

**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: 94-8473

Date Received: 10/11/2011

Receipt No.: N028266C Am

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RICHARD GUTIERREZ	PO BOX 54	SILVERTON	ID	USA	83867
CONNIE L. GUTIERREZ	PO BOX 54	SILVERTON	ID	USA	83867

2. Date of Priority:

Date	Explanation
1/1/1970	HOME ON PROPERTY SINCE 1970 PER SHOSHONE COUNTY ASSESSOR. LAWN BEING IRRIGATED USING WATER FROM STREAM WHEN ONE OF CURRENT OWNERS STARTED RENTING PROPERTY IN 1986.

3. Source:

Source	Tributary	Type
REVENUE CREEK	S. FORK COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	21		NE	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	LAWN AND GARDEN IRRIGATION LESS THAN .5 ACRE. BACKUP USE FOR 1 HOME.

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	0.00	0.0
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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	04E	21	NE	NE	SHOSHONE	-	-
DOMESTIC	48N	04E	21	NW	NE	SHOSHONE	-	-

9. Basis of Claim:

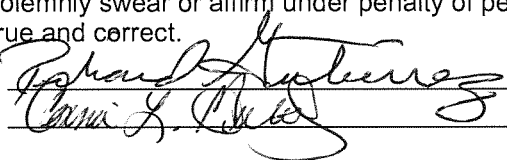
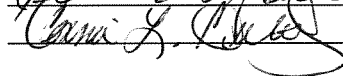
Basis
Beneficial Use

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: _____

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: 10-11-11
 Date: 10-11-11

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