

**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: 95-12366
Date Received: 04/19/2010
Receipt No.: T090610**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
04/19/2010	T090610	\$25.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROBERT MARTINO TRUST	7631 COLGATE AVE	WESTMINSTER	CA	USA	92683

2. Date of Priority:

Date	Explanation
6/4/1986	This is the appromiately the date water was first used on the property.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	
INSTREAM	UNKNOWN	INSTREAM BEGINNING
OUTSTREAM	UNKNOWN	INSTREAM ENDING

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	05W	26		SW	SE	KOOTENAI
50N	05W	26		SW	SE	KOOTENAI
50N	05W	26		SW	SE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	DOMESTIC AND STREAM FOR STOCK

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	05W	26	SW	SE	KOOTENAI	-	-
DOMESTIC	50N	05W	35	NW	NE	KOOTENAI	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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.

Number of attachments: _____

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