

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 95-12907

Date Received: 6/25/2010

Receipt No: *NO 25053*

Received By: *Jm*

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

CLYDE FIVE LLC Phone: (208)882.7797

3060 S U.S. HWY 95

MOSCOW ID USA 83843

2. Date of Priority: 08/07/2001

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
47N	02W	29	NW SE	KOOTENAI	

5. Description of diverting works: *Well*

ID 0013430

6. Water is used for the following purposes:

Connected to Trailer

Purpose	From	To	C.F.S.	<i>2001</i>	(or) A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
47N	03W	29	NW SE	3	DOMESTIC	

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:

None

14. Remarks:

15. Basis of Claim: Beneficial Use

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: 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.

Title

Organization

Claimant(s): _____ Date _____

Robert E. Clyde Manager Date: *June 25, 2010*

For Organizations: I swear or affirm that I am *(Manager of Clyde Fire)* of _____, that I have signed the foregoing Organization document in the space below as *Manager of Clyde Fire* of _____ and that the statements contained in the foregoing document are true and correct.

Notary Public

Robert E. Clyde

Residing at _____

My commission Expires _____