

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: 94-04193

Date Received: 12-19-11

Receipt No.: cm NO 28929

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED

DEC 19 2000

IDWR/Northern

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
U.S. SILVER CORPORATION	PO BOX 440	WALLACE	ID	USA	83873-0440

2. Date of Priority:

Date	Explanation
3/1/1959	From the IDWR Water Right Profile Report

3. Source:

Source	Tributary	Type
KILLBUCK CREEK	LAKE CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	29		NE	SE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
MINING	-	-	Make up water for mining and milling purposes

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
MINING	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
MINING	0.600	0.00	0.0

Totals:

CFS	AF	KW
0.600	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MINING	48N	04E	29	NE	SE	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: _____

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

_____ 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