

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: 94-7039

Date Received: 9/2/11

Receipt No.: N028023

RECEIVED

SEP 02 2011

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KATHLEEN & THOMAS BONASERA REVOCABLE TRUST	635 E ROUND UP CIRCLE	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
9/17/1973	

3. Source:

Source	Tributary	Type
UNNAMED STREAM	BEAR CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	01E	12		NE	SE	SHOSHONE

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	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	1.20	0.0

Totals:

CFS	AF	KW
0.040	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	51N	01E	12	NE	SE	SHOSHONE	-	-
DOMESTIC	51N	01E	12	SE	NE	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7039

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: _____

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): x Kathleen A Bonasuro Date: x 8/31/11
x _____ Date: x _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

x Trustee of x Kathleen and Thomas Bonasuro
 Title Organization Renocable Trust

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