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: 91-7650

Date Received: 12/11/2011

Receipt No: T094422

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CHARLES MABBUTT Phone:(208) 882-8637
955 PEACHTREE DR
MOSCOW ID 83843
LARRY MABBUTT Phone:(208) 886-2696
105 SUNSET DR
MOSCOW ID 83352
JOSEPH MABBUTT Phone:(208) 342-6929
2402 W. STATE ST.
MOSCOW ID 83702
WILLIAM L MABBUTT Phone:(208)882-3657
2824 HWY 95 S
MOSCOW ID 83843

2. Date of Priority: 6/6/1933

3. Source: UNNAMED STREAM Tributary to: ST JOE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
45N	03E	11	NE	NW		SHOSHONE	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.12	0

7. Total Quantity Appropriated is: 0.12 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

Water Use	Type Of Stock	Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
45N	03E	11	NE	NW		DOMESTIC	
						Section Acres	

Total Acres

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Granted to Margaret Pilliard as Claim No. 91-4107

Description of use:	Water Use	Description
	DOMESTIC	Domestic and for some outside watering and also have well at cabin

14. Basis of Claim: Beneficial Use

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or 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 or 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