

**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: 94-07056

Date Received:

12-19-11
NO 28927

Receipt No.:

**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	PO BOX 440	WALLACE	ID	USA	83873-0440

2. Date of Priority:

Date	Explanation
7/14/1974	I have the original IDWR Water Right Profile Report

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	20		SE	NW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
COMMERCIAL	-	-	Make up water for mining and milling purposes
DOMESTIC	1	-	Domestic
FIRE PROTECTION	-	-	Fire Protection

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day

COMMERCIAL	1 / 1	12 / 31
DOMESTIC	1 / 1	12 / 31
FIRE PROTECTION	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
COMMERCIAL	0.380	0.00	0.0
DOMESTIC	0.040	1.20	0.0
FIRE PROTECTION	0.100	0.00	0.0

Totals:

CFS	AF	KW
0.520	1.20	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
COMMERCIAL	48N	04E	19	SE	SE	SHOSHONE	-	-
DOMESTIC	48N	04E	19	SE	SE	SHOSHONE	-	-
FIRE PROTECTION	48N	04E	19	SE	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