

Form No. 42-1409-2 (Internet 12/08)

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 95-15688Date Received: 6-1-2010Receipt No: N024627Received By: ED

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) SAGEWIND S.N. HOLDINGS LIMITED Phone ⁷⁰² (228) 528-6630
PARTNERSHIP

Mailing Address P.O. Box 90490 HENDERSON NV Zip 89009
Street or Box City State

2. Date of Priority: (Only one per claim) 07/17/1946
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒ or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 49N, Range 4W, Section 11
NE 1/4 of NE 1/4, or Govt. Lot 1 BM. County of KOOTENAI

Parcel (PIN) no. 49N04W110520

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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.

WELL, PUMP, TANK, LINES

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

For DOMESTIC purposes from ^{Month/Day} JAN 1 to ^{Month/Day} DEC 31 amount .04 cfs (4 or AFY) ☒

For DOMESTIC purposes from JAN 1 to DEC 31 amount 1.2 AF

7. Total Quantity claimed .04 and 1.2 cfs (☒ or AFY (☒

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) DOMESTIC

SCANNED
JUN - 2 2010

9. Location of Place of Use is: Township 49N, Range 4W, Section 11,
NE 1/4 of NE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. 49N04W110520
If different than shown in Item 4
 for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐

Additional places of use, if any _____

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.

_____ or None ☐

13. Remarks: THE TOP OF THE WELL AGREEMENT HAS THE
PRIORITY DATE.

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: ~~None~~ 3 Pages.

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) [Signature] Date: 6/1/10

 Date: _____

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

SECRETARY OF THE GENERAL PARTNER of SAGEWIND S.N. HOLDINGS,
Title Organization LIMITED PARTNERSHIP.

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

SECRETARY OF THE GENERAL PARTNER SAGEWIND S.N. HOLDINGS,
Title Organization L.P.

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

Signature of Authorized Agent [Signature] Date 6/1/10

Title and Organization Secretary of the general partner of Sagewind S.N. Holdings L.P.

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 [Signature] Date _____

Address PO _____

Last Name _____ Identification No. _____

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