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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: 95-14180

Date Received: ~~4/10/2010~~ 2/29/2015

Receipt No: N024110

Received By: LW

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

JERRY LENOX Phone:(208) 661-6418

PO BOX 3357

COEUR D ALENE ID 83816

JULIE LENOX Phone:(208) 661-6418

PO BOX 3357

COEUR D ALENE ID 83816

2. Date of Priority: 8/19/1998

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
50N	02W	30	NW SW	5	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.02	

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	02W	30	NW SW	5	DOMESTIC	
			SW SW	8	DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: KOOTENAI

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

95-14180

2/13/2015

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

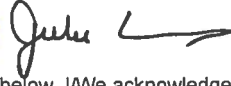
Description

DOMESTIC

one home with well

14. Basis of Claim: Beneficial Use

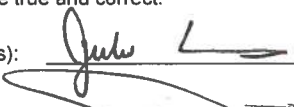
15. Signature(s)



(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 X 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):



Date: 2/18/15

Date: 2/18/15

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

_____ of _____
Title Organization

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

_____ of _____
Title 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