

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED

DEC 19 2011

IDWR/NORTHERN

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: 94-07313

Date Received: 12-19-11

Receipt No.: NO 28922

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

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

2. Date of Priority:

Date	Explanation
1/21/1988	I have the original IDWR Water Right Profile Report

3. Source:

Source	Tributary	Type
PLACER CREEK	COEUR D ALENE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	04E	34		NE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
MINING	-	-	

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	0.450	325.80	0.0
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Totals:

CFS	AF	KW
0.450	325.80	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
MINING	48N	04E	34	NW	SW	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