

**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: 94-07206

Date Received: 12-19-11

Receipt No.: N028926

**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
10/20/1981	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	-	-	

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW

COMMERCIAL	0.210	12.50	0.0
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Totals:

CFS	AF	KW
0.210	12.50	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
COMMERCIAL	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