

**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: 95-0944
Date Received: 05/14/2009
Receipt No.: T088688

AMMENDED

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
05/14/2009	T088688	\$57.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SYLTE RANCH LLC	8626 W SYLTE RANCH ROAD	RATHDRUM	ID	USA	83858

and/or John Sylte - Same - - - - - >

2. Date of Priority:

Date	Explanation
5/1/1883	

John Sylte

3. Source:

Source	Tributary	Type
UNNAMED STREAM	RATHDRUM CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	04W	30	3	NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description
IRRIGATION	-	-		
STOCKWATER	-	Type of Stock	Number of Stock	
		Mixed Stock	101 - 200	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.140	0.00	0.0
STOCKWATER	0.050	2.70	0.0

Totals:

CFS	AF	KW
0.140	2.70	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	7

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	52N	04W	30	NW	SW	KOOTENAI	3	7
STOCKWATER	52N	04W	30	NE	SW	KOOTENAI	-	-

9. Basis of Claim:

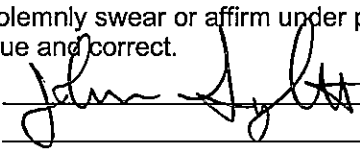
Basis
Beneficial Use

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: 0

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: 09/07/10
 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