ORIGINAL

Form No.42-1409-1 (Internet 12/08)

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 95-14545
Date Received: 10/29/09
Receipt No: N032661
Received By:

RECEIVED
OCT 29 2009
IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) RICHARD E. AND MARGARET A. OLSON, TRUSTEES Phone (208) 772-8936

   Mailing Address 36282 HAYDEN LAKE RD (Street or Box) HAYDEN (City) ID (State) ZIP 83835

2. Date of Priority (Only one (1) per claim) AUGUST 31, 2006 (Month Day Year (YYYY))

3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a) _____

   which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 52 N, Range 3 W.B.M., Section 33, NE, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of KOOTENAI

   Parcel (PIN) no. 0J2880010020

   Additional points of diversion if any: NONE

   If available, GPS Coordinates N/A

   b. If instream flow, beginning point of claimed instream flow is:

   Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

   Govt. Lot _____, BM., County of _____

   ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

   Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines. Headgates ,Etc), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

   DOMESTIC WELL AND PUMP; THE DEPTH OF WELL IS 965 FEET.

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____(cfs) and/or (b) _____(acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) DOMESTIC; ONE HOUSEHOLD SERVED.

9. Description of place of use:
a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel (PIN) no(s)._____ Total number of acres irrigated _____

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes ( ) No (✓)
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____or None (✓)

13. Remarks: LEGAL DESCRIPTION OF PROPERTY:
LOT 2, BLOCK 1, MORGAN FARM ESTATES, ACCORDING TO THE PLAT RECORDED IN THE OFFICE OF THE COUNTY RECORDER IN PLAT BOOK J OF PLATS AT PAGE 288, RECORDS OF KOOTENAI COUNTY, IDAHO.
THE PROPERTY IS IN A TRUST ENTITLED "THE RICHARD E. AND MARGARET A. OLSON TRUST", (UDT) DATED THE 30TH DAY OF OCTOBER, 2008. RICHARD E. OLSON AND MARGARET A.OLSON ARE CO-TRUSTEES.

Last Name _____ Identification No. 95-14545

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14. Basis of Claim (Check One) Beneficial Use (✓) Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court _____ Decree Date_____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 notices 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: 10/28/09

Margaret A. Olson Date: 10/28/09

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 forgoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, RANDALL C. PROBASCO, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Randall C. Probasco Date 10/28/09

Address P O BOX 1148

COEUR D'ALENE ID 83816

Last Name _____ Identification No. 95-14545

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