

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 24-4017
Date Received: 12/5/1989
Receipt No: E011253
Received By:

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

1. Name of Claimant(s)

J R SIMPLOT CO Phone: (208) 336-2110

C/O TERRY T UHLING
999 MAIN STREET SUITE 1300
PO BOX 27
BOISE ID USA 83707

2. Date of Priority: 09/18/1888

3. Source: SAGE CREEK Trib. to: CROW CREEK

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
09S	46E	20	NE SE SW	CARIBOU	

5. Description of diverting works:

DAM, HEADGATE, DITCH

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	04/15	10/15	1.4	

7. Total Quantity Appropriated is:
1.4 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	21	SW	NE		IRRIGATION	29.5
			SE	NE		IRRIGATION	17.3
			SE	NW		IRRIGATION	6.8
			NE	SW		IRRIGATION	3.4
			NW	SE		IRRIGATION	12
			NE	SE		IRRIGATION	0.5
						Section Acres	69.5
09S	46E	22	SW	NW		IRRIGATION	6
			NW	NW		IRRIGATION	1.5
						Section Acres	7.5
						Total Acres	77

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:

CHANGE IN OWNERSHIP 10-25-94 GJT.
 PARTNERSHIP NAME CHANGED/OWNERSHIP THE SAME/NO DEED SUBMITTED 3-24-97/HWJ/DC/JT

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 _____