

**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: 94-8344

Date Received: 09/15/2011 dm

Receipt No.: N#28099

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JAMES A. WILCOX	53247 SILVER VALLEY RD	KELLOGG	ID	USA	83837
SHIRLEY M. WILCOX	53247 SILVER VALLEY RD	KELLOGG	ID	USA	83837

2. Date of Priority:

Date	Explanation
1/1/1958	SHOSHONE COUNTY ASSESSOR INFORMATION (SEE ATTACHED) INDICATES HOME ON PROPERTY IN 1958.

3. Source:

Source	Tributary	Type
MOON CREEK	S. FORK COEUR D'ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	3		NW	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	2	-	TWO HOMES UNDER SAME OWNER AND IRRIGATION OF TRAILERS COURT LAWNS TOTAL LESS THAN .5 ACRES.

6. Season(s) of Use:

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

7. Quantity:

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Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0

Totals:

CFS	AF	KW
0.040	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	03E	3	NW	SE	SHOSHONE	-	-
DOMESTIC	48N	03E	3	SW	SE	SHOSHONE	-	-

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): Shirley M. Wilcox Date: 9-15-11
Pat H. Wilcox Date: 9-15-11

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