

RECEIVED
AUG 21 2012
DEPARTMENT OF
WATER RESOURCES

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: 94-9109
Date Received: 07/19/2012
Receipt No.: T095788

AMENDED

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JEFFREY SIMONSON	611 W RIVERSIDE AVE	KELLOGG	ID	USA	83837
JANET SIMONSON	611 W RIVERSIDE AVE	KELLOGG	ID	USA	83837
KATIE BRYAN	4305 N ROYAL ST	COEUR D ALENE	ID	USA	83815

2. Date of Priority:

Date	Explanation
8/8/2009	Actual date began use.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03E	26	1	NE	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	-	-	Water is used for an RV supply hookup.

6. Season(s) of Use:

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

7. Quantity:

Water Use CFS AF KW

DOMESTIC 0.020

Totals:

CFS AF KW

0.020

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03E	23	SE	SE	SHOSHONE	-	-
DOMESTIC	50N	03E	23	SE	SE	SHOSHONE	11	-
DOMESTIC	50N	03E	26	NE	NE	SHOSHONE	-	-
DOMESTIC	50N	03E	26	NE	NE	SHOSHONE	1	-

9. Basis of Claim:

Basis

Beneficial Use

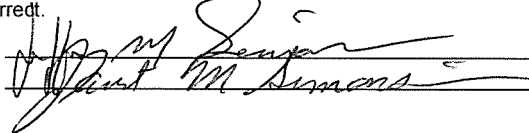
10. Signature(s):

(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: 8-15-2012

Date: 8-15-2012

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