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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 FALLS NORTH

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 95-9905Date Received: 5/22/2009Receipt No: N020686Received By: tm

AMENDED

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) Charles G. & Kelly J. Bell Phone (200-617-8647)

Mailing Address 1985 E. Brunner Rd Arhol, Id Zip 83801
 Street or Box City State

2. Date of Priority: (Only one per claim) June 3, 1983
 Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 53N, Range 03W, Section 30,
SW 1/4 of SW 1/4, or Govt. Lot 4 BM. County of Kootenai;
 Parcel (PIN) no. 53N 03W-30-6050

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.

Pre-existing well 1980's, rebuilt by
"Brunner Water Assoc".

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
 For Domestic purposes from 01/01 to 12/31 amount .04 (cfs) or AFY ()

For _____ purposes from _____ to _____ amount _____

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) 2 X Home
KB 11/9/16

SCANNED

MAY 22 2009

9. Location of Place of Use is: Township 53N, Range 03W, Section 30,
SW 1/4 of SW 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 53N03W-30-6050
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: This is the only water source we have to our homes. KB 11/9/16

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 95-9905 Renumbered From 96-8221

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: 5 pages map, deed?, Well Inspection Form

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)

Kelly J Bell
Charles W Bell

Date: 5/20/09

Date: 5/20/09

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

_____ of _____,
Title Organization

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

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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