

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 95-2673

Date Received: 12/29/9

Receipt No: N 023171

Received By: Len

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Hilltop WATER ASSN. INC. Phone (208) 667-2808

Mailing Address P.O. Box 1969 Post Falls ID. ZIP 83857
Street or Box City State

2. Date of Priority (Only one (1) per claim) SEPT. 17 1976
Month Day Year (YYYY)

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

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 51 N, Range 4W, Section 29,
SW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS Coordinates _____

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. WELL & pump

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For DOMESTIC USE purposes from JAN 1 to DEC 31 amount 0.13 or 9.6 A

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 9 units (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.) _____

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	
51N	4W	28																	
51N	4W	32		X													X	~~X~~	

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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

11. Do you own the property listed above as place of use? Yes () No ()

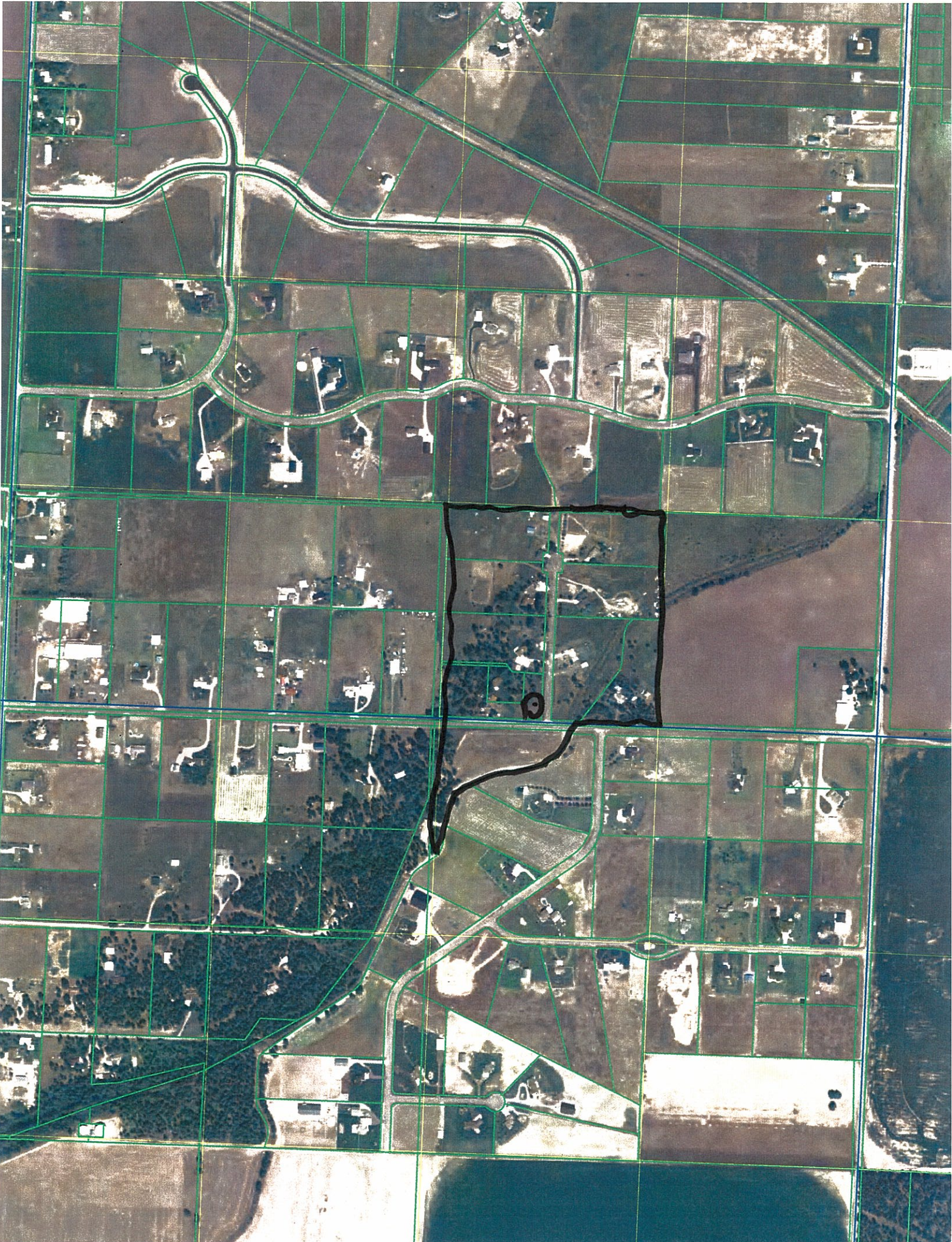
If your answer is No, describe in Remarks below the authority you have to claim this water right.

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

_____ or None ☒

13. Remarks: Water used SEC 32 IN 1993

Last Name _____ Identification No. _____



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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-7673

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: _____

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

Secretary of Hill Top Water, Inc.
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 Marge Trelegk Date 12-29-09

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

No. C 129271		Due no later than 6/30/2009		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		MARGE FRELIGH 6648 E POLELINE AVE POST FALLS ID 83854	
NO FILING FEE IF RECEIVED BY DUE DATE		HILL TOP WATER ASSOCIATION, INC. MARGE FRELIGH PO BOX 1969 POST FALLS ID 83877		3. <u>New</u> Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
President	Duane Wilcox	2753 N. Cranston Ct	Post Falls	ID	83854
Secretary	Marge Freligh	6648 E Poleline Ave	Post Falls	ID	83854
Director	Paul Franz	2491 N Cranston Ct	Post Falls	ID	83854
Director	Rod Freligh	6648 E. Poleline Ave	Post Falls	ID	83854
Director	Mark Liebhaber	2630 N. Cranston Ct	Post Falls	ID	83854
Director	Burt Grytness	6531 E. Poleline Ave	Post Falls	ID	83854
Director	Fran Schoelen	2655 N Cranston Ct	Post Falls	ID	83854
5. Organized Under the Laws of: ID C 129271		6. Annual Report must be signed.			
		Signature: <u>Marge Freligh</u>		Date: <u>5-6-09</u>	
		Name (type or print): <u>Marge Freligh</u>		Title: <u>Secretary</u>	

Issued 4/20/2009 by KAH

200906002055

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary and directors (for corporations only), managers/members (for LLC's only), one or more general partners (for LP's only). **Note:** Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

**** The image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.**

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED