

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 95-12289Date Received: 7/17/2009Receipt No: 202405Received By: dm

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) JAMES E. DRAKE Phone (208) 683-5853Mailing Address 13540 E. TWETE RD. ATHOL ID 83801
Street or Box City State Zip2. Date of Priority: (Only one per claim) 6 15 1998
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township S3 N., Range O2 W, Section 17
SE 1/4 of SW 1/4, or Govt. Lot — BM. County of KOOTENAI;Parcel (PIN) no. 53N02W-17-8550Additional points of diversion if any: NAIf available, GPS coordinates: NA

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.

HAND DUG 15' DEEP WELL DUG BY OWNER
SHALLOW WELL PUMP, PRESSURE TANK PLUMED TO ONE DWELLING

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/sec
Month/Day Month/Day cfs() or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed -04 cfs ☒ or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) ONE HOUSE/6 COWS

SCANNED

JUL 17 2009

9. Location of Place of Use is: Township 53N, Range 02W, Section 17,
SE 1/4 of SW 1/4, Govt. Lot — BM. Parcel (PIN) no. —

If different than shown in Item 4

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

Additional places of use, if any KOOTENAI

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: WELL INITIALLY USED FOR RV ON PROPERTY
SHOP BUILT 2000 RES. ADDED 2007

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 _____

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: 2

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) Jim & Mike Date: 7-14-09

Date: _____

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. _____

SCANNED

JUL 17 2009

11D-3517 04-94TW
01-875529-8

IDAHO

CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER
1FDKE30L6DHA31598

YEAR MAKE BODY MODEL DESCRIPTION
1983 TRUK MH TK AMATE

2ND VEHICLE IDENTIFICATION NUMBER

ODOMETER READING

DATE

EXEMPT

TITLE NUMBER
97363262

PRINT DATE
07/21/1997

WEIGHT

LENGTH

WIDTH

HULL

HORSEPOWER

PROPULSION

24 260

OWNER'S NAME AND ADDRESS

OTHER PERTINENT DATA

**DRAKE, JAMES
PO BOX 1790
POST FALLS, ID 83854**

Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

Assignment of Title

1 ODOMETER READING - Reading is actual unless indicated otherwise.
(NO TENTHS): DATE:

☐ In Excess of Mechanical Limits

☐ Exempt

☒ Not Actual - Warning: Odometer Discrepancy

☐ No Device

2 DATE SOLD:

SELLING PRICE:

3 SELLER'S/REPRESENTATIVE'S PRINTED NAME(S):

5 PURCHASER'S PRINTED NAME(S)

A

B

6 ADDRESS

7 CITY

STATE

ZIP

4 I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release my interest and transfer ownership to the named purchaser. SELLER'S/REPRESENTATIVE'S SIGNATURE:

A X

B X

8 I am aware of the odometer certification made by the seller.
PURCHASER'S/REPRESENTATIVE'S SIGNATURE:

A X

2nd PURCHASER'S/REPRESENTATIVE'S SIGNATURE (or representative's printed name):

B X

Lienholder Section

FIRST LIEN

NONE

SECOND LIEN

RECORDED 07/11/1997 16:00

9 SIGNATURE RELEASING LIEN

DATE

X

10 SIGNATURE RELEASING LIEN

DATE

X

11 NEW LIENHOLDER'S NAME

12 ADDRESS

13 CITY

STATE

ZIP

Alterations May Void This Document

AUDIT NO. **03003736**

DRAKE PIN 53N02W-17-8550

