

208-762-2800

**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 49576
NUMBER:**

Ident. Number: 94-8605

Date Received: 11-25-11

Receipt No.: NØ28636

RECEIVED

NOV 25 2011

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

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL REYNOLDS	1619 N. 6TH STREET	BOISE	ID	USA	83702

2. Date of Priority:

Date	Explanation
1/1/1980	Guess as to original claim established prior to our ownership Ref claim 8995 - Edward and Helen White 94-4192

3. Source:

Source	Tributary	Type
UNNAMED STREAM	CANYON CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05E	18		NE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Drinking and irrigation 2 inch pipe outlet 1800 gal plastic storage

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	0.200	0.00	0.0

Totals:

CFS	AF	KW
0.200	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	05E	18	NE	SW	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: 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): Michael D. Kuykendall Date: 11/18/11
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