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Claim Number:	87-10631
Claim Fee:	\$25.00
Claimant(s):	JOYCE RODMAN
	8810 W 1ST AVE KENNEWICK , WA 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
(208) 762-2800