

# Print Claim Stub

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Claim Number:

95-9330

Claim Fee:

\$25.00

Claimant(s):

NANCY L. LARSON CARLSON

PO BOX 35  
BREWSTER , WA  
98812

Claimed Purpose(s) of Use:

DOMESTIC

Receipt #  
N029706  
3/29/13  
b

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**Office address and phone number:**  
Idaho Department of Water Resources  
7600 Mineral Dr. Suite 100  
Coeur d'Alene, ID 83815  
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