

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: 94-7026
Date Received: 9-15-11
Receipt No.: N028107A

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
SEP 15 2011
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LEISURE ACRES LLC	BOX 368	RATHDRUM	ID	USA	83858

2. Date of Priority:

Date	Explanation
12/8/1972	

3. Source:

Source	Tributary	Type
SPRING GULCH CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	14		NE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
MUNICIPAL	-	-	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
MUNICIPAL	0.100	0.00	0.0

Totals:

CFS	AF	KW
0.100	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MUNICIPAL	48N	03E	3	SW	NW	SHOSHONE	-	-
MUNICIPAL	48N	03E	13	NE	NW	SHOSHONE	-	-
MUNICIPAL	48N	03E	13	NW	NW	SHOSHONE	-	-

9. Basis of Claim:

Basis	WaterRight
License	94-7026

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):

[Signature], Owner

Date:

9/14/2011

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