

**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: 92-10669
Date Received: 07/06/2011 *flm*
Receipt No.: N027825

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN A. ROBERSON	724 S JERSTAD LN	SPOKANE VALLEY	WA	USA	99016
AMY JEAN ROBERSON	724 S JERSTAD LN	SPOKANE VALLEY	WA	USA	99016

2. Date of Priority:

Date	Explanation
4/14/1910	WATER IS WITHDRAWN WITH BUCKETS AT TWO POINTS ON THE SAME LARGE NATURAL POND TRIBUTARY TO THE ST MARIES RIVER SINCE. 1910. SERIAL PATENT 125117 ISSUE DATE 4.14.1910. SEE ATTACHEMNTS FOR ADDITIONAL EVIDENCE OF PRIORITY DATE.

3. Source:

Source	Tributary	Type
POND	ST MARIES RIVER	
POND	ST MARIES RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
45N	02W	4	8			BENEWAH
45N	02W	4	9			BENEWAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	3 / 1	11 / 1

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	45N	02W	4	SW	SE	BENEWAH	9	-

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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 7

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

AUTHORIZED REPRESENTATIVE of _____
 Title FOR JOHN A. AND AMY JEAN ROBERSON 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 Roger John Roberson Date July 6, 2011

Title and Organization ROGER JOHN ROBERSON

Please print name