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Form No.42-1409-1 (Internet 3/12)

**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: 91-7882Date Received: 1-22-15Receipt No: N031025Amount: \$70.00 By: Chad**NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

JTO_91_11

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) 09/09/1954
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) Shoepack Creek
which is tributary to (b) St. Joe River
4. a. Location of point of diversion is: Township 44N, Range 6E, Section 7,
NE 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of Shoshone (MAP ID #868)
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.

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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	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	

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 Jackson Timberland Opps

Identification no.

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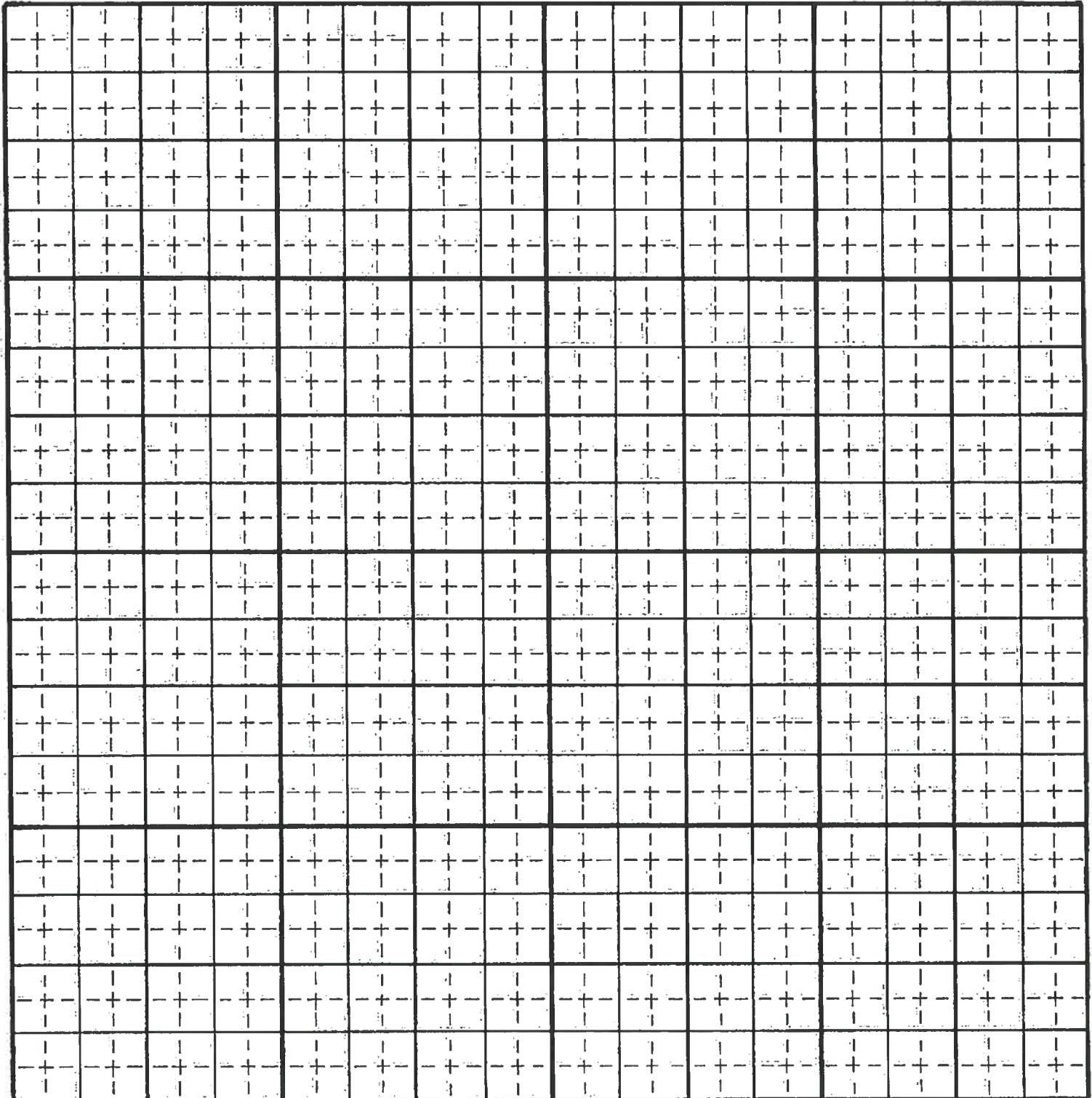
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Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



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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 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 _____

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Last name Jackson Timberland Opps Identification no. _____