

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: 95-8961

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

RECEIVED

JUL 15 2015

IDWR/NORTHERN

Amended
NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) HAGADONE HOSPITALITY CO Phone (208) 664-8115
Mailing address C/O Janet Robnett, P.O. Box E, Coeur d'Alene, ID ZIP 83816
Street or Box City State
2. Date of priority (only one (1) per claim) 4-15-1997
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 50N, Range 3W, Section 20,
SW 1/4 of SW 1/4, or Govt. Lot 2, B.M., County of Kootenai
Parcel (PIN) no. _____
Additional points of diversion if any: 2 Points in same tract
If available, GPS coordinates: Well ID Numbers 274551 & 274118
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.
2 Wells and 6000 gallon of storage

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For Commercial purposes from 1-1 to 12-31 amount 0.04 or 11.4

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) 11.4 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): Commercial for 300 slip marina and a restaurant & lounge

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
50N	3W	20											LT 2						
50N	3W	19													LT 6				

Parcel (PIN) no(s). _____

Total number of acres irrigated _____

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 (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.

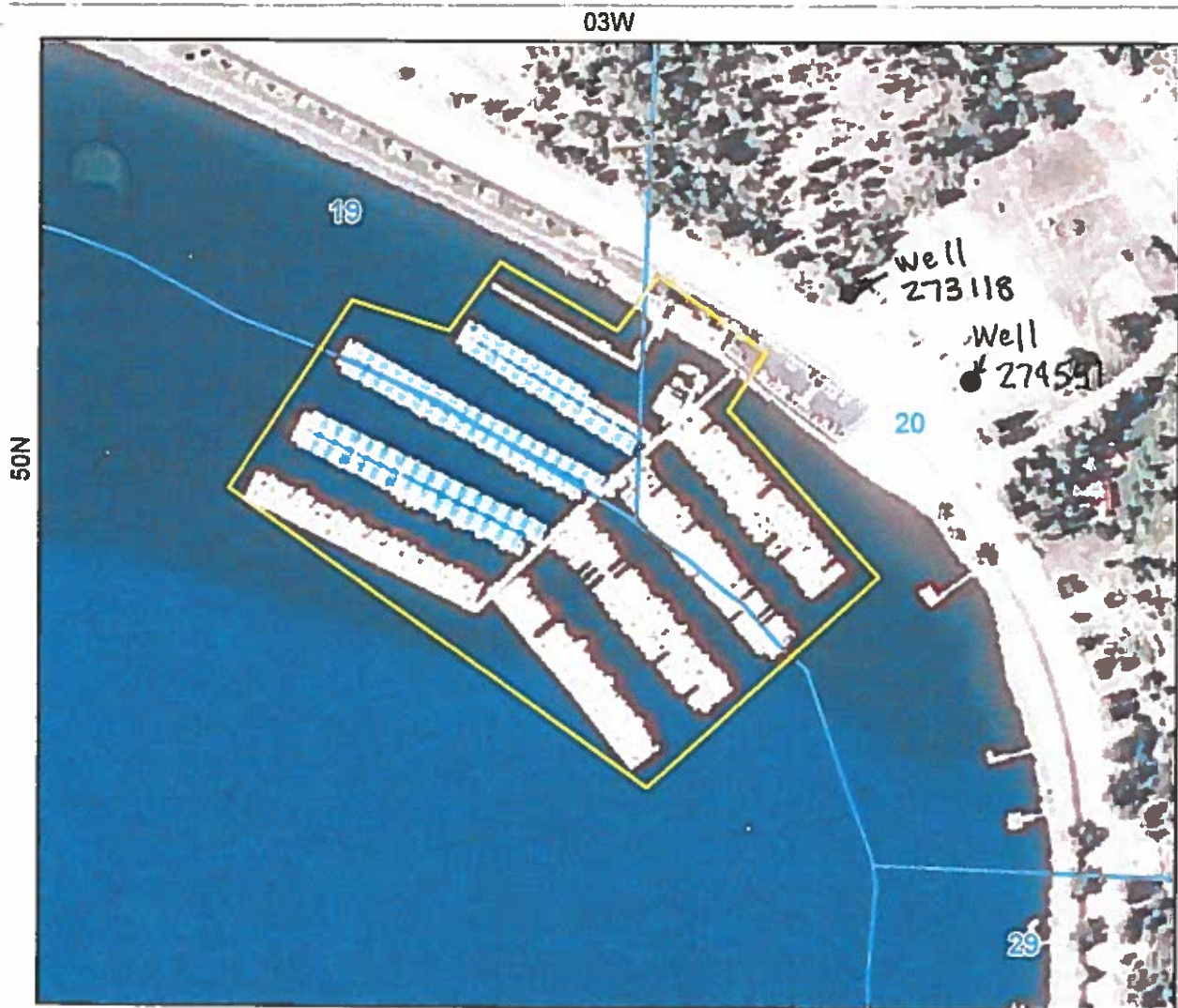
95-8641 or None ()

13. Remarks:

This an amended claim filed pursuant to the provisions of 42-1425. Two elements of the claim are affected by accomplished transfers. First, there are 2 points of diversion on this system. Secondly, the place of use, which has not changed, omitted property in Section 19.

Last name Hagadone Hospitality Identification no. _____

Map for Amended Claim No. 95-8961



14. Basis of claim (check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-8641

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 (X) do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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

Attorney of Hagadone Hospitality Co.
Title Organization

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

Attorney of Hagadone Hospitality Co.
Title Organization

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

Signature of authorized agent Janet D. Robnett Date 7/15/2015

Title and organization Attorney

16. Notice of appearance:

Notice is hereby given that I, Janet D. Robnett, 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 Janet D. Robnett Date 7/15/2015

Address PO Box E

Coeur d'Alene, ID 83816

Last name Hagadone Hospitality Identification no. _____