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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 FALLSIN 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: 94-4220

Date Received: 11/2/2011

Receipt No: N028443

Received By:

AMENDED**NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW****1. Name of Claimant(s)**LESLEE STANLEY Phone: (208) 753-2651
PO BOX 268
SILVERTON ID 83867**2. Date of Priority:** 12/31/1967**3. Source:** UNNAMED STREAM **Tributary to:** SOUTH FORK COEUR D ALENE RIVER**4. Point of Diversion:**

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	04E	21	SW NW		SHOSHONE	

5. Description of diverting works:**6. Water is used for the following purposes:**

Purpose	From To	C.F.S.	(or) A.F.A
IRRIGATION	04/01 11/01	0.2	

7. Total Quantity Appropriated is: 0.2 C.F.S. and/or A.F.A**8. Non-irrigation uses:****9. Place of use:**

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	04E	21	NW NW		IRRIGATION	1
			SW NW		IRRIGATION	9
					Section Acres	10
					Total Acres	10

10. Place of use in counties: SHOSHONE**11. Do you own the property listed above as place of use?****12. Other Water Rights Used:****13. Remarks:**

Priority date description:

94-4220

10/9/2015

SCANNED

OCT 13 2015

Description of use: Water Use
IRRIGATION

Description
10 ACRES

14. Basis of Claim: Statutory Claim

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 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): Rebecca Stanley Date: 10-9-15

Date: _____

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

Title of _____
Organization

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

Title of _____
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