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: 94-7179

Date Received: 10/6/2010

Receipt No: T091894

Received By:

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

1. Name of Claimant(s)

SARAH BENSON Phone:(208) 682-3946
22704 S LATOUR CREEK RD
CATALDO ID 83810

LARS BENSON Phone:(208) 682-3946
22704 S LATOUR CREEK RD
CATALDO ID 83810

2. Date of Priority: 9/17/1980

3. Source: HIGBEE DRAW CREEK Tributary to: LATOUR CREEK

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 | Lot | County | Type |
|---|---|---|---|---|---|---|
| 48N | 01W | 13 | SE SW | 2 | KOOTENAI | |

5. Description of diverting works:

6: Water is used for the following purposes:

| Purpose | From To | C.F.S. | (or) A.F.A |
|---|---|---|---|
| IRRIGATION | 3 /15 11/15 | 0.06 | 6 |

7. Total Quantity Appropriated is: 0.06 C.F.S. and/or 6 A.F.A

8. Non-irrigation uses:

9. Place of use:

| Township | Range | Section | 1/4 of 1/4 | Lot | Use | Acres |
|---|---|---|---|---|---|---|
| 48N | 01W | 13 | NW NE | 2 | IRRIGATION | 2 |
| | | | | | Section Acres | 2 |

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:

13. Remarks:

Priority date description:

Description of use: Water Use Description

IRRIGATION

14. Basis of Claim: License

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

_____ 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