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Claim Number: 91-7279

Claim Fee: \$25.00

Claimant(s): WILLIAM OR CAROL ANDERSON

P.O. BOX 495
ST. MARIES, ID
83861

Claimed Purpose(s) of Use: DOMESTIC

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800