

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 95-15842Date Received: 6-4-10Receipt No: NO 24754Received By: Ull

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JUN - 4 2010

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

IDWR / NORTH

1. Name of Claimant(s) John J. Hemmingson / Lakeside Holdings LLC Phone (509) 944-0674Mailing Address 341 N. Legend Tree Dr Liberty Lake WA Zip 99019
Street or Box City State2. Date of Priority: (Only one per claim) 4/25/2000
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) n/a
which is tributary to (b) n/a4. Location of Point of Diversion is: Township 50N, Range 3W, Section 33,
SE 1/4 of NW 1/4, or Govt. Lot 2 BM. County of Kootenai;
Parcel (PIN) no. 0-4620-000-029-AAdditional points of diversion if any: n/aIf available, GPS coordinates: n/a

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.

Tag# D-0-010456 : Well completed 4/2000 & connected to irrigation system for household lot less than 1/2 acre

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 (✓) or AFY ()

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

Stockwater and Number of livestock) household lot irrigation for one home and garage; home not yet built (future water for home)

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9. Location of Place of Use is: Township 50N, Range 3W, Section 33,

SE 1/4 of NW 1/4, Govt. Lot 2 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 n/a

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:

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

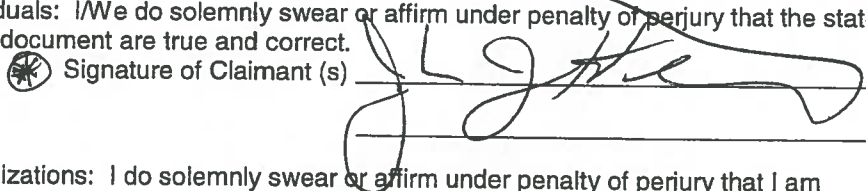
If applicable provide IDWR Water Right Number _____

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 map + annual report w/ companion sheet

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: 6/3/10

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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HEMMINGSON PIN 0-4620-000-029-A



No. W 48124	Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAKESIDE HOLDINGS, L.L.C. MELISSA S WELLS 1859 N LAKEWOOD DR STE 303 COEUR D ALENE ID 83814 USA		KEITH D BROWN 5112 E TWILA COURT POST FALLS ID 83854														
			3. <u>New</u> Registered Agent Signature:*														
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>JOHN HEMMINGSON</td> <td>341 N LEGEND TREE DRIVE</td> <td>LIBERTY LAKE</td> <td>WA</td> <td>USA</td> <td>99019</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER	JOHN HEMMINGSON	341 N LEGEND TREE DRIVE	LIBERTY LAKE	WA	USA	99019
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
MEMBER	JOHN HEMMINGSON	341 N LEGEND TREE DRIVE	LIBERTY LAKE	WA	USA	99019											
5. Organized Under the Laws of: ID W 48124	6. Annual Report must be signed.* <table border="1"> <tr> <td>Signature: Melissa Wells</td> <td>Date: 01/18/2010</td> </tr> <tr> <td>Name (type or print): Melissa Wells</td> <td>Title: Manager</td> </tr> </table>			Signature: Melissa Wells	Date: 01/18/2010	Name (type or print): Melissa Wells	Title: Manager										
Signature: Melissa Wells	Date: 01/18/2010																
Name (type or print): Melissa Wells	Title: Manager																
Processed 01/18/2010	* Electronically provided signatures are accepted as original signatures.																

O - 4620-000-029-A

attachment 2 of 2

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COMPANION SHEET FOR LAND SUBDIVIDED

CITY NO.	SUBD. NO.	BLOCK NO.	LOT & SPLIT NO.	GRANTOR	GRANTEE	REMARKS	DEED TYPE	DATE	BOOK & PAGE	SURVEY REF. NO.
0	000	000	000	Ida L. Hawkins Walter + Barbara Pytlewski Lawyers Asset Mogot Inc.	Walter Pytlewski plus Lawyers Asset Mogot Inc.	Mrs/Addr. chg.	12	9/21/87	353 778	
				Terre Hudson Sara Lynn S.R. Est. Max Hudson RECO Loxnesso BANK	Max Hudson Paul + Elison Lodsworth et al TRUSTEES	Index Name + add chg Name Cite - "Assets Trustees" / ASSET CHG. This Doc. Chained to U726, U727 PER ATTACHED MEMO.	12	9/21/87	1420155	
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