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Claim Number:	95-8398
Claim Fee:	\$51.00
Claimant(s):	KATHERINE FLINT
	28454 S HWY 97
	HARRISON , ID
	83833
	THOMAS FLINT
	28454 S HWY 97
	HARRISON , ID
	83833
Claimed Purpose(s) of Use:	DOMESTIC
	IRRIGATION

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