

# Print Claim Stub

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|                            |                                                                   |
|----------------------------|-------------------------------------------------------------------|
| Claim Number:              | 95-9680                                                           |
| Claim Fee:                 | \$140.00                                                          |
| Claimant(s):               | LONESOME PINE RANCH INC.<br>P.O. BOX 299<br>BAYVIEW , ID<br>83803 |
| Claimed Purpose(s) of Use: | DOMESTIC<br>IRRIGATION                                            |

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**Office address and phone number:**

Idaho Department of Water Resources  
7600 Mineral Dr. Suite 100  
Coeur d'Alene, ID 83815  
(208) 762-2800