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IDWR // NORTH

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-14643

Date Received: 11/12/09

Receipt No: 1022809

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Alexis & Gerdean Tan Phone (509) 432-6600

Mailing Address 790 SE Meadow Vale Dr.
Street or BoxPullman
CityWA Zip 99163
State2. Date of Priority: (Only one per claim) January / 01 / 1992
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Spring
which is tributary to (b) Sinks4. Location of Point of Diversion is: Township 52, Range 3, Section 34,
1/4 of 1/4, or Govt. Lot 5 BM. County of Kootenai;
Parcel (PIN) no. 52N03W-34-8200

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

Reservoir pump; 1000 gallon reservoir

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 1-1 to 12-31 amount 0.04 cfs (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic; one household; single ownership, one house

9. Location of Place of Use is: Township 52, Range 3, Section 34,
1/4 of 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any _____

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 the 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:

Proof of first occupancy enclosed (insurance)

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: one

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) *M. T. Tan* Date: 4/9/09
Herbert Tan Date: 11/9/09

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 foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

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 _____ Date _____

Address _____

Last Name TAN Identification No. _____



FARMERS
75 YEARS SERVING AMERICA

PROTECTOR PLUS

FARMERS INSURANCE COMPANY OF IDAHO, POCATELLO, IDAHO

DECLARATIONS HOMEOWNERS

Replaces all prior Declarations, if any

TRANSACTION TYPE: F/S INCLUDES CHANGES EFFECTIVE: 01/19/2004

The Policy Period is effective (not prior to time applied for) at described residence premises.

POLICY NUMBER	POLICY PERIOD			POLICY EDITION
92516-50-63	FROM:	TO:	STANDARD TIME	
	02-07-2004	12-19-2004	12:01 A.M.	04

ISSUING OFFICE:

P.O. BOX 4820

POCATELLO, ID 83205

This policy will continue for successive policy periods, if: (1) we elect to continue this insurance, and (2) if you pay the renewal premium for each successive policy period as required by our premiums, rules and forms then in effect.

INSURED'S NAME & MAILING ADDRESS:

ALEXIS S TAN

790 SE MEADOW VALE DR
PULLMAN, WA
99163-2421

LOCATION OR DESCRIPTION OF RESIDENCE PREMISES: (Same as mailing address unless otherwise stated.)

14898 N RLLNS BCH LP
HAYDEN LK ID
83835 -

DESCRIPTION OF PROPERTY

YEAR OF CONSTRUCTION	CONSTRUCTION TYPE	ROOF TYPE	NUMBER OF UNITS	OCCUPANCY
1992	FRAME	ASPHALT COMPOSITION	001	OWNER

COVERAGES - We provide insurance only for those coverages indicated by a specific limit or other notation.

SECTION I - PROPERTY				SECTION II - LIABILITY		ANNUAL PREMIUM
A - DWELLING OR MOBILE HOME	B - SEPARATE (OTHER) STRUCTURES	C - PERSONAL PROPERTY	D - LOSS OF USE	E - PERSONAL LIABILITY	F - MEDICAL PAY TO OTHERS	
\$295,000	\$29,500	\$221,250	\$147,500	NIL Each Occurrence	NIL Each Person	\$945.22

ENDORSEMENTS

ENDORSEMENT NUMBER	EDITION NUMBER	DESCRIPTION
E4040	1ED	ENDORSEMENT AMENDING SECTION II - EXCLUSION
E6018	1ED	AMENDING DEBRIS REMOVAL COVERAGE AND POLLUTION EXCLUSION
E6008	2ED	AMENDING PERSONAL INJURY - PROTECTOR PLUS
E4207	1ED	EXCLUSION AMENDING SECTION II - LIABILITY
E6047A	1ED	EXTENDED REPLACEMENT COST & BUILDING ORDINANCE OR LAW
E6401	3ED	SEWER AND DRAIN WATER DAMAGE COVERAGE ENDORSEMENT
H6104	2ED	AMENDING SECTION I LOSSES NOT INSURED - WATER DAMAGE
H6106	1ED	SPECIAL LIMITS ON SPORTS CARDS
J6180	1ED	ENDORSEMENT AMENDING THE LOSS SETTLEMENT PROVISION
S7504	1ED	OPTIONAL PAYMENT PLAN ON RENEWAL OF POLICY
		IMPORTANT NOTICE - ADDITIONAL ENDORSEMENTS SHOWN ON BACK

DISCOUNTS

50 PLUS, QUALITY ROOF, AND NON SMOKER DISCOUNTS HAVE BEEN APPLIED TO YOUR POLICY.

DEDUCTIBLES

\$500 Deductible is applicable to covered losses under Coverage A, B, C.

POLICY ACTIVITY

\$ NONE	Previous Balance
	Premium
	Fees
	Payments or Credits
\$ NONE	Total

ANY "TOTAL" BALANCE OR CREDIT \$7.00 OR LESS WILL BE APPLIED TO YOUR NEXT BILLING. BALANCES OVER \$7.00 ARE DUE UPON RECEIPT.

This Declarations page is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

Countersignature

AGENT: Brian L. Bunch

AGENT PHONE: (208) 762-1174

AGENT NUMBER: 75 67 331

Mark Abajian
Authorized Representative