

**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 94-4040  
Date Received: 12/15/11  
Receipt No: NO28895  
Received By: IK

**NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW  
For Domestic and/or Stockwater Purposes  
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s) HLT, Inc. Phone (208) 769.4100

Mailing Address 6500 N. Mineral Drive, Suite 200 Coeur d'Alene ID Zip 83815  
Street or Box City State

2. Date of Priority: (Only one per claim) 04-15-1957  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 49N, Range 2E, Section 35,  
NE\* 1/4 of SW\* 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Shoshone;

Parcel (PIN) no. N/A

Additional points of diversion if any: \_\_\_\_\_

If available, GPS coordinates: N/A

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well. 6", 250' deep w/1-1/2 HP Berkeley submersible pump with pressure system and pipeline.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic purposes from 01-01 to 12-31 amount 0.04 cfs(✓) or AFY( )  
For commercial purposes from 4-15 to 10-31 amount 0.04

7. Total Quantity claimed 0.04 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;  
Stockwater and Number of livestock) Domestic for an apartment on second floor of onsite structure;  
property has been used for commercial purposes in the past, and may be reserved for future commercial uses.

9. Location of Place of Use is: Township 49N, Range 2E, Section 35,  
NE\* 1/4 of SW\* 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. 49N-02E-35-4900  
If different than shown in Item 4  
for (Check One) **Domestic** (✓) **Stock** ( ) **Domestic and Stock** ( )

Additional places of use, if any Note: claim is issued for domestic and commercial purposes

10. In which county (ies) are lands listed above as place of use located? Shoshone

11. Do you own the property listed above as place of use? Yes (✓) No ( )  
If the answer is No, describe in Remarks below the authority you have to claim this water right.  
12. Describe any other water rights used at the same place and for the same purposes as described above.

\_\_\_\_\_ or None ( )

13. Remarks:  
\*1) Request for administrative correction POD/POU should be the NESW of Section 35, T49N R2E.  
2) See attached property ownership history/chain of title-deeds Metzgar through to current owner HLT, Inc.

14. Basis of Claim (Check One) Beneficial Use ( ) Posted Notice ( ) License ( ) Permit ( ) Decree ( )  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_  
If applicable provide IDWR Water Right Number 94-4040 (statutory claim)

15. Signature(s)  
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: two (map & deeds)

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

President \_\_\_\_\_ of HLT, Inc.,  
Title \_\_\_\_\_ Organization \_\_\_\_\_

that I have signed the foregoing document in the space below as

President \_\_\_\_\_ of HLT, Inc.,  
Title \_\_\_\_\_ Organization \_\_\_\_\_

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent James Salas Date 12/14/11

Title and Organization President - HLT, Inc.

16. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Last Name HLT, Inc. Identification No. \_\_\_\_\_