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Claim Number:	95-10168
Claim Fee:	\$25.00
Claimant(s):	MARTIN & SYLVIA ZEHNTER 8282 CLAGSTONE RD SPIRIT LAKE , ID 83869
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
North Idaho Adjudication
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

**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 NUMBER: 49576
Ident. Number: 95-10168
Date Received: 2/27/9
Receipt No.: N-020011

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MARTIN & SYLVIA ZEHNTER	8282 CLAGSTONE RD	SPIRIT LAKE	ID	USA	83869

*SHOULD READ: MARTIN A. ZEHNTER + SYLVIA ZEHNTER, AS TRUSTEES OF THE
MARTIN A. ZEHNTER + SYLVIA ZEHNTER REVOCABLE TRUST.*

2. Date of Priority:

Date	Explanation
1/2/2003	That was the day that construction began on our home.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	04W	35		SW	NE	BONNER

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Household use

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 0.040 0.00 0.0

Totals:**CFS AF KW**

0.040 0.00

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	04W	35	SE	NW	BONNER	-	-
DOMESTIC	54N	04W	35	SW	NE	BONNER	-	-

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 the form entitled "How you will receive notice in the Coeur d'Alene-Spokane 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 under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Martina Zehnder, Trustee Date: 2-27-2009
Sylvia Zehnder, Trustee Date: 2-27-2009

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 _____ Date _____

Title and Organization _____

Please print name