt. Lot _____, BM.

for (Circle One) Domestic Stock Domestic and Stock
 Additional places of use, if any _____

11. Which county (ies) are lands listed above as place of use located? Caribou

12. Do you own the property listed above as place of use? Yes ☒ No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.

None ☒

14. Remarks:

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm that I am _____ Title

of _____, that I have signed the foregoing document in the space below as
 Organization

Title _____ Organization _____

And that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date 10-10-06

Title and Organization Manager, Caribou Lands, LLC

State of Arizona)
 County of Maricopa) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 10th day of October, 2006



Notary Public Kim Overman

Residing at 14400 N. 71st Place

My commission Expires 10/30/09

Last Name _____ Identification No. _____