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NO 25762

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Claim Number: 94-2223

Claim Fee: \$72.00

Claimant(s):

MICHAEL AND GRA FRAN BEARE FAMILY TRUST, U/A OCTOB
20308 E CANARY CREEK RD
CATALDO, ID
83810-9345

THREE C RANCH, INC.
20308 E CANARY CREEK RD
CATALDO, ID
83810-9345

Claimed Purpose(s) of Use: IRRIGATION

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100

**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: 94-2223
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
MICHAEL AND GRA FRAN BEARE FAMILY TRUST, U/A OCTOB	20308 E CANARY CREEK RD	CATALDO	ID	USA	83810-9345
THREE C RANCH, INC.	20308 E CANARY CREEK RD	CATALDO	ID	USA	83810-9345

2. Date of Priority:

Date	Explanation
5/1/1967	Priority date claimed is based on water right license information on record with IDWR.

3. Source:

Source	Tributary	Type
ROBINSON CREEK	COEUR D'ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	01W	30	3	NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	field watering, grass and hay production, orchards

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.200	30.00	0.0

Totals:

CFS	AF	KW
0.200	30.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	22

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	48N	01W	30	NW	NW	KOOTENAI	1	11
IRRIGATION	48N	01W	30	SW	NW	KOOTENAI	2	11

9. Basis of Claim:

Basis	WaterRight
License	94-2223

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