

208-762-2800
Amended Claim

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 49576
NUMBER:
Ident. Number: 94-8605
Date Received: 11-25-11
Receipt No.: NØ28636

RECEIVED

NOV 25 2011

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR / NORTH

RECEIVED
DEC 18 2011
IDWR/NORTHERN

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
MICHAEL REYNOLDS	1619 N. 6TH STREET	BOISE	ID	USA	83702

2. Date of Priority:

Date	Explanation
1/1/1980	Guess as to original claim established prior to our ownership Ref claim 8995 - Edward and Helen White 94-4192

3. Source:

Source	Tributary	Type
UNNAMED STREAM	CANYON CREEK	

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4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
48N	05E	18		NE	SW	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Drinking and irrigation 2 inch pipe outlet 1800 gal plastic storage

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.200	0.00	0.0

SCANNED
DEC 18 2011

SCANNED
11/NOV 28 2011

Totals:

CFS	AF	KW
0.200	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	48N	05E	18	NE	SW	SHOSHONE	-	-

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: 1

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): Michael D. Rydberg Date: 11/18/11
 _____ 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
 DEC 19 2011

SCANNED
 NOV 28 2011