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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

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: 95-8238
Date Received: 6-30-17
Receipt No.: NO32760

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
NORTHWEST MANAGEMENT PROPERTY, LLC	16201 EAST INDIANA AVE., SUITE 2600 SPOKANE VALLEY WA 99216	POST FALLS	ID	USA	83854

2. Date of Priority:

Date	Explanation
11/3/1982	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04W	6		NW	SW	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	X 40	2	-
IRRIGATION	-		-

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
DOMESTIC	1 / 1	12 / 31

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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.250	24.00	0.0
IRRIGATION	0.100	17.50	0.0

Totals:

CFS	AF	KW
0.250	24.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	5

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	04W	6	NW	SW	KOOTENAI	-	-
IRRIGATION	50N	04W	6	NW	SW	KOOTENAI	-	5

9. Basis of Claim:

Basis
Beneficial Use

10. 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: 6/21/17
_____ Date: _____

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

Title MEMBER of NW MANAGEMENT PROPERTY, LLC
Organization

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

Title MEMBER of NW MANAGEMENT PROPERTY, LLC
Organization

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

Signature of Authorized Agent _____ Date 6/21/17
Title and Organization RYAN MCCOBBLY
Please print name

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