Form No. 42-1409-2 (Internet 11/08)

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 95-13938
Date Received: 03/19/2010
Receipt No: N023857A
Received By: Am

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Anton Strasser and/or Patricia Strasser Phone (208) 664-2995

   Mailing Address 1456 S Cedarbloom Rd (Street or Box) CdA (City) Id (State) Zip 83814

2. Date of Priority: (Only one per claim) 07-20-1979 (Month/Day/Year (YYYY))

3. Source of water supply (Check one) Ground Water (✓) or Other ( ) (a) N/A

   which is tributary to (b) N/A

4. Location of Point of Diversion is: Township 50 N, Range 3W, Section 21,

   SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

   Parcel (PIN) no. 50N03W-21-8520

   Additional points of diversion if any: N/A

   If available, GPS coordinates: N/A

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

   95-79-N-53 Well completed 1979 & Connected to new home in 1979

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

		Month/Day	Month/Day	cfs(✓) or AFY( )
For Domestic	purposes from	1-1	to 12-31	amount .04
For Stock water	purposes from	1-1	to 12-31	amount .02

7. Total Quantity claimed .04 cfs (✓) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) One home 10 head mixed stock.

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9. Location of Place of Use is: Township 50N, Range 3W, Section 21,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) **Domestic** ( ) **Stock** ( ) **Domestic and Stock** (✓)
Additional places of use, if any N/A

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

11. Do you own the property listed above as place of use? Yes (✓) No ( )
If the 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.
We own 95-8322 Stock water storage or None ( )

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (✓) 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 (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

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) Patricia Strasser Date: 3/19/10
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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 forgoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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