

**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: 94-2036**

Date Received: 11/23/2011 *dm*
Receipt No.: 2020634 B

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN J. UHL	PO BOX 1322	WALLACE	ID	USA	83873

2. Date of Priority:

Date	Explanation
4/27/1908	SEE ATTACHEMNT (ATTORNEY LETTER ADRESSED TO LUCILE WOODLAND). LUCILEE WOODLAND WAS MY FATHER S MOTHER.

3. Source:

Source	Tributary	Type
UNNAMED STREAM	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	27		NE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	3 ACRES.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.040	0.00	0.0
IRRIGATION	0.500	0.00	0.0

Totals:

CFS	AF	KW
0.500	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	3

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	04E	27	SE	NW	SHOSHONE	-	-
IRRIGATION	48N	04E	27	SE	NW	SHOSHONE	-	3

9. Basis of Claim:

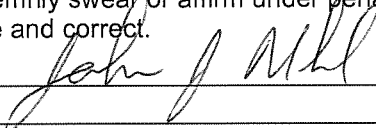
Basis	WaterRight
License	94-2036

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):  Date: 23 Nov 11
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