

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A71-10024
Date Received: 9/19/1988
Receipt No: S002281
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MEITA D. WILSON 208-788-4809
Address: BOX 188
BELLEVUE, ID 83313

AND/OR

Name: DORA G. SCHLUNEGGER 208-774-3542
Address: % BEAVER CREEK STORE
KETCHUM, ID 83340

2. Date of Priority: JUN 10, 1958

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
07N	14E	22	SW	SW			BLAINE

5. Description of diverting works:
WELL & PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
COMMERCIAL	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
C/1 STORE

A71-10024

Page 1

Date: 09/19/88

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10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
07N	14E	22	SW	SW		COMMER	

11. Place of use in counties: BLAINE

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:
CLAIM FOR BEAVER CREEK COUNTRY STORE.

15. Basis of Claim: BENEFICIAL USE

16. 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 Snake 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 that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Meita Wilson Date: 9-19-88

Date: _____

State of Idaho)
County of TF) SS.

Subscribed and sworn (or affirmed) before me this 19th day
of Sept 19 88 Len White
Notary Public

Seal

Residing at TF
My Commission Expires 5/95



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. East, Twin Falls, Idaho 83301 (208) 736-3033

CECIL D. ANDRUS
Governor

March 2, 1992

R. KEITH HIGGINSON
Director

A71-10024
MEITA D. WILSON
BOX 188

BELLEVUE

ID 83313

RE: Evidence of Priority

RESPONSE DEADLINE

MAY 1, 1992

Dear Claimant:

The Notice(s) of Claim identified with the number shown above your name on the mailing label has been filed in the Snake River Basin Adjudication (SRBA). The Notice(s) indicate your water usage is based on "Beneficial Use" or a "Statutory Claim". Water rights of this type are established by the historical use of water, dating back to when water was first used for the purpose claimed. **The date of first use, known as the priority date, has not been confirmed by a License, Decree or Permit.** The Department will soon conduct reviews &/or field exams for the claims in your area. Since the priority date of a beneficial use water right can not be confirmed by field examination, **proof must be provided supporting the priority date you have claimed.**

The Department will not recommend the Notice(s) be decreed by the court as claimed if no evidence of a priority date is submitted.

Please find enclosed a computer printout of your Notice(s) and the pamphlet entitled "Evidence of Priority". The pamphlet describes the types of evidence required and suggests which documents will fulfill this requirement. I direct your attention to the two sections entitled "What Kind of Evidence is Required" and "Some Examples of Documents Which May Be Evidence of the Priority Date".

Please submit the required evidence supporting the priority date(s) by **May 1, 1992**, referencing all documents with the corresponding Notice number(s). If you have any questions not covered by this letter or the enclosed pamphlet, please contact this office.

Respectfully submitted,

Allen Merritt, P.E.
Water Rights Supervisor

Enclosures

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State of Idaho

DEPARTMENT OF WATER RESOURCES

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A71-10024
DORA G. SCHLUNEGGER
% BEAVER CREEK STORE

KETCHUM

ID 83340

RE: Evidence of Priority

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MAY 1, 1992

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Please submit the required evidence supporting the priority date(s) by May 1, 1992, referencing all documents with the corresponding Notice number(s). If you have any questions not covered by this letter or the enclosed pamphlet, please contact this office.

Respectfully submitted,

Allen Merritt, P.E.
Water Rights Supervisor

Enclosures

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FORM 1040

U. S. Treasury Department
Internal Revenue Service

U. S. INDIVIDUAL INCOME TAX RETURN - 1958

or Other Taxable Year Beginning 1958, Ending 195.....
(PLEASE TYPE OR PRINT)Name A. J. & DORA G. TREASE
(If this is a joint return of husband and wife, use first names and middle initials of both)Home address
(Number and street or rural route)HAILEY IDAHO
(City, town, or post office) (Postal zone number) (State)

Your Social Security Number

Occupation

MINER

Wife's Social Security Number

Occupation

GROCERY STORE

If Income Was All From Salaries and Wages, Use Pages 1 and 2 Only. See Page 3 of the Instructions.

Exemptions

1. Check blocks which apply. (a) Regular \$600 exemption. ☒ Yourself ☒ Wife Enter number of exemptions checked 2
(b) Additional \$600 exemption if 65 or over at end of taxable year. ☐ Yourself ☐ Wife
(c) Additional \$600 exemption if blind at end of taxable year. ☐ Yourself ☐ Wife
2. List first names of your children who qualify as dependents; give address if different from yours. Billy Enter number of children listed 1
3. Enter number of exemptions claimed for other persons listed at top of page 2.
4. Enter the total number of exemptions claimed on lines 1, 2, and 3. 3

5. Enter all wages, salaries, bonuses, commissions, tips, and other compensation before payroll deductions (including any excess of expense account or similar allowance paid by your employer over your ordinary and necessary business expenses. See instructions, pp. 5-6.)

Employer's Name	Where Employed (City and State)	(a) Wages, etc.	(b) Income Tax Withheld
Quinn Bros. & Robbins	Boise, Idaho	\$ 168 72	\$ 26 00
William Bilcoy	Salmon, Idaho	270 00	46 00
Salmon River Uranium Dev.	Salmon, Idaho	568 00	85 10
Isbell Const. Co.	Fallon, Nevada	2972 84	432 05
J. G. Drant	Salmon, Idaho	1238 00	201 08
Enter totals here		\$ 5217 56	\$ 784 23

6. Less: Excludable "Sick Pay" in line 5 (See instructions, page 7. Attach required statement.)
7. Balance (line 5 less line 6) \$ 5217 56
8. Profit (or loss) from business from separate Schedule C.
9. Profit (or loss) from farming from separate Schedule F.
10. Other income (or loss) from page 3 (dividends, interest, rents, pensions, etc.) 944 70
11. ADJUSTED GROSS INCOME (sum of lines 7, 8, 9, and 10) \$ 4186 66

Unmarried or legally separated persons qualifying as "Head of Household," see instructions, page 7, and check here ☐Widows and widowers with dependent child who are entitled to the special tax computation, see instructions, page 8, and check here ☐

12. Tax on income on line 11. (If line 11 is under \$5,000, and you do not itemize deductions, use Tax Table on page 16 of instructions to find your tax and check here ☐. If line 11 is \$5,000 or more, or if you itemize deductions, compute your tax on page 2 and enter here the amount from line 9, page 2.) \$ 392 00

Tax due or refund

If income was all from wages, omit lines 13 through 16

13. (a) Dividends received credit from line 5 of Schedule J.
(b) Retirement income credit from line 12 of Schedule K.
14. Balance (line 12 less line 13) \$ 392 00
15. Enter your self-employment tax from separate Schedule C or F.
16. Sum of lines 14 and 15 \$ 392 00
17. (a) Tax withheld (line 5 above). Attach Forms W-2, Copy B. \$ 784 23
(b) Payments and credits on 1958 Declaration of Estimated Tax (See page 8, instructions.) \$ 784 23
- District Director's office where paid
18. If your tax (line 12 or 16) is larger than your payments (line 17), enter the BALANCE DUE here \$
Pay in full with this return to "Internal Revenue Service." If less than \$1.00, file return without payment.
19. If your payments (line 17) are larger than your tax (line 12 or 16), enter the OVERPAYMENT here \$ 392 23
If less than \$1.00, the overpayment will be refunded only upon application.
20. Amount of line 19 to be: (a) Credited on 1959 estimated tax \$ (b) Refunded \$ 392.23

Did you receive an expense allowance or reimbursement, or charge expenses to your employer? ☐ Yes ☒ No (See page 6, instructions)
If "Yes," did you submit an itemized accounting of expenses to your employer? ☐ Yes ☒ No

County in which you live.

BLAINE

Is your wife (husband) filing a separate return for 1958? ☐ Yes ☒ No If "Yes," enter her (his) name.Do you owe any Federal tax for years before 1958? ☐ Yes ☒ No

I declare, under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has any knowledge.

Sign here

(Taxpayer's signature and date)

(If this is a joint return, BOTH HUSBAND AND WIFE MUST SIGN)

(Wife's signature and date)

(Signature of preparer other than taxpayer)

Hailey, Idaho
(Address)2/3/59
(Date)

c70-10-74567-1

ENSIGN, DAVIES & ENSIGN AGENCY

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IF INCOME WAS ALL FROM SALARIES AND WAGES, TEAR OFF THIS PAGE AND FILE ONLY PAGES 1 AND 2**Schedule A.—INCOME FROM DIVIDENDS** (Income from Savings (Building) and Loan Associations and Credit Unions should be entered as interest in Schedule B)

1. Name of qualifying corporation declaring dividend (See instructions, page 11):
(Indicate by (H), (W), (J) whether stock is held by husband, wife, or jointly)

Amount

\$

2. Total
3. Exclusion of \$50 (If both husband and wife received dividends, each is entitled to exclude not more than \$50 of his (her) own dividends)
4. Excess, if any, of line 2 over line 3. Enter here and on line 1, Schedule J
5. Name of nonqualifying corporation declaring dividend:

\$

\$

6. Enter total of lines 4 and 5. \$

Schedule B.—INCOME FROM INTEREST

Name of payer

Amount

Name of payer

Amount

~~Dan Ruffinen~~

\$ 360.00

\$

Enter total here→

360 00

Schedule D Summary.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY

1. From sale or exchange of capital assets (from separate Schedule D) 309 00
2. From sale or exchange of property other than capital assets (from separate Schedule D)

Schedule E.—INCOME FROM PENSIONS AND ANNUITIES (See instructions, page 12)**Part I.—General Rule**

1. Investment in contract \$
2. Expected return \$
3. Percentage of income to be excluded (line 1 divided by line 2) %
4. Amount received this year \$
5. Amount excludable (line 4 multiplied by line 3)
6. Taxable portion (excess of line 4 over line 5)

Part II.—Where your cost will be recovered within three years and your employer has contributed part of the cost

1. Cost of annuity (amounts you paid) \$
2. Cost received tax-free in past years
3. Remainder of cost (line 1 less line 2) \$
4. Amount received this year \$
5. Taxable portion (excess, if any, of line 4 over line 3)

Schedule G.—INCOME FROM RENTS AND ROYALTIES

1. Kind and location of property

2. Amount of rent or royalty

3. Depreciation (explain in Sch. I) or depletion

4. Repairs (attach itemized list)

5. Other expenses (attach itemized list)

Cabins

\$ 112.50

\$

\$

\$

1. Totals \$ \$ \$ \$
2. Net income (or loss) from rents and royalties (column 2 less sum of columns 3, 4, and 5) 112 50

Schedule H.—OTHER INCOME

1. Partnerships (name and address)
2. Estates or trusts (name and address)
3. Other sources (state nature) Taking Children to School 163 20

Total income (or loss) from above sources (Enter here and on line 10, page 1) \$ 944 70

c70-16-74557-1

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MAR 17 1993

SCHEDULE C
(Form 1040)

U. S. Treasury Department—Internal Revenue Service
PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION
(Compute Social Security Self-Employment Tax on Page 3)

1958

Attach this schedule to your Income Tax Return, Form 1040 — Partnerships, Joint Ventures, Etc., Must File On Form 1065
For Calendar Year 1958, or other taxable year beginning , 1958, and ending , 195

Name as shown on page 1, Form 1040 A. J. & DORA TRICASE

If you had more than one business, or husband and wife had separate businesses, a separate page 1 of Schedule C must be completed for each business.

A. Principal business activity: RETAIL GAS & GROCERIES
(See instructions, page 2) (Retail trade, wholesale trade, lawyer, etc.) (Principal product or service)

B. Business name: BEAVER CRE K STORE

C. Business location: HAILEY BLAINE IDAHIO
(Number and street or rural route) (City or post office) (County) (State)

D. Did you file an Employer Quarterly Tax Return, Form 941, for any quarter of 1958? ☐ Yes ☒ No E. Employer's Identification Number, if any None

F. Is this business within the legal boundaries of a municipality? ☐ Yes ☒ No
G. Did you own this business on December 31, 1958? ☒ Yes ☐ No H. How many months in 1958 did you own this business? 12

1. Total receipts \$ <u>7,364.73</u>	less allowances, rebates, and returns \$ <u>None</u>	\$ <u>7364.73</u>
2. Inventory at beginning of year	\$ <u>None</u>	
3. Merchandise purchased \$ <u>6949.32</u>	less any items withdrawn	\$ <u>6949.32</u>

INSTRUCTIONS

Page 2

If you owned a business, or practiced a profession, you must fill in separate Schedule C on other side and enter the net profit (or loss) on line 8, page 1, Form 1040.

Separate Schedule C should include income from (1) sale of merchandise, or products of manufacturing, mining, and construction; (2) business service; and (3) professional service. In general, you should report any income in the earning of which you have incurred expenses for material, labor, supplies, and the like.

All farmers should use separate Schedule F (Form 1040) to report their farm income whether reporting on the cash or accrual method. Income from any trade or business is subject to the social security self-employment tax, unless specifically excluded. See page 4.

Item A—Business Activity.—State the general classification of business activity, as well as the principal product or service. For example, "Wholesale food," "Retail men's apparel," "Manufacture of upholstered wooden household furniture," "Transportation by truck," "Broker, real estate," "Contractor—carpenter work," "Physician," etc. Do not use such terms as "partnership," "owner," "student," etc. The "principal business activity" is the one which accounts for the largest percentage of your total receipts.

Item C—Business Location.—Do not use home address as business address unless business is actually conducted from home.

Line 14—Taxes on Business and Business Property.—Include taxes paid or accrued on business property or incurred in carrying on your business. Federal import duties and Federal excise and stamp taxes are deductible if paid or incurred in carrying on a trade or business. Do not include taxes assessed against local benefits of a kind tending to increase the value of the property assessed, as for paving, sewers, front foot benefits, etc.

Line 15—Losses of Business Property.—You may deduct losses of business property by fire, storm, or other casualty, or theft, to the extent not compensated by insurance or otherwise and not made good by repairs claimed as a deduction. Attach a statement showing a description of the property, date acquired, cost, subsequent improvements, depreciation allowed or allowable since acquisition, insurance, salvage value, and deductible loss.

Line 16—Bad Debts Arising From Sales or Services.—Include debts, or portions thereof, arising from sales or professional services that have been included in income, which have been definitely ascertained to be worthless; or such reasonable amount as has been added within the taxable year to a reserve for bad debts. A debt which is deducted as bad and which reduces your tax must, if subsequently collected, be returned as income for the year in which collected.

13. Enter amount from line 9 above	\$
14. Balance (line 12 less line 13)	\$
15. Enter tax on amount on line 14 (Use applicable tax rate schedule on page 15 of Form 1040 Instructions)	\$
16. Enter 50 percent of line 13	\$
17. Alternative tax (line 15 plus line 16). If smaller than amount on line 6, page 2, Form 1040, enter this alternative tax on line 7, page 2, Form 1040	\$

(II) PROPERTY OTHER THAN CAPITAL ASSETS

a. Kind of property (if necessary, attach statement of descriptive details not shown below)	b. Date acquired (mo., day, yr.)	c. Date sold (mo., day, yr.)	d. Gross sales price (contract price)	e. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	f. Cost or other basis and cost of subsequent improvements (if not purchased, attach explanation)	g. Expense of sale	h. Gain or loss (column d plus column e less sum of columns f and g)
1.							\$
2. Enter your share of non-capital gain (or loss) from partnerships and fiduciaries							\$
3. Net gain (or loss) from lines 1 and 2. Enter here and on line 2, Schedule D Summary on page 3 of Form 1040							\$

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MAR 17 1959
459-10-74552-1

SCHEDULE C
(Form 1040)

U. S. Treasury Department—Internal Revenue Service
PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION
(Compute Social Security Self-Employment Tax on Page 3)

1958

Attach this schedule to your Income Tax Return, Form 1040 — Partnerships, Joint Ventures, Etc., Must File On Form 1065
For Calendar Year 1958, or other taxable year beginning , 1958, and ending , 195

Name as shown on page 1, Form 1040 A. J. & DORA TREASE

If you had more than one business, or husband and wife had separate businesses, a separate page 1 of Schedule C must be completed for each business.

A. Principal business activity: RETAIL (Retail trade, wholesale trade, lawyer, etc.) GAS & GROCERIES (Principal product or service)
(See instructions, page 2)

B. Business name: BEAVER CREEK STORE

C. Business location: HAILEY (City or post office) BLAINE (County) IDAHIO (State)
(Number and street or rural route)

D. Did you file an Employer Quarterly Tax Return, Form 941, for any quarter of 1958? ☐ Yes ☒ No. E. Employer's Identification Number, if any

F. Is this business within the legal boundaries of a municipality? ☐ Yes ☒ No.
G. Did you own this business on December 31, 1958? ☒ Yes ☐ No. H. How many months in 1958 did you own this business?

1. Total receipts \$ <u>7,364.73</u>	less allowances, rebates, and returns \$	\$ <u>7364.73</u>
2. Inventory at beginning of year	\$ <u>None</u>	
3. Merchandise purchased \$ <u>6949.32</u>	less any items withdrawn from business for personal use \$	
4. Cost of labor (do not include salary paid to yourself)	<u>6949.32</u>	
5. Material and supplies		
6. Other costs (explain in Schedule C-2)		
7. Total of lines 2 through 6	\$ <u>6949.32</u>	
8. Inventory at end of year	<u>255.15</u>	
9. Cost of goods sold (line 7 less line 8)		<u>6694.17</u>
10. Gross profit (line 1 less line 9)		\$ <u>670.56</u>

OTHER BUSINESS DEDUCTIONS

11. Salaries and wages not included on line 4 (exclude any paid to yourself)	\$ <u>586.00</u>	
12. Rent on business property	<u>40.00</u>	
13. Interest on business indebtedness	<u>162.00</u>	
14. Taxes on business and business property	<u>14.02</u>	
15. Losses of business property (attach statement)		
16. Bad debts arising from sales or services		
17. Depreciation (explain in Schedule C-1)	<u>941.91</u>	
18. Repairs (explain in Schedule C-2)		
19. Depletion of mines, oil and gas wells, timber, etc. (attach schedule)		
20. Amortization (attach statement)		
21. Other business expenses (explain in Schedule C-2)	<u>902.23</u>	
22. Total of lines 11 through 21		<u>2646.16</u>
23. Net profit (or loss) (line 10 less line 22). Enter here; on line 24, page 3; and on line 8, page 1, Form 1040	\$	<u>(1975 60)</u>

Schedule C-1. EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED ON LINE 17

1. Kind of property (If buildings, state material of which constructed). Exclude land and other nondepreciable property	2. Date acquired	3. Cost or other basis	4. Depreciation allowed (or allowable) in prior years	5. Method of computing depreciation	6. Rate (%) or life (years)	7. Depreciation for this year
Building	1-58	\$5000.00	\$ Nil	St. Line	20	\$ 250.00
Improvements	1-58	2528.39	Nil	"	20	146.42
Chain Saw	1-58	175.00	Nil	"	3	58.33
Well	1-58	353.50	Nil	"	40	8.38
Equipment	1-58	2400.00	Nil	"	10	240.00
Auto	2-58	3600.00	240.00	"	10	180.00
Pickup	1-58	175.00	Nil	"	3	58.33

Schedule C-2. EXPLANATION OF LINES 6, 18, AND 21

Line No.	Explanation	Amount	Line No.	Explanation	Amount
21	Insurance	\$ 131.41			
21	Licenses	250.10			
21	Fuel	155.79			
21	Electricity	221.93			
21	Car Expense	143.00			

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MAR 17 1993

48-14-74556-1

STATE OF IDAHO
INDIVIDUAL INCOME TAX RETURN
 FOR CALENDAR YEAR 1958

1958

Or fiscal year _____ 1958, to _____, 1959

FILE THIS RETURN WITH
 AND MAKE REMITTANCE
 TO
 STATE INCOME TAX DIV.
 BOISE, IDAHO
 on or before April 15, 1959

A. J. & DORA TREASE

(Name) Use given names of husband and wife

(Street and number or rural route)

HAILEY**BLAINE****IDAHO**

(Post Office)

(County)

(State)

MINERSoc. Sec. No. **600-03-1527**Occupation **GROCERY STORE** Soc. Sec. No. **616-22-1698**

(Do Not Use These Spaces)

Serial No. _____

Cash — Draft — M.O. —

Amount Paid

1. \$ **4186.66**2. CHECK YOUR STATUS ON LAST DAY OF TAXABLE YEAR: Married ☒ Single ☐ Widowed ☐ Separated ☐

3. NONRESIDENTS STATE NUMBER OF MONTHS EMPLOYED IN IDAHO DURING 1958 _____

DEPENDENTS (Do Not Include Husband or Wife)

Address—If different from yours

4. Name **Billy Schlunegger**Relationship
Son

5. EMPLOYER'S NAME

Location

Idaho W.H. Tax

Fed. W.H. Tax

Gross Wages

Quinn Bros. & Robbins,**Boise, Idaho**\$ **2 60**\$ **26 00**\$ **168 72****William Wilcox****Salmon, Idaho**\$ **4 00**\$ **40 00**\$ **270 00**• **Salmon River Uranium Co.****Salmon, Idaho**\$ **8 51**\$ **85 10**\$ **568 00****J. G. Drent****Salmon, Idaho**\$ **20 10**\$ **201 08**\$ **1238 00**

ENTER TOTALS

\$ **35 21**\$ **352 18**\$ **2244 72**

6. Net income, if any from page 3, or Farm Schedule 40 F _____

7. _____ This is your ADJUSTED GROSS INCOME

8. DEDUCT 10% of line 7, or \$500.00 **WHICHEVER IS SMALLER**, or actual from Line 6 or 7, Page 2, whichever is applicable. (Read Instructions Carefully) _____

9. _____ This is your ADJUSTED NET INCOME

10. Deduct Federal Income Tax \$ _____ Less refund \$ _____

(Do not include "self employment or F.I.C.A. tax"—See instructions)

11. _____ This is your NET INCOME

12. DEDUCT Personal Exemption) \$1,500 jointly for husband and wife _____

13. and Credit for Dependents) \$ 700.00 Single _____

14. **1** Dependents) \$ 200.00 Each _____

Number

15. TAXABLE INCOME direct or apportioned _____

16. COMPUTE COMMUNITY TAX on Page 2

COMPUTATION OF TAX

17. First \$1,000.00 or portion thereof of item 15 @ 2% _____

18. Second \$1,000.00 or portion thereof of item 15 @ 4% _____

19. Third \$1,000.00 or portion thereof of item 15 @ 5.5% _____

20. Fourth \$1,000.00 or portion thereof of item 15 @ 6.6% _____

21. Fifth \$1,000.00 or portion thereof of item 15 @ 7.7% _____

22. All taxable income in excess of \$5,000.00 @ 8.8% _____

23. Total tax as computed above or from Page 2 _____

Do Not Use This Space

24. SPECIFIC CREDIT FOR DEPENDENTS (Number of dependents claimed on Line 14 above times five dollars each, or the allocable portion thereof allowable from Line 7, Page 4) (See Instructions) _____

25. NET INCOME TAX DUE—The Amount of Line 23 less Line 24 _____

26. DEDUCT HERE, IDAHO Tax Withheld from Wages, Attach Forms 20-W _____

27. BALANCE DUE _____

28. OVERPAYMENT _____

1957

Is this a joint community return of husband and wife?

Yes

(Yes or no)

I/we declare, under penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me/us, and to the best of my/our knowledge and belief is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Property Relief Act of 1931, as amended, and the regulations issued under authority thereof.

4/1/59

(Signature of persons, other than taxpayer or agent)

(Date)

(Signature of taxpayer)

(Date)

ENSIGN, DAVIES & ENSIGN AGENCY

(If this is a joint return it must be signed by both husband and wife)

MICROFILMED**MAR 17 1993****4/1/59****4/1/59**

(Date)

COST OF GOODS SOLD		OTHER BUSINESS DEDUCTIONS	
(To be used where inventories are an income-determining factor.)			
(Enter the letters "C" or "C or M" on line 2 and 8 if inventories are valued at either cost, or cost or market, whichever is lower.)			
2. Inventory at beginning of year-----	\$	11. Salaries and wages not in line 4-----	\$ 586 00
3. Merchandise bought for sale---	\$	12. Interest on business indebtedness-----	\$ 162 00
4. Labor-----	\$	13. Taxes on business and business property-----	\$ 14 02
5. Material and supplies-----	\$	14. Loss (explain in Schedule K)-----	\$
6. Other costs (Explain in Schedule K)-----	\$	15. Bad debts arising from sales or services-----	\$
7. Total of lines 2 to 6-----	\$	16. Depreciation, obsolescence and depletion (explain in Schedule J)-----	\$ 941 91
8. Less inventory end of year----	\$	17. Rent, repairs, and other expenses (explain in Schedule K)-----	\$ 942 23
9. Net cost of goods sold (Line 7 less line 8)-----	\$	18. Amortization of emergency facilities (attach statement)-----	\$
10. Gross profit (line 1 less line 9)-----	\$	19. Net operating loss deduction (attach statement)-----	\$
		20. Total of lines 11 to 19-----	\$ 2646 16
		21. Total of lines 9 and 20-----	\$ 9340 33
		22. Net profit (or loss) (line 1 less line 21)-----	\$ (1975 60)

1. Kind of Property	Amount Received	Depreciation (Explain in Schedule J)	Repairs	Other Expenses (Itemized)	Net Profit
Cabins	\$ 112 50	\$	\$	\$	\$
					\$ 112 50

C. Profit (or loss) from sale of Capital Assets, Stocks, Bonds, etc., Page 4.....\$
 D. All interest received including interest on U.S. obligations\$ 360 00
 E. All dividends received including dividends of domestic Idaho corporations.....\$
 F. Refund of federal income or other taxes for which credit has been previously taken.....\$
 G. Income from Partnerships—list names\$
 H. Income from Farm Schedule 40-F.....\$
 I. Other Miscellaneous Income.....\$ 163 20

Taking Children to School
 Total Net Income to be entered on Line 6, Page 1.....\$ (1339 90)

1. Kind of property (if buildings, state material of which constructed). Exclude land and other non-depreciable property	2. Date acquired	3. Cost or value as of July 1, 1931	4. Depreciation allowed (or allowable in prior years)	5. Remaining cost or other basis to be recovered	6. Life used in accumulating depreciation	7. Estimated life from beginning of year	8. Depreciation allowable this year
Building	1-58	\$ 5000 00	\$ None	\$ 5000 00	20		250 00
Improvements	1-58	2528 39	None	2528 39	20		146 42
Chain Saw	1-58	175 00	None	175 00	3		58 33
Well	1-58	353 50	None	353 50	40		8 83
Equipment	1-58	2400 00	None	2400 00	10		240 00
Auto $\frac{1}{2}$	2-56	3600 00	240 00		10		180 00
Pickup	1-58	175 00	None	175 00	3		58 33

Rent	\$ 40 00	Car Expense	\$ 143 00
Insurance	131 41		
Licenses	250 10		
Fuel	155 79		
Electricity	221 93		

Francis Jones 29.98
 Ketchum Lumber 129.22
 Western Auto
 Rent for Sanders Paper 8.44
 Boise Pacific 13.28
 Man for Bar Stools 45.64
 Man for pipe 59.64
 Salt Lake Hardware
 Septer Tank 111.71
 Hardware 197.71
 Ketchum Lumber 84.25
 Lin. Lenoleum 15.00
 Francis Jones 20.03
 Nails 76
 Rock Wool 2.20
 Ketchum Lumber 3.25
 Francis Jones 20.03
 Western Auto 0.72
 Single Nails 1.38
 Francis Jones 19.07
 Salt Lake Hardware 49.81
 Ketchum Lumber Pipe fitting 7.86
 Francis Jones Cement 3.20
 Alaska Hose 34.84
 Francis Lenoleum 8.05
 Ketchum Lumber 15.41
 Francis Jones 1.83
 @ Cores 4.25
 Ketchum Lumber 13.05
 Back Picking 95
 Parts for Picking 1.15
 1 fitting for Oil Store .81
 Store pipe 13.45
 Total out 1902.12

Fishhook 7.56
 0.90
 Total out 8.46
 Larry Moore
 Help Well Driller 353.50
 Help 2 Boys 28.00
 Help Electrician 12.90
 Help 3 Boys 15.00
 Help for lone Ditch 20.00
 Help for 50.00
 Help for Joe 50.00
 Help for 50.00
 Help 50.00
 Help Digging Ditch 27.00
 Help 17.00
 Girl Help Hour 34.00
 Billy 65.50
 Help for Chimney rep 37.50
 Help fix up 53.00
 Help to fix Well
 over Concret
 Total out 486.90
 486.90

MICROFILMED
 MAR 17 1993

R PROOF

X

CVR

X

MAPS

X

PHOTOS

X

MISC

MICROFILMED
OCT 28 1981

Water Right Number - R71-10024

Prefix Translation: RESEARCH

Old (D) Number -

*** C - CURRENT OWNER ***
WILSON
Last Name
First Name
Address

SCHLUNEGGER

DORA G

1 - BOX 188
2 -
3 -
City- BELLEVUE
Phone - 208-788-4809
1 - % BEAVER CREEK STORE
2 -
3 -
City- KETCHUM
Phone - 208-774-3542
State- ID Zip- 83340

Priority Date - 06/10/1958
Region - ERROR IN REGION
Stage - J - BENEFICIAL USE
Status -

Source - GROUNDWATER
Tributary -

Trn Rng Sec Tract Lot Rflg County Point of Diversion
07N 14E 22 NW SW SM (13) BLAINE

Code Description Period From Period To Water Use Diversion Rate Diversion Volume
10 - COMMERCIAL 01/01 12/31 0.030 0.80

Total Div. Rate - 0.030
Total Div. Volume - 0.80
Total Consumptive Use - 0.0
KW Usage -

Trn Rng Sec Tract Lot Acres Code Description County
07N 14E 22 SW SM 10 COMMERCIAL (13) BLAINE

Total Acres:

- - - Diversion Means - WELL WITH 1/2 HP SUBMERSIBLE PUMP
- - - Non-Irrigation Use - COMMERCIAL/ SEE REMARKS
- - - Other Rights for Same Use - NONE
Remarks
COMMERCIAL USE INCLUDES: BEAVER CREEK STORE WITH GAS STATION,
RESIDENCE IN STORE AND POTABLE WATER
FOR 8 CABINS & 22 TRAILER OR RV SPACES.

MICROFILMED
OCT 28 1994

Water right number - R71-10024

Prefix Translation: RESEARCH

+ - - - - - Old Water Right Numbers - - - - - +
+ - - - - - Old Water Right Numbers - - - - - +
+ - - - - - No Old Water Right Numbers Found - - - - - +

+ - - - - - Conditions of Approval - - - - - +
+ - - - - - No Conditions of Approval found. - - - - - +

+ - - - - - Decree Plaintiff - - - + - - - - - Decree Defendant - - - + - - - - - Decree Date - - - +
+ - - - - - 00/00/0000

+ - - - - - Comments - - - - - +
Date: 10/05/1993 User Id: MERRITT Subject: COPIED FROM REMARKS
CLAIM FOR BEAVER CREEK COUNTRY STORE.

+ - - - - - Audit Fields - - - +
10/05/93 MERRITT

+ - - - - - Adjudication Rights Dates and Flags Area - - - - - +
Court Report Filing - 00/00/0000 Field Inspection Made - 06/02/1993 Civil Case Number - 39576
Objection Filed Date - 00/00/0000 Field Inspection Flag - 00/00/0000 Old Judicial District -
Response Filed Date - 00/00/0000 Verified Date - 00/00/0000 Temporary Right - P
Claim Received Date - 09/19/1988 Last Amended Date - 00/00/0000 Water District -
Receipt Number - S002281 Federal/State Indicator - S
POU Ownership Flag - Y Presumption Flag -
Name Connector - AND/OR Notice of Error Flag -

MICROFILMED
OCT 28 1994

POOR ORIGINAL

CLAIM A71-10024 INIT Adm
T. R. S. Q/Q
P/D 7N 14E 22 NWSWSW
PHOTO W-20
DT.&ID. _____

15 ✓

14

Camp Perkins

BM 7046

7153

7106

21

7129

22

23

Creek

P/D #
P/D

Smiley Creek
Landing Strip

NATION
7179

FOREST

Mile
400

BM 7160

Salmon

BOUNDARY

717

Smiley Creek
Lodge

27

7199

26

West
Bear

tooth
Camp

tooth
Camp

tooth
Camp
(Site)

32

3

35

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OCT 28 1994

DOOR ORIGINAL

ADm
6/2/93

A71-10024



Store & residence
with cabins &
RV parking in
back.



Spigot where
people in cabins
get their water.



Location of
well on north
side of store.

MICROFILMED
OCT 28 1994

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

06:51:43
05/28/92

CLAIM NUMBER: A71-10024

OWNER CODE	NAME & ADDRESS	PRIORITY DATE	WATER USE	USE PERIOD FROM TO	DIVERSION RATE	DIVERSION VOLUME
C	MEITA D. WILSON BOX 188 BELLEVUE ID 83313 (208) 788-4809	06/10/1958	COMMERCIAL	01-01 12-31	0.04 CFS	
				TOTAL DIVERSION:	0.04 CFS	

C DORA G. SCHLUNEGGER
% BEAVER CREEK STORE
KETCHUM ID 83340
(208) 774-3542

Water Source: GROUNDWATER

Tributary to:

Stage: BENEFICIAL USE

Point(s) of Diversion: T07N R14E S22 SWSW

BLAINE County

Place of use Legal Description for: COMMERCIAL

T	R	S	NE	NW	SE	SW	C
07N	14E	22					

POU County: BLAINE

Non-Irrigation Uses: C/I STORE

Other Rights: NONE

Non-Irrigation Use: C/I STORE

Remarks: CLAIM FOR BEAVER CREEK COUNTRY STORE.

Dates: Exam Made Date: Verified Date:

Misc: Water District Number: Field Inspection Flag: Presumption Flag:

MICROFILMED
OCT 28 1994

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

06:40:31
05/28/92

CLAIM NUMBER: A71-10024

WR ELEMENT	FIELD EXAM Y/N	CORRESPONDENCE SENT/RECEIVED BY WHOM/DATE	FIELD EXAM BY WHOM/DATE	CHANGE CLAIM Y/N	VERIFIED BY CODE	COMPLETED REVIEW WHOM/DATE	COMPLETED DATA ENTRY WHOM/DATE	VERIFIED DATE WHOM/DATE
PRIORITY DATE	Y		<i>ADL</i> <i>6/2/92</i>			<i>ADL</i>	<i>ADL</i>	
POINT OF DIV	Y			Y	1,5			
SETBACK	Y							
PLACE OF USE	Y							
DIV. AMOUNT CFS/VOLUME	Y			Y	5, calc.			
CONSUMPTIVE USE	-			Y	5, calc.			
PURPOSES	Y							
PERIOD OF USE								
BASIS OF CLAIM	Y							
REMARKS	Y		<i>D</i>			<i>D</i>	<i>D</i>	

VERIFIED BY CODES

TOPO MAP/ORTHO-PH = 1
 ASCS MAP = 2
 WATERMASTER RECORDS = 3
 MAPS PHOTOS = 4
 FIELD EXAM = 5
 OTHER (SEE REMARKS) = 6

THESE CODES ARE USED TO INDICATE HOW THE FIELD EXAMINER VERIFIED THE INFORMATION USED FOR THIS FIELD EXAMINATION. INDICATED ARE ALL CODES WHICH APPLY.

MICROFILMED
OCT 28 1994

A. CHECK ONLY THE FOLLOWING THAT APPLY:

OWNERSHIP
FOREFEIT/ABANDON
ADDITIONAL DIV. AMOUNT

ACCEPTED
AS CLAIMED
()
()
()

NEEDS
REVIEW
()
()
()

B. SPLIT WATER RIGHT REVIEW

ROOT WATER RIGHT NUMBER: 71-10024

DATABASE

EXAMINER

TOTAL DIVERSION RATE OF WR SPLITS

SPLITS:

OLD RIGHT
NUMBERS

CURRENT
CLAIM NUMBERS

DIVERSION
RATE

CURRENT "R"
CLAIM NUM.

"R" DIV.
RATE

WR RIGHT
NUMBERS

DIVERSION
RATE

A71-10024

0.040

TOTAL CFS

0.040

DIVERSION RATE REVIEW

DO THE SUM CFS RATE OF THE SPLITS EQUAL THE ROOT RIGHT CFS RATE? (Y/N)
IF NO, IS THE WRITTEN REVIEW SHEET ATTACHED? (Y/N)

DATABASE

FIELD
EXAMINER

REMARKS:

AUTHENTICATION:
SIGNATURE: *[Signature]*

DATE:

10/5/93

TITLE:

NAME OF FIELD EXAMINER:

MICROFILMED
OCT 28 1994

RECOMMENDATIONS:

REC. PURPOSES
REC. PERIOD
FROM TO

REC. DIV
RATE CFS
EXAMINER

REC. DIV
VOL. AF/A
EXAMINER

REC. CUNGS
USE
EXAMINER

Commercial

1/1 12/31

0.03

0.8

0.03 cfs

0.8 A.F.

MICROFILMED
10/28/94

TOTAL FOR THIS RIGHT

REVIEWED BY:

ADW

DATE:

10/5/93

Total Vol. = 244,000 g2l / 325900 g2l/AF = 0.8 AF

RATE/VOLUME CALCULATIONS: (IRRIGATION)

1. IRRIGATION RATE
 ACRES $\times$ 0.02 CFS/ACRE = CFS
 (Taken from p/u review)

1b. CALCULATIONS

DOES AMOUNT CLAIMED EXCEED 0.02 CFS/ACRE? Y() N()

*** IF YES ADDITIONAL WATER USE FORM FILED AND ATTACHED? Y() N() ***

2. IRRIGATION CONSUMPTIVE USE

CLAIMED CONSUMPTIVE USE = AE/A

ACRES $\times$ CONSUMPTIVE VOL. AE/A FOR AREA =

TOTAL CONSUMPTIVE USE AE/A

3. IRRIGATION DIVERSION VOLUME

CLAIMED DIVERSION VOLUME = AE/A

ACRES $\times$ DIVERSION VOL. AE/A FOR AREA =

TOTAL DIVERSION VOLUME AE/A

4. CALCULATIONS FOR USES OTHER THAN IRRIGATION:

SEE ATTACHED SHEET? Y() N() - See below

REMARKS: (Include limitations on CONSUMPTIVE USE for combined rights.)

The well supplies the store & gas station with residence with outside spigot for 8 cabins and 22 RV or trailer spaces. (The store & cabins & residence are used 5 mo/yr.) (The RV spaces are used 2 - 2 1/2 year; 5 spaces - 4 days/week for 5 mo.; 15 spaces 2 days/week for 5 mo.) The store & gas station averages 20 persons/day.

Store	400 gpd	$\times$ 150 days	=	60,000 gal
Gas Station	20 $\times$ 10 gpd	$\times$ 150 days	=	30,000 gal
Residence (1 person)	50 gpd	$\times$ 150 days	=	7,500 gal
Cabins	8 $\times$ 50 gpd	$\times$ 150 days	=	60,000 gal
RV	2 $\times$ 365	$\times$ 50	=	36,500 gal
	5 $\times$ 4	$\times$ 20 $\times$ 50	=	20,000 gal
	15 $\times$ 2	$\times$ 20 $\times$ 50	=	30,000 gal

MICROFILMED
 OCT 28 1994

A. DOES DIVERSION RATE CLAIMED AGREE WITH EXISTING RECORDS? Y() N()

AJ TOTAL CLAIMED DIVERSION RATE: 0.040 CFS
WR ROOT RIGHT TOTAL DIVERSION RATE: CFS

*** IF NO or IF STATUTORY CLAIM or BENEFICIAL USE then flow measurement required. ***
** If an amount smaller than the original diversion rate is **
** claimed and an exam is NOT required, explain in remarks. **

FLOW MEASUREMENT REQUIRED? FIELD
DUE TO STAGE OR DIVERSION RATE DISCREPANCY? (Y/N) Y DATABASE EXAMINER

B. FLOW MEASUREMENT

MEASUREMENT METHOD Theoretical
Calc. below SEE ATTACHED CALCULATIONS.

C. ARE OTHER WATER RIGHTS USED? Y() N() IF YES COMPLETE OVERLAP REVIEW.

OTHER RIGHTS LISTED IN CLAIM: NONE

LIST ALL RIGHTS WITH A SAME POU AND IRRIGATION USAGE:

CLAIM NO.	SOURCE	NAME	DIV. RATE	DIV. RATE/ACRE	DIV. VOL.	DIV. VOL./ACRE
A71-02091B	BEAVER CREEK	JUSTUS, DONALD K.	2.200	0.020		
A71-04023	SMILEY CREEK	SCHLUNEGGER, DORA G.	3.000	0.600		
A71-07083	BEAVER CREEK	JUSTUS, DONALD K.	4.060	0.020		
	GROUNDWATER					
I JUST ALL RIGHTS WITH SAME POU BUT NOT USED FOR IRRIGATION.						
CLAIM NO.	PURPOSES	NAME	MONTH/DAY	RATE	VOLUME	
A71-10017	DOMESTIC	JUSTUS, DONALD K.	FROM 01-01 TO 12-31	.020 CFS		

From Dore she indicated that the well was 50-60' deep and water level was about 40'. The pressure system has 2 low satfing of 35psi and the pump is 2 Sta wite 1/2 H.P.

$$Q_{theoretical} = \frac{8.8 \left(\frac{1}{2}\right) (0.7)}{40' + (35 \times 2.31)} = 0.03 \text{ cfs}$$

MICROFILMED
OCT 28 1994

A. AJ CLAIMED USES:

PURPOSES
A71-10024 COMMERCIAL

MONTH/MAY
FROM 01-01 TO 12-31

DIVERSION QUANTITY
.040 CFS

TOTAL DIVERSION RATE/VOLUME CLAIMED

.040 CFS

B. WR RECORDED USES:

PURPOSES

MONTH/DAY

DIVERSION QUANTITY

PRESUMPTION FLAG:

C. FIELD EXAM REQUIRED?

	(Y/N)	DATABASE	FIELD EXAMINER
DUE TO WATER-USE DISCREPANCY?	(Y/N)	Y	-----
DUE TO DIVERSION RATE DISCREPANCY?	(Y/N)	Y	-----
DUE TO PERIOD FROM/TO DISCREPANCY?	(Y/N)	N	-----

D. PERIOD OF USE:

RECOMMEND AS CLAIMED?

RECOMMEND TO WR STANDARDS OR OTHER?

Y(☒) N(☐)
Y(☐) N(☐)

Explain in remarks, below.

REMARKS:

MICROFILMED
OCT 28 1994

A. ROOT WATER RIGHT NUMBERS: A71-10024

B. POU LISTING

TWP	RNG	SEC	1/4	1/4	LOT	NAME	AJ #/ACRES	WR #/ACRES	LANDSAT DATA	FIELD EXAM.	REVIEW ACRES
07N	14E	22	SW	SW		WILSON, MELTA D.	A71-10024	7			
			SW	SW		JUSTUS, DONALD K.	A71-07083	/ 8.0	/		
			SW	SW		JUSTUS, DONALD K.	A71-10017	/	/		
			SW	SW		SCHLUNEGGER, DORA G.	A71-04023	/ 5.0	/ 5.0		
			SW	SW		JUSTUS, DONALD K.	A71-02091B	/ 8.0	/		
			SW	SW		JUSTUS, DONALD K.	71-02091	/ 8.0	/		

TOTAL ACRES A71-10024

IRRIGATED ACRES FOUND IN TRACTS OTHER THAN INDICATED ABOVE, Y () N ()
IF YES SEE ATTACHED SHEET.

C. FIELD EXAM REQUIRED?

DUE TO POU DISCREPANCY? (Y/N)

DATABASE Y FIELD EXAMINER

POU COUNTY: BLAINE

PRESUMPTION FLAG:

REMARKS:

Confirmed P/a with SWSW Sec 22 T 7N, R 14E.

RECOMMENDATIONS:

TOTAL ACRES:

N/A

REVIEWED BY:

ABM

DATE:

10/5/93

MICROFILMED
A71-10024
1993 OCT 13

A. AJ CLAIM POINT OF DIVERSION AND SOURCE:

RIGHT	TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	CNTY
A71-10024	07N	14E	22		SW	SW		BLAINE

OTHER AJ CLAIMS WITH SAME AJ POD
A PREFIX R PREFIX
A71-10017 NONE

WR RECORDS IN SAME 40 ACRE TRACT
NONE

SOURCE: GROUNDWATER

TRIB:

B. WR POINT OF DIVERSION AND SOURCE:

THERE IS NO WATER RIGHT RECORD WITH THE SAME CLAIM NUMBER

SOURCE: NO SOURCE FOR RECORD

TRIB: NO TRIBUTARY FOR RECORD

C. FIELD EXAM REQUIRED?

DOE TO POD DISCREPANCY?	(Y/N)	DATABASE	FIELD EXAMINER
DOE TO SOURCE DISCREPANCY?	(Y/N)	Y	

REMARKS:

well on north side of store. From ortho determined to be within NWSEW sec 22 T7N. R 14E.

RECOMMENDED POINT(S) OF DIVERSION AND SOURCE:

TWP.	RGE.	SEC.	1/4	1/4	1/4	LOT	COUNTY
7N	14E	22		NW	SW	SW	Blaine

SOURCE: Groundwater

TRIB:

DATE: 10/5/93

ADW

MICROFILMED
OCT 28 1994

A. AJ CLAIM: # A71-10024 PRIORITY DATE: 06-10-1958 STAGE: J

B. WR RECORD: NO WATER RIGHT RECORD TO MATCH THIS AJ CLAIM

C. FIELD EXAM REQUIRED? DATABASE EXAMINER

DUE TO PRIORITY DATE DISCREPANCY? (Y/N) Y

ARE THERE OBVIOUS REASONS TO QUESTION THE PRIORITY DATE CLAIMED? Y() N(☒)

REMARKS: Copy of 1958 tax return supports construction of well

at that time.

RECOMMENDED PRIORITY DATE:

6-10-1958

REVIEWED BY *AD* DATE 10/5/93

MICROFILMED

OCT 28 1994

CONTACT PERSON: _____

PHONE NUMBER: (____) _____

DATE OF FIELD EXAM: 6/2/93

APPOINTMENT MADE: Y(____) N(____)

TIME: ____:____ A(____) P(____)

ACCOMPANIED BY: Dora Schluegger

& later

RELATIONSHIP TO CLAIMANT: same

joined by Metz Wilson, daughter of

Dora.

DIRECTIONS TO PROPERTY / REMARKS:

MICROFILMED
OCT 28 1994

PAGE: 1
GENERAL INFORMATION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM VERIFICATION REPORT

CLAIM NUMBER: A71-10024

06:40:31
05/28/92

LAST: WILSON
ADDRESS: BOX 188
CITY: BELLEVUE
PHONE NUMBER: 208-788-4809
OWNER CODE: C
FIRST: MEITA D.
STATE: ID ZIP: 83313

NAME: SCHLUNEGGER
ADDRESS: % BEAVER CREEK STORE
CITY: KETCHUM
PHONE NUMBER: 208-774-3542
FIRST: UOKA G.
STATE: ID ZIP: 83340

OWNER CODE: C

FIELD EXAM REQUIRED? DATABASE FIELD EXAMINER
Y

VERIFICATION REQUIRED DUE TO REMARKS?

CLAIM REMARKS: CLAIM FOR BEAVER CREEK COUNTRY STORE.

MICROFILMED
OCT 28 1994