

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 95-15552

Date Received: 10-8-10

Receipt No: N026075

Received By: W

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

RECEIVED

OCT - 8 2010

IDWR/NORTHERN

1. Name of Claimant(s) Keyes2Life, LLC Phone (509) 747-4989

Mailing Address 5909 S. Dearborn Rd Spokane WA Zip 99223
Street or Box City State

2. Date of Priority: (Only one per claim) 12/31/1950
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (✓) (a) from Lake Coeur d' Alene
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 47 North, Range 04 West, Section 03,
S.E. 1/4 of N.E. 1/4, or Govt. Lot 2 B.M. County of Kootenai;
Parcel (PIN) no. 084400000040 /VIEW POINT, LT 4 03 47

Additional points of diversion if any: N/A

If 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.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic purposes purposes from 01/01 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.04 ^{cfs(✓) or AFY()}

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) Domestic - one home.

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9. Location of Place of Use is: Township 47 North, Range 04 West, Section 03,
S.E. 1/4 of N.E. 1/4, Govt. Lot 02 BM. Parcel (PIN) no. 084400000040 (see above)
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 County

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: 0

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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am
the managing member _____ of Keyes2Life, LLC

Title

Organization

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

the managing member/owner _____ of Keyes2Life, LLC

Title

Organization

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

Signature of Authorized Agent Mia Keyes Date 10/7/2010

Title and Organization Managing Member of Keyes2Life, LLC

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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