

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: 92-10986

Date Received: 9-9-14

Receipt No: N030747B

Amount: \_\_\_\_\_ By: cm

NOTICE OF CLAIM  
TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

RECEIVED  
JTO\_92\_2  
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-67)  
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water ( ) or Other (x) (a) Fork of Flat Creek  
which is tributary to (b) St. Maries River
4. a. Location of point of diversion is: Township 45N, Range 1W, Section 30,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_, B.M., County of BENEWAH  
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 MAP

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 |        |
| 45N | 1W  | 31  |    |    |    |    | I/F | I/F |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |     |     |    |    |    |    |    |    |    |    |    |    |        |

Parcel (PIN) no(s). \_\_\_\_\_

Total number of acres irrigated \_\_\_\_\_

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

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)

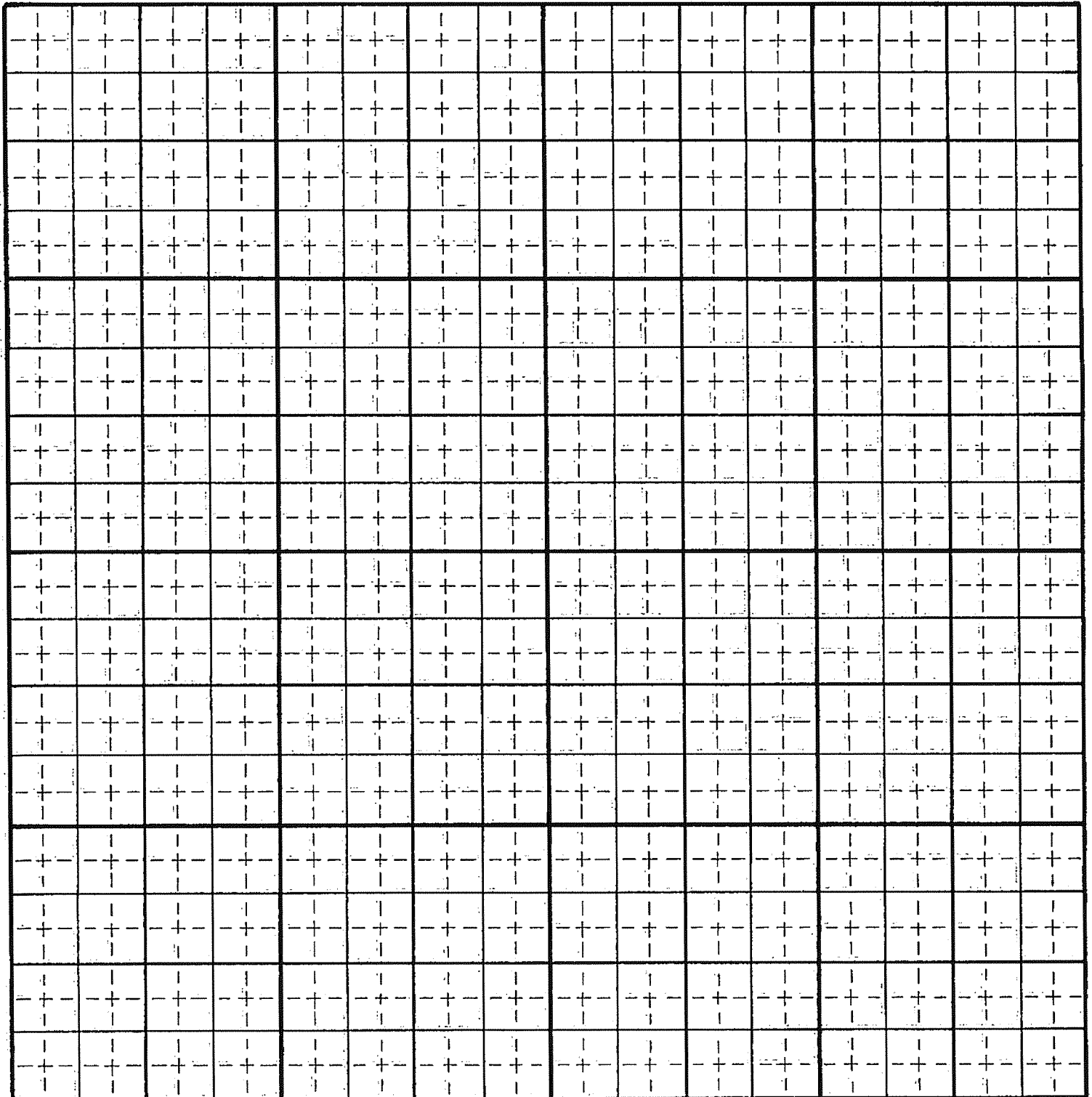
13. Remarks:

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

Last name Jackson Timberland Opp-Tristar Identification no. \_\_\_\_\_

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

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. \_\_\_\_\_