

**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: 91-4007
Date Received: 05/11/2011
Receipt No.: N027108 B

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DONNY L. MASTERSON	32 WHITTS END RD	ST MARIES	ID	USA	83861
LAURICE L. MASTERSON	32 WHITTS END RD	ST MARIES	ID	USA	83861

2. Date of Priority:

Date	Explanation
6/1/1940	ATTACHED WATER AGREEMENT.

3. Source:

Source	Tributary	Type
SPRING	ST JOE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	02W	10		NE	SE	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	CATTLE HORSES GOAT SHEEP
		Mixed Stock	1 - 10	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31

7. Quantity:

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Water Use	CFS	AF	KW
STOCKWATER	0.020	0.70	0.0

Totals:

CFS	AF	KW
0.020	0.70	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	46N	02W	10	NE	SE	BENEWAH	-	-

9. Basis of Claim:

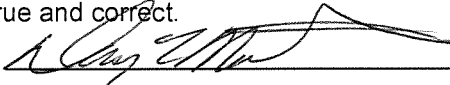
Basis	WaterRight
Statutory Claim	91-4007

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: 2

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: 5-11-11
 _____ 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