

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 95-8734
Date Received: 4/6/2010
Receipt No: NO 24751 B
Received By: A.F.

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JOHNSON 1992 REVOCABLE LIVING TRUST
5374 E MULLAN TRAIL RD
COEUR D ALENE ID USA 83814

Phone: (509)994-6045

2. Date of Priority: 12/20/1991

3. Source: UNNAMED STREAM , UNNAMED STREAM , UNNAMED STREAM , UNNAMED STREAM
Trib. to: COEUR D ALENE LAKE , COEUR D ALENE LAKE , COEUR D ALENE LAKE , COEUR D
ALENE LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	03W	21	SW SW	KOOTENAI	
50N	03W	21	SW SW	KOOTENAI	
50N	03W	21	SW SW	KOOTENAI	
50N	03W	21	SW SW	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A.
IRRIGATION STORAGE			1/01 12/31	1
IRRIGATION FROM STORAGE			3/15 11/15	1
FIRE PROTECTION STORAGE			1/01 12/31	1

7. Total Quantity Appropriated is:
1 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses: Recreation, fishing; Wildlife

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	03W	21	SW	SW	IRRIGATION FROM STORAGE	0.6
			SW	SW	IRRIGATION STORAGE	
			SW	SW	FIRE PROTECTION STORAGE	
Section Acres						0.6
Total Acres						0.6

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Water shall not be diverted from storage for fire protection use under this right except to fight or repel an existing fire.

15. Basis of Claim: License

16. 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: _____

(b.) For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Trustee of Johnson 1992-Living Trust
Title Organization

that I have signed the foregoing document in the space below as

trustee of Johnson 1992-Living Trust

and that the statements contained in the foregoing document are true and correct.

Shornes M. Johnson
Signature of Authorized Agent

Trustee Johnson 1992-Living Trust
Title and Organization

6-4-2010
Date