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: 95-8873

Date Received: 11/1/2009

Receipt No: T089546

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MARTHA WEST Phone:(208) 765-0714
212 W IRONWOOD DR
SUITE D PMB 166
COEUR D ALENE ID 83814

ROBERT S WEST Phone:(208) 765-0714
212 W IRONWOOD DR
SUITE D PMB 166
COEUR D ALENE ID 83814

2. Date of Priority: 6/24/1994

3. Source: COEUR D ALENE LAKE Tributary to: SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
50N	04W	26	SW	NW	1	KOOTENAI	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.06	3.6

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or 3.6 A.F.A

8. Non-irrigation uses:

Number of Homes: 3

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
50N	04W	26	SW	NW	1	DOMESTIC	
							Section Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: THAT IS THE DATE OF THE APPLICATION FOR PERMIT FILED WITH IDAHO DEPARTMENT OF WATER RESOURCES.

Description of use:

Water Use	Description
DOMESTIC	DOMESTIC USE FOR THREE HOMES

14. Basis of Claim: License

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury 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 under penalty or 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