

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: 95-8793

Date Received: 6-27-16

Receipt No: N023229
N031999

Received By: am

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

1. Name of Claimant(s)

DOMINICAN SISTERS OF Phone: (208) 773-1894
IDAHO INC
20274 W RIVERVIEW DR
POST FALLS ID 83854

ROBERT J ROMAN Phone: (208) 773-2010
20530 W RIVERVIEW DR
POST FALLS ID 83854

KAREN L ROMAN Phone: (208) 773-2010
20530 W RIVERVIEW DR
POST FALLS ID 83854

RECEIVED
JUN 27 2016
IDWR/NORTHERN

2. Date of Priority: 1/3/1993

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
50N	06W	13	NW NE		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From</u>	<u>To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1	12/31	0.04	5.3

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 5.3 A.F.A

8. Non-irrigation uses:

1 Boarding School

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>
50N	05W	18	NW NW		DOMESTIC

SCANNED
JUN 27 2016

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used: None

13. Remarks:

The purpose of this amended claim is to add the owner of the place of use, Dominican Sisters of Idaho Inc., to the claim. Once the amended claim is accepted by IDWR, Robert and Karen Roman wish remove themselves as owners/claimants of claim no. 95-8793.

14. Basis of Claim: License

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): Robert J Roman Date: 6/22/16
Karen L Roman Date: 6/22/16

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

President of Dominican Sisters of Idaho
Title Organization

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

President of Dominican Sisters of Idaho
Title Organization

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

Signature of Authorized Agent L. Annun Dominiqne Farfaglia Date: 24 June 2016

Title and Organization President, Dominican Sisters of Idaho
Please print name

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JUN 27 2016