

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 95-13735

Date Received: 3-9-10

Receipt No: N023732

Received By: cm

RECEIVED

MAR - 9 2010

IDWR/North

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) Coulter Family, LLC Phone (509) 954-4558

Mailing Address 4367 Echo Glenn Ln., Coeur d'Alene, ID Zip 83815
Street or Box City State

2. Date of Priority: (Only one per claim) 1900
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (X) (a) Lake Coeur d'Alene & spring
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 49N, Range 4WB, Section 1,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 49N04W016680- #147209

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.

springs (2) and pump from lake

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

For Domestic purposes from 5/1 to 10/1 amount .02
Month/Day Month/Day cfs(X) or AFY()

For Irrigation purposes from 6/15 to 9/15 amount .02

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

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

Stockwater and Number of livestock) (1) Domestic lake cabin served by springs;
(2) irrigation of .5 acres from lake

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

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 (X) 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 (X)

13. Remarks: Spring use started approximately 1900; lake use in 1960 -
See Deed dated 6/13/55 attached

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

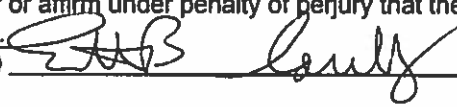
If applicable provide IDWR Water Right Number _____

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 () 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: 3/8/10

Date: _____

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

Everett B. Coulter, Jr. of Coulter Family, LLC,
Title Organization

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

Member of Coulter Family, LLC,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization Coulter Family, 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 _____ Identification No. _____

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