

# Print Claim Stub

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|                            |                                     |
|----------------------------|-------------------------------------|
| Claim Number:              | 95-9331                             |
| Claim Fee:                 | \$25.00                             |
| Claimant(s):               | NANCY L. LARSON CARLSON             |
|                            | PO BOX 35<br>BREWSTER , WA<br>98812 |
| Claimed Purpose(s) of Use: | DOMESTIC                            |

Receipt #  
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**Office address and phone number:**  
Idaho Department of Water Resources  
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