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Receipt #

No 2 8293

~~*\$51.00*~~

\$51.00

10/14/11

Claim Number:	95-15821
Claim Fee:	\$51.00
Claimant(s):	CARL SWANSON
	395 HAZEL MEADOW RD BLANCHARD , ID 83804
Claimed Purpose(s) of Use:	DOMESTIC IRRIGATION

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Office address and phone number:
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