

DEPARTMENT OF
WATER RESOURCES

My name is ANISARA NEGRU

My address is 8216 W. CONKLING RD
WORLEY, ID 83876

My phone number is: work — Home (208) 966-6291

☐ I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

☒ I must amend my Notice of Claim to the use of water in the CSRBA because:

TO CLAIM FULL LICENSE

☒ I am providing legal and factual documentation to support my amended Notice of Claim. You must describe these documents and attach a readable copy.

SEE ATTACHED LICENSE

I have attached:

☒ A fully completed amended Notice of Claim (available from IDWR).

☐ Any additional claim filing fee required pursuant to I.C. §42-1414(2). To determine this amount, contact IDWR at (800) 451-4129.

I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.

A. Negru

(Signature of person filing motion)

(Attorney signing in representative capacity)

INSTRUCTIONS FOR MAILING

You must mail this motion to the Clerk of the court. **FAX filings will not be accepted.**
You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on 03/04, 2020, I mailed the original and copies of this motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. One copy to each party involved in the Subcase, including the claimant, all objectors, respondents and any party granted participation. Attach a list of names and addresses.

3. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of the Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Movant or attorney
mailing on Movant's behalf