

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

ID Number: 92-10987

Date Received: 9-9-14

Receipt No: ND307476

Amount: _____ By: cm

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
JTO_92_9
SEP 09 2014
IDWR/NORTHERN

Please type or print clearly

1. Name of claimant(s) Jackson Timberland Opportunities-Tristar, LLC Phone 208-762-6641
Mailing address 654 N. State Street Jackson MS ZIP 39202
Street or Box City State
2. Date of priority (only one (1) per claim) September 1, 1965 (EFH-2FF-94)
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) St. Joe River
which is tributary to (b) Coeur d'Alene Lake
4. a. Location of point of diversion is: Township 46N, Range 2W, Section 23,
NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of BENEWAH (MAP ID #1098)
Parcel (PIN) no. _____
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
Portable pump (5 hp), truck mounted pump or helicopter bucket.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd)

(cfs)

(acre-feet)

For Industrial purposes from 03-01 to 12-01 amount 0.2 or _____

For Fire Protection purposes from 03-01 to 12-01 amount 0.2 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.2 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): chemical application, dust abatement, fire suppression, truck washing (weed control)

9. Description of place of use: SEE ATTACHED LIST

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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

11. Do you own the property listed above as place of use? Yes (x) No ()

If your 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.

_____ or None (x)

13. Remarks:

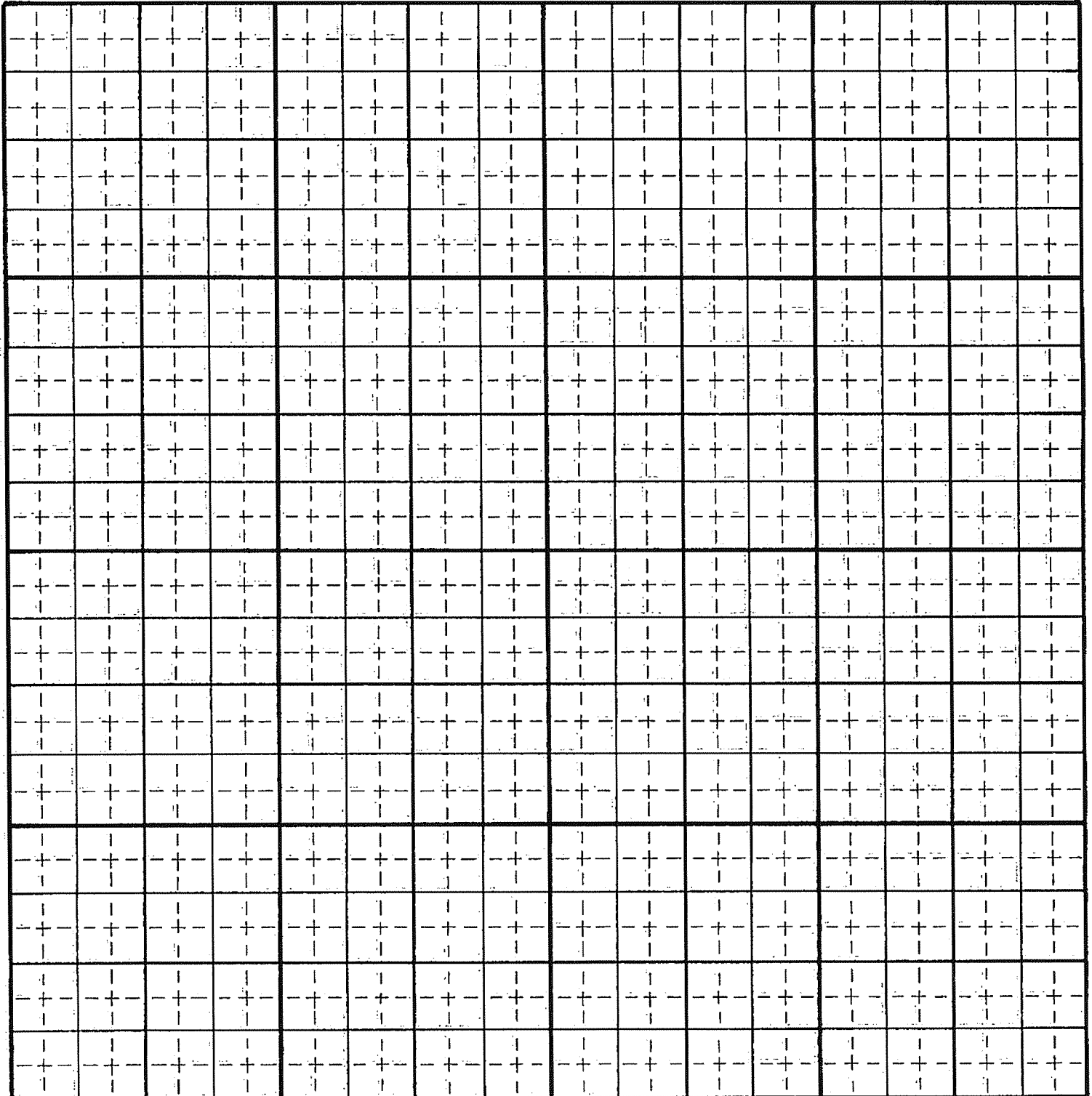
See attached map for location of point of diversion and place of use.

Last name Jackson Timberland Opp-Tristar Identification no. _____

PLACE OF USE (ATTACHMENT TO CLAIM FORM, ALSO SEE ATTACHED MAP)										JTO_92_9									
TRACT	Township	Range	Section	Northeast Quarter				Northwest Quarter				Southeast Quarter				Southwest Quarter			
				NENE	NWNE	SENE	SWNE	NENW	NWNW	SENW	SWNW	NESE	NWSE	SESE	SWSE	NESW	NWSW	SESW	SWSW
JTO_92_9	45N	1E	5						I/F		I/F						I/F		I/F
	45N	1E	19					I/F	I/F							I/F	I/F	I/F	I/F
	45N	1W	7					I/F	I/F	I/F	I/F					I/F	I/F	I/F	I/F
	45N	1W	31					I/F	I/F										
	44N	2W	3	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	44N	2W	4	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	44N	2W	5	I/F	I/F	I/F	I/F					I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	44N	2W	7	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	44N	2W	8	I/F		I/F	I/F					I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	45N	2W	33	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	45N	2W	34							I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	45N	2W	35	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	45N	3W	21																
	45N	1E	19					I/F	I/F										
	46N	1W	31									I/F		I/F	I/F				
	47N	2E	27														I/F	I/F	I/F
	47N	2E	28	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	29	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	30	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	31	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	32	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	33	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F	I/F
	47N	2E	34						I/F										

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name Jackson Timberland Opp-Tristar Identification no. _____

14. Basis of claim (check one) Beneficial Use (x) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

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 (x) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1 map & 1 list

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

Chief operating officer of Molpus Timberlands Management, LLC
Title Organization

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

authorized agent and property manager of Jackson Timberland Opportunities - Tristar, LLC
Title Organization

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

Signature of authorized agent [Signature] Date September 8, 2014

Title and organization Chief Operating Officer of Molpus Timberlands Management, 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 Jackson Timberland Opp-Tristar Identification no. _____