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Claim Number:	95-12167
Claim Fee:	\$25.00
Claimant(s):	LOREY WASHBURN
	5999 HARBOR ISLAND DR COEUR D ALENE , ID 83814
Claimed Purpose(s) of Use:	DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
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(208) 762-2800