

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: 91-7855

Date Received: 1-22-2015

Receipt No: 1031022

Amount: 70.00 By: LC

RECEIVED

JAN 22 2015

IDWR/NORTHERN

NOTICE OF CLAIM  
TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW

CARTRI\_91\_1

Please type or print clearly

1. Name of claimant(s) Carmona 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) 07/31/1954  
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water ( ) or Other (x) (a) Prospector Creek  
which is tributary to (b) St. Joe River
4. a. Location of point of diversion is: Township 44N, Range 6E, Section 2,  
SE 1/4 of NE 1/4, or Govt. Lot \_\_\_\_\_, B.M., County of Shoshone (MAP ID 883)  
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:

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  |        |
| 44N | 6E  | 2   | 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 | 6E  | 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 |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |        |

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

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

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

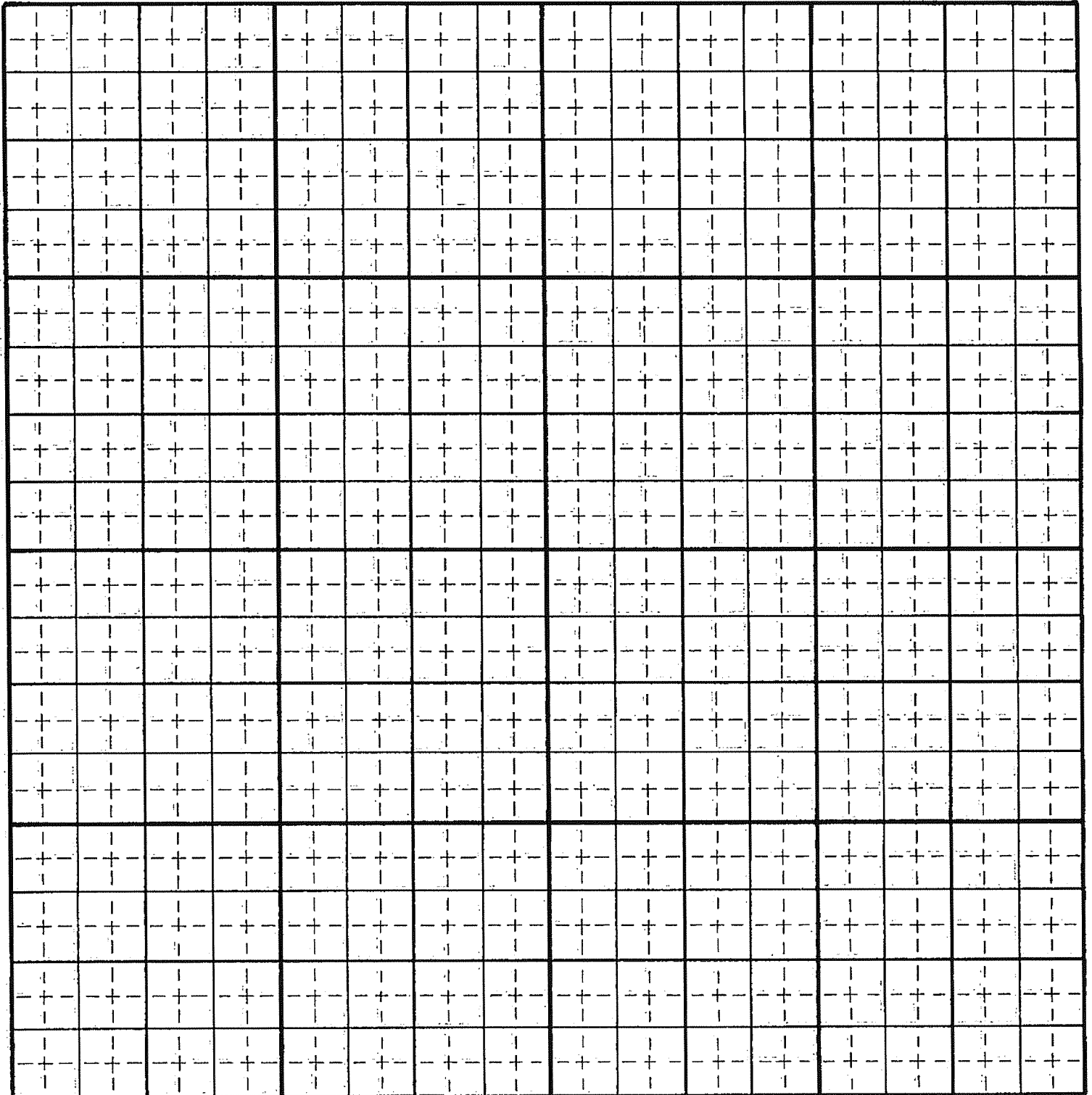
13. Remarks:

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

Last name Carmona Tristar, LLC 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 Carmona Tristar, LLC

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 Carmona Tristar, LLC  
Title Organization

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

Signature of authorized agent [Signature] Date January 20, 2015

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 Carmona Tristar, LLC Identification no. \_\_\_\_\_