

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: ~~95-10713~~ 95-733

Date Received: 5/14/2009

Receipt No: T088687

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

SYLTE RANCH LLC Phone (208)687-1213
8626 W SYLTE RANCH RD
RATHDRUM ID 83858-6820

2. Date of Priority: 5/1/1950

3. Source: RATHDRUM CREEK Tributary to: SINKS

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>
52N	04W	30	NW SW		KOOTENAI	
52N	04W	30	SW SW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
IRRIGATION	3 /15 11/15	1	0
STOCKWATER	1 /1 12/31	0.23	14

7. Total Quantity Appropriated is: 1 C.F.S. and/or 14 A.F.A

8. Non-irrigation uses:

<u>Number of Homes:</u>	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
	STOCKWATER	Mixed Stock	1000

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	04W	30	NE SW		IRRIGATION	23
			NW SW	3	IRRIGATION	5
			SE SW		IRRIGATION	12
			SW SW	4	IRRIGATION	10

Section Acres 50

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
52N	04W	30	NW SW	3	STOCKWATER	
			SW SW	4	STOCKWATER	

Section Acres

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:

13. Remarks:

Priority date description:

Description of use:	Description
Water Use	
IRRIGATION	
STOCKWATER	

14. Basis of Claim: Decreed

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): _____ Date: _____
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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 _____

Please print name