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

IDWR/NORTHERN

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: 95-17080

Date Received: 9-14-15

Receipt No: NJ 315320

Amount: _____ By: cm

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NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

CARTRI_95_2

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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) 7/2/1968
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) Un-named Trib.
which is tributary to (b) Lake Pend Oreille
4. a. Location of point of diversion is: Township 54N, Range 2W, Section 26,
SW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of Shoshone (MAP ID 451), Photo # DPLH 5B-5
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.

- (both dates are inclusive mm-dd) (cfs) (acre-feet)
- For Industrial purposes from 03-01 to 12-01 amount _____ or 0.2
- For Fire Protection purposes from 03-01 to 12-01 amount _____ or 0.2
- For _____ purposes from _____ to _____ amount _____ or _____
- For _____ purposes from _____ to _____ amount _____ or _____

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)

- 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.

[illegible]

Total number of acres irrigated

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.

- _____ or None (x)

- This aerial photo of the diversion point (#DPL-H 5B-5) was located in a looseleaf binder labeled 1968-70 on top of the photo cabinet in the Hayden Library.

Last name **Carmona Tristar, LLC** Identification no. _____

Scale: 2 inches equals 1 mile

A 16x16 grid of squares, each containing a crosshair pattern. The grid is composed of 16 columns and 16 rows, totaling 256 squares. Each square contains a crosshair pattern formed by a horizontal line, a vertical line, and two diagonal lines intersecting at the center. The lines are thin and black, set against a white background. The grid is used for handwriting practice, with the crosshairs providing a guide for letter placement and size.

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:

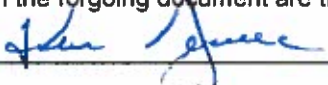
I do solemnly swear or affirm under penalty of perjury that I am

Chief Operating Officer _____ of The Molpus Woodlands Group, 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  Date September 11, 2015

Title and organization Chief Operating Officer of The Molpus Woodlands Group, 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. _____