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Claim Number:	95-10215
Claim Fee:	\$25.00
Claimant(s):	PATRICK CANNON PO BOX 175 HAYDEN LAKE, ID 83835
Claimed Purpose(s) of Use:	DOMESTIC

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**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
COEUR D'ALENE-
SPOKANE RIVER BASIN
WATER SYSTEM**

**CIVIL CASE 49576
NUMBER:

Ident. Number: 95-10215

Date Received:

Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PATRICK CANNON	PO BOX 175	HAYDEN LAKE	ID	USA	83835

2. Date of Priority:

Date	Explanation
12/30/2005	it is the date when I purchased the property and closed escrow

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
53N	03W	11		SE	NW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	for personal use only and for 3 cows we are on own well and don't know what the exact useage is per month, this is only an estimate

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	53N	02W	18	SE	SW	KOOTENAI	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication 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 under penalty of perjury that the foregoing document are true and correct.

Signature of Claimant(s): _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
Title Organization

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

Signature of Authorized Agent _____

Title and Organization _____

Please print name