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Claim Number:	95-8704
Claim Fee:	\$57.00
Claimant(s):	DALE A. WILDER
	5999 LACEWOOD LN
	POST FALLS , ID
	83854
	DONNA J. WILDER
	5999 LACEWOOD LN
	POST FALLS , ID
	83854
Claimed Purpose(s) of Use:	DOMESTIC
	IRRIGATION

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Office address and phone number:
Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800