

## Print Claim Stub

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|                            |                                           |
|----------------------------|-------------------------------------------|
| Claim Number:              | 87-10635                                  |
| Claim Fee:                 | \$25.00                                   |
| Claimant(s):               | JOYCE RODMAN                              |
|                            | 8810 W 1ST AVE<br>KENNEWICK , WA<br>99336 |
| Claimed Purpose(s) of Use: | STOCKWATER                                |

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**Office address and phone number:**

Idaho Department of Water Resources  
7600 Mineral Dr. Suite 100  
Coeur d'Alene, ID 83815  
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