

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: 95-11030/95-120

Date Received: 8/22/2009

Receipt No: T089212

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

TA VOIGT TRUST Phone:(208) 762-8882
2959 E HAYDEN LAKE RD
HAYDEN ID 83835

2. Date of Priority: 4/1/1945

3. Source: HAYDEN LAKE Tributary to: SINKS

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
51N	03W	19	NW SE	6	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From</u>	<u>To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1 /1	12/31	0.02	0.57

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0.57 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
51N	03W	19	NW SE	6	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:

95-11030

4/15/2010



13. Remarks:

The purpose of amending this claim is to claim decree water right no. 95-120. Claim 95-11030 will be renumbered to claim 95-120 when the amended claim is signed and returned to Idaho Department of Water Resources.

14. Basis of Claim: Decreed

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

Managing Trustee of TA VOIGT TRUST
Title Organization

That I have signed the foregoing document in the space below as

Managing Trustee of TA VOIGT TRUST
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date: 4/15/10

Title and Organization Managing Trustee TA VOIGT TRUST

Please print name Thomas A. Voigt

[Signature]