

**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: 95-12630
Date Received:
Receipt No.:**

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ANTHONY MORSS	25233 S. WELLER RD	WORLEY	ID	USA	83876
JEANNE MORSS	25233 S. WELLER RD	WORLEY	ID	USA	83876

2. Date of Priority:

Date	Explanation
5/1/2005	ALTHOUGH WE OWNED THIS LAND BEFORE THIS DATE, WE DID NOT LIVE HERE UNTIL MAY OF 2005

3. Source:

Source	Tributary	Type
SURFACE WATER, ALL	LAKE CREEK	
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	06W	13		NW	SE	KOOTENAI
48N	06W	13		SW	SE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	WE HAVE 4 LOTS WHICH HAVE THE POSSIBILITY OF HAVING A RESIDENCE ON EACH.

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.330	99.40	0.0

Totals:

CFS	AF	KW
0.330	99.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	05W	17	NW	SW	KOOTENAI	3	-
DOMESTIC	48N	06W	13	NE	SE	KOOTENAI	-	-
DOMESTIC	48N	06W	13	NE	SW	KOOTENAI	3	-
DOMESTIC	48N	06W	13	NW	SE	KOOTENAI	-	-
DOMESTIC	48N	06W	13	SE	NE	KOOTENAI	-	-
DOMESTIC	48N	06W	13	SW	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