

**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: 93-7119
Date Received: 2-14-11
Receipt No.: NO 26566 C

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
THELMA M. JOHNSON	CO GARY JOHNSON & DALE JOHNSON 3844749 HWY 95	TENSED	ID	USA	83870

2. Date of Priority:

Date	Explanation
6/1/1986	SPRING FFD SHORT UNNAMED STREAM IS USED BY CATTLE. DATE IS WHEN CLAIMANT FAMILY PURCHASED PROPERTY AND MOVED LIVESTOCK TO PROPERTY.

3. Source:

Source	Tributary	Type
UNNAMED STREAM	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
44N	05W	34		SE	NW	BENEWAH

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

Water Use	Number Of Homes	Stock		Description
STOCKWATER	-	Type of Stock	Number of Stock	BEEF CATTLE.
		Cattle	26 - 50	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31

7. Quantity:

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FEB 23 2011
SCANNED

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	44N	05W	34	SE	NW	BENEWAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

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: _____

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): Thelma M. Johnson Date: 12-16-10
 _____ 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

SCANNED
 FEB 23 2011