

**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: 93-7209
Date Received: 5-10-11
Receipt No.: NO27100 A
M

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ELDON W SHAW	378024 HWY 95	DESMET	ID	USA	83824
MARY ANN L SHAW	378024 HWY 95	DESMET	ID	USA	83824

2. Date of Priority:

Date	Explanation
11/16/1916	LAND PATENT

3. Source:

Source	Tributary	Type
SPRINGS	SHEEP CREEK	
SPRINGS	SHEEP CREEK	
SPRINGS	SHEEP CREEK	
UNNAMED STREAM	SHEEP CREEK	INSTREAM BEGINNING
UNNAMED STREAM	SHEEP CREEK	INSTREAM ENDING

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
44N	04W	32		NE	NW	BENEWAH
44N	04W	32		NE	NW	BENEWAH
44N	04W	32		NE	NW	BENEWAH
44N	04W	32		SE	NW	BENEWAH
44N	04W	32		NE	NW	BENEWAH

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

Water Use	Number Of Homes	Stock	Description

STOCKWATER	-	Type of Stock	Number of Stock
		Mixed Stock	26 - 50

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	44N	04W	32	NE	NW	BENEWAH	-	-
STOCKWATER	44N	04W	32	SE	NW	BENEWAH	-	-
STOCKWATER	44N	04W	32	SW	NE	BENEWAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

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: 1

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): Mary Ann S. Shaw Date: 5-10-2011
 _____ 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