

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: 94-04253

Date Received: 12-19-11

Receipt No.: N028924

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
DEC 19 2011
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
U.S. SILVER CORPORATION	P.O. BOX 440	WALLACE	ID	USA	83873

2. Date of Priority:

Date	Explanation
11/1/1940	I have the original IDWR Water Right Profile Report

3. Source:

Source	Tributary	Type
MC FARRAN GULCH CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	03E	24		NE	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
INDUSTRIAL	-	-	
MINING	-	-	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
INDUSTRIAL	1.500	0.00	0.0
MINING	1.500	0.00	0.0

Totals:

CFS	AF	KW
1.500	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
INDUSTRIAL	48N	03E	24	NE	NE	SHOSHONE	-	-
MINING	48N	03E	24	NE	NE	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

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