

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 95-4733

Date Received: 01/10

Receipt No: ND24615 A

Received By: 162

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) MJK / BJK, LLC, An IDAHO LLC AND
MBK LAKE, LLC, An IDAHO LLC AND Phone (208) 882-3033
KAKM, LLC, An IDAHO LLC

Mailing Address PO Box 8308 MOSCOW IDAHO Zip 83843
Street or Box City State

2. Date of Priority: (Only one per claim) 5/1/1940
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) LAKE COEUR D'ALENE
SPOKANE RIVER
which is tributary to (b) LAKE COEUR D'ALENE

4. Location of Point of Diversion is: Township T49N, Range 4 W3M, Section 11,
1/4 of 1/4, or Govt. Lot 3 BM. County of KOOTENAI;

Parcel (PIN) no. 49N04W114750

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 3/15 Month/Day to 11/5 Month/Day cfs (X) or AFY () amount .04

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) DOMESTIC THREE HOUSEHOLD

MAILED - NOV
CENYVOS

9. Location of Place of Use is: Township 49 N, Range 04 W3M, Section 11,
_____ 1/4 of _____ 1/4, Govt. Lot 34 ~~4~~ BM. Parcel (PIN) no. 49N04W114750
If different than shown in Item 4
for (Check One) Domestic (☒) Stock (☐) Domestic and Stock (☐)

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (☒) No (☐)
If the answer is No, describe in Remarks below the authority you have to claim this water right.
12. Describe any other water rights used at the same place and for the same purposes as described above.
WELL PERMIT # 752189
WATER RIGHTS FROM A SPRING ON ADJACENT PROPERTY or None (☐)

13. Remarks:
SEE ATTACHED

14. Basis of Claim (Check One) Beneficial Use (☐) Posted Notice (☐) License (☐) Permit (☐) Decree (☐)
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number 95-4733

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 notices 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) _____ Date: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

MANAGER of MJK / BJK, LLC,
Title Organization

that I have signed the foregoing document in the space below as

MANAGER of MJK / BJK, LLC,
Title Organization

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

Signature of Authorized Agent [Signature] Date 5/28/2010

Title and Organization MANAGER, MJK / BJK, LLC

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
JUN - 1 2010

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

MANAGER of MBK LAKE, LLC,
Title Organization

that I have signed the foregoing document in the space below as

MANAGER of MBK LAKE, LLC,
Title Organization

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

Signature of Authorized Agent [Signature] Date 5/28/10

Title and Organization MANAGER, MBK LAKE, LLC

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

MANAGER of KAKM, LLC,
Title Organization

that I have signed the foregoing document in the space below as

MANAGER of KAKM, LLC,
Title Organization

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

Signature of Authorized Agent [Signature] Date 25 MAY 2010

Title and Organization MANAGER, KAKM, LLC

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
JUN - 1 2010