

**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: *dm* **94-8439**

Date Received: *9/30/2011* *dm*

Receipt No.: *NO 28206 B*

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FRED C. SMITH	27706 S LATOUR CREEK RD	CATALDO	ID	USA	83810
SHARON L. SMITH	27706 S LATOUR CREEK RD	CATALDO	ID	USA	83810

2. Date of Priority:

Date	Explanation
4/5/1923	LAND SERIAL PATENT 901991 ISSUED 4.5.1923 (SEE ATTACHMENT).

3. Source:

Source	Tributary	Type
LATOUR CREEK	COEUR D'ALENE RIVER	INSTREAM BEGINNING
LATOUR CREEK	COEUR D ALENE RIVER	INSTREAM ENDING

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	01W	27		NW	NE	KOOTENAI
48N	01W	27		NW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	MIXED STOCK UP TO 10 HEAD, CATTLE, HORSES, ETC.
		Mixed Stock	1 - 10	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	48N	01W	27	NW	NE	KOOTENAI	-	-

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): *Paul C. Smith* Date: 9-30-11
Sharon L. Smith Date: 9-30-11

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