

ORIGINAL

Form No.42-1409-1 (Internet 12/08)

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 _____

Date Received: 12-2-11

Receipt No: N0281679

Received By: Steading

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) River Rats, LLC Phone (208) 752-1271

Mailing Address 416 Sixth Street Wallace ID ZIP 83873
Street or Box City State

2. Date of Priority (Only one (1) per claim) May 11, 2011
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (☒) (a) Well
which is tributary to (b) North Fork of the Coeur d'Alene River, Pritchard, Idaho, 60 Beaver Creek Road

4. a. Location of Point of Diversion is: Township 50N, Range 4E, Section 32,
_____, 1/4 of _____, 1/4 Govt. Lot _____, BM., County of Shoshone

Parcel (PIN) no. RP001100000050A

Additional points of diversion if any: none

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed
and as enlarged and the depth of each well. well

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

For Domestic purposes from Jan 1 to Dec 31 amount _____ or under 13,000

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) Domestic, 11 RV Spots for RV'S and tents

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
50N		32																	

Parcel (PIN) no(s) RP001100000050A

Total number of acres irrigated 2.6

10. In which county (ies) are lands listed above as place of use located? Shoshone

11. Do you own the property listed above as place of use? Yes (✓) No ()

If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks: Enclosed please find Warranty Deed with Legal Description, Certificate of Organization for River Rats, LLC, copy of Permit, Well Driller's Report, Map and 2011 Tax Bill/Receipt

Last Name River Rats, LLC Identification No. _____

14. Basis of Claim (Check One) Beneficial Use (✓) Posted Notice () License () Permit (X) Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number Tag No. 0059323

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 7 pages

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: _____

_____ Date: _____

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

President of River Rats, LLC,
Title Organization

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

President of River Rats, LLC,
Title Organization

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

Signature of Authorized Agent Hollis J Anderson Date 11-29-11

Title and Organization President, River Rats, LLC

16. Notice of Appearance:

Notice is hereby given that I, Hollis J. Anderson, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Hollis J Anderson Date 11-29-11

Address 416 Sixth Street
Wallace, ID 83873

Last Name River Rats, LLC Identification No. _____