

**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: 95-7034
Date Received: 10/12/2012 *dm*
Receipt No.: N/A

RECEIVED

OCT 12 2012

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

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RAMONA R. LIESCHE	1624 E JABBRA AVE	COEUR D ALENE	ID	USA	83815

2. Date of Priority:

Date	Explanation
10/7/1968	DECREEED DURING HAYDEN LAKE ADJUDICATION AS 95-7034.

3. Source:

Source	Tributary	Type
HAYDEN LAKE	TRIBUTARY UNKNOWN	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
51N	03W	16	3	SE	NW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

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	0.60	0.0

Totals:

CFS	AF	KW
0.020	0.57	

RECEIVED**OCT 12 2012****IDWR / NORTH****8. Place of Use:**

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	51N	03W	16	SE	NW	KOOTENAI	3	-

9. Basis of Claim:

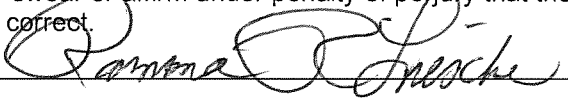
Basis	WaterRight
License	95-7034

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: - 0 -

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: 10/12/12
 _____ 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