

COPY

RECEIVED

JUN 05 2011

IDWR / NORTH

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: 91-7650

Date Received: 12/11/2011

Receipt No: T094422

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CHARLES MABBUTT Phone:(208) 882-8637

955 PEACHTREE DR

MOSCOW ID 83843

LARRY MABBUTT Phone:(208) 886-2696

105 SUNSET DR

MOSCOW ID 83843

JOSEPH MABBUTT Phone:(208) 342-6929

2402 W STATE ST

BOISE ID 83702

WILLIAM L MABBUTT Phone:(208)882-3657

2824 HWY 95 S

MOSCOW ID 83843

2. Date of Priority: 6/6/1933

3. Source: UNNAMED STREAM Tributary to: ST JOE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
45N	03E	11	NE NW		SHOSHONE	

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	0.12	0

7. Total Quantity Appropriated is: 0.12 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
--------------------	-----------	---------------	-----------------

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
45N	03E	11	NE NW		DOMESTIC	
						Section Acres

91-7650

5/29/2014

Potlatch
Property
WLM

COPY

Total Acres

10. Place of use in counties: SHOSHONE

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

12. Other Water Rights Used:

13. Remarks:

Priority date description: Granted to Margaret Pilliard as Claim No. 91-4107

Description of use: Water Use
DOMESTIC

Description
Domestic and for some outside watering and also have well at cabin

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): William H. McPherson Date: 6/4/14

Date: _____

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

Title of Organization

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

Title of 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