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IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF
TWIN FALLSIN 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: 93-7129

Date Received: 2/3/2011

Receipt No: N026535

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

JIM D COMBS Phone:(208) 274-2550

2520 FOX RD

TENSED ID 83870

BARBARA J COMBS Phone:(208) 274-2550

2520 FOX RD

TENSED ID 83870

2. Date of Priority: 8/29/1995

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
44N	04W	16	SE SW		BENEWAH	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0
STOCKWATER	1 /1 12/31	0.02	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	25

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
44N	04W	16	SE SW		DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
44N	04W	16	SE SW		STOCKWATER	

Section Acres

93-7129

6/26/2013

Total Acres

10. Place of use in counties: BENEWAH

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

DOMESTIC

STOCKWATER

14. Basis of Claim: Beneficial Use

15. 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Jim Cuth Date: 7-8-13
Barbara Cuth Date: 7-8-13

For Organizations: I do solemnly swear or affirm under penalty or 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