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DEPARTMENT OF
WATER RESOURCES

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: 95-8264
Date Received: 95-8264
Receipt No.: N024280

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KMPZ PROPERTIES	83 LAVERNE AVE	MILL VALLEY	CA	USA	94941

2. Date of Priority:

Date	Explanation
2/14/1983	Priority date of license 95-8264

3. Source:

Source	Tributary	Type
COEUR D ALENE LAKE	SPOKANE RIVER	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04W	9	3	SW	SE	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	2.40	0.0

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Totals:

CFS AF KW

0.020 2.40

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	49N	04W	9	SW	SE	KOOTENAI	3	-

9. Basis of Claim:

Basis

License

10. Remarks: Claim 95-12462 is being amended to claim licensed right 95-8264 for domestic use that includes 0.5 acres of irrigation.

11. 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.

Number of attachments: _____

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

Partner of KMPZ Properties
Title Organization

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

Partner of KMPZ Properties
Title Organization

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

Signature of Authorized Agent Karen Chuday Date 6/8/11
Title and Organization Partner, KMPZ Properties

Please print name

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