

**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: 95-7163
Date Received: 1/6/2014 Jim
Receipt No.: N030256 A

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
LINDA STALLCUP	PO BOX 2274	HAYDEN	ID	USA	83835

2. Date of Priority:

Date	Explanation
10/28/1971	

3. Source:

Source	Tributary	Type
UNNAMED STREAM	ALPINE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
52N	03W	30		SE	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
FIRE PROTECTION FROM STORAGE	-	-	.4 ACRE FEET POND
FIRE PROTECTION STORAGE	-	-	.4 ACRE FEET POND
WILDLIFE FROM STORAGE	-	-	.4 ACRE FEET POND
WILDLIFE STORAGE	-	-	.4 ACRE FEET POND

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
WILDLIFE STORAGE	1 / 1	12 / 31
WILDLIFE FROM STORAGE	1 / 1	12 / 31
FIRE PROTECTION STORAGE	1 / 1	12 / 31

FIRE PROTECTION FROM STORAGE	1 / 1	12 / 31
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7. Quantity:

Water Use	CFS	AF	KW
FIRE PROTECTION FROM STORAGE	0.000	0.40	0.0
FIRE PROTECTION STORAGE	0.000	0.40	0.0
WILDLIFE FROM STORAGE	0.000	0.40	0.0
WILDLIFE STORAGE	0.000	0.40	0.0

Totals:

CFS	AF	KW
0.000	0.40	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
FIRE PROTECTION FROM STORAGE	52N	03W	30	SE	SW	KOOTENAI	-	-
FIRE PROTECTION STORAGE	52N	03W	30	SE	SW	KOOTENAI	-	-
WILDLIFE FROM STORAGE	52N	03W	30	SE	SW	KOOTENAI	-	-
WILDLIFE STORAGE	52N	03W	30	SE	SW	KOOTENAI	-	-

9. Basis of Claim:

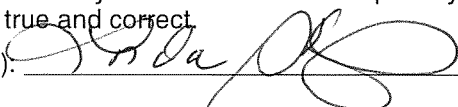
Basis	WaterRight
License	95-7163

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):  Date: 1/6/14
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.