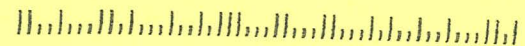


Return Service Requested

UNITED STATES POSTAGE
EAGLE
FITNEY BOWES
02 1M
0004227270
MAILED FROM ZIP CODE 83702
\$ 00.312
OCT 23 2007

RETURN TO SENDER

HAAG-35000000



**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

In Re SRBA	)	Water Rights: 67-4163, 67-7061, 67-7294
	)	
Case No. 39576	)	AMENDED NOTICE OF COMPLETED
_____	)	ADMINISTRATIVE PROCEEDING

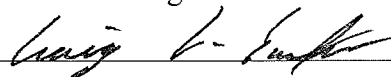
IDWR has completed the following administrative proceeding:

- ☐ Address change
- ☒ Substitution of Party
- ☐ IC § 42-222
 - ☐ Point of diversion ☐ Place of use
 - ☐ Period of use ☐ Nature of use
 - ☐ Split of water right ☐ Change in ownership
- ☐ Other: License Issued

IDWR certifies that it has completed its investigation into the changes to the elements of the water right(s) listed above as set forth in the attached *Amended Director's Report(s)* for said water right(s). No other changes have been made to the elements of these water right(s) except as set forth above.

IDWR has served copies of the *Notice of Completed Administrative Proceeding* and *Amended Director's Report(s)* on the claimant(s), prior claimant(s) and all parties in the subcases affected, if any, as reflected on the attached certificate of mailing.

DATED: 10-18-07



Signature of IDWR Representative

CERTIFICATE OF MAILING

I certify that on October 22, 2007, I delivered the original and copies of this form, including all attachments, to the following persons, postage prepaid if required and addressed as follows:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
P.O. Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

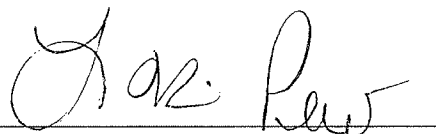
Clive Strong
Office of the Attorney General
P.O. Box 44449
Boise, ID 83711-4449

United States Dept of Justice
Environment & Natural Resource Div
550 W. Fort St. MSC 033
Boise, ID 83724

3. Copies to all parties to the subcase:

Robert and Josephine North
6321 NW 34th St.
Hollywood, FL 33024

John and Sharman Januik
2709 Hwy. 95
Council, ID 83612



Signature of person mailing this document

10/18/2007

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-4163

NAME AND ADDRESS: ROBERT CLOUD NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

JOSEPHINE MOTLOW NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

SOURCE: WEISER RIVER

TRIBUTARY: SNAKE RIVER

QUANTITY: 0.280 CFS

Right Nos. 67-4163 and 67-7294 are limited to a total combined diversion rate of .22 cfs.

PRIORITY DATE: 03/15/1975

POINT OF
DIVERSION:

T17N R01W S1 SWNE Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	03/15 11/15	0.280 CFS

PLACE OF USE: IRRIGATION in ADAMS County

T17N R01W S01	SWNE	2.20	T17N R01W S01	NWSE	9.00
---------------	------	------	---------------	------	------

11.2 ACRES TOTAL

Right Nos. 67-4163 and 67-7294 are limited to the irrigation of a combined total of 11.2 acres in a single irrigation season.

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

10/18/2007

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-7061

NAME AND ADDRESS: ROBERT CLOUD NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

JOSEPHINE MOTLOW NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

SOURCE: SPRINGS

TRIBUTARY: WEISER RIVER

QUANTITY: 0.030 CFS
1.20 AFY

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 08/23/1971

POINT OF
DIVERSION:

T17N R01W S1 NWSE Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	1/01 12/31	0.030 CFS 1.20 AFY

PLACE OF USE: DOMESTIC in ADAMS County

T17N R01W S01 NWSE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

The following rights are also diverted through point of diversion described above: 67-7294, 67-7061

10/18/2007

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-7294

NAME AND ADDRESS: ROBERT CLOUD NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

JOSEPHINE MOTLOW NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

SOURCE: SPRINGS

TRIBUTARY: WEISER RIVER

QUANTITY: 0.040 CFS
12.00 AFY

Right Nos. 67-7294 and 67-4163 are limited to a total combined diversion rate of 0.22 cfs.

PRIORITY DATE: 12/02/1976

POINT OF
DIVERSION:

T17N R01W S1 NWSE Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	4/01 10/31	0.040 CFS 12.00 AFY

The use of water for irrigation under this right may begin as early as March 15 and may continue to as late as November 15, provided other elements of the right are not exceeded. The use of water before April 1 and after October 31 under this remark is subordinate to all water rights having no subordinated early or late irrigation use and a priority date earlier than the date a partial decree is entered for this right.

PLACE OF USE: IRRIGATION in ADAMS County

T17N R01W S01 NWSE 3.00

3 ACRES TOTAL

Right Nos. 67-7294 and 67-4163 are limited to the irrigation of a combined total of 11.2 acres in a single irrigation season.

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

The following rights are also diverted through point of diversion described above: 67-7294, 67-7061

10/11/2007

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 67-4163

NAME AND ADDRESS: ROBERT C NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

JOSEPHINE M NORTH
6321 NW 34TH ST
HOLLYWOOD FL 33024

SOURCE: WEISER RIVER TRIBUTARY: SNAKE RIVER

QUANTITY: 0.280 CFS

Right Nos. 67-4163 and 67-7294 are limited to a total combined diversion rate of .22 cfs.

PRIORITY DATE: 03/15/1975

POINT OF
DIVERSION: T17N R01W S1 SWNE Within ADAMS County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	03/15 11/15	0.280 CFS

PLACE OF USE: IRRIGATION in ADAMS County

T17N R01W S01	SWNE	2.20	T17N R01W S01	NWSE	9.00
---------------	------	------	---------------	------	------

11.2 ACRES TOTAL

Right Nos. 67-4163 and 67-7294 are limited to the irrigation of a combined total of 11.2 acres in a single irrigation season.

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 67-4163 V1

WATER RIGHT NUMBER: 67-4163 V1

<u>Owner Type</u>	<u>Name and Address</u>
Directors Report Owner	SHARMAN R JANUIK 2709 HWY 95 COUNCIL, ID 83612
Original Owner	GLEN H PROBST 2709 HIGHWAY 95 COUNCIL, ID 83612-5102 (208)253-4793
Original Owner	DWILA R PROBST 2709 HIGHWAY 95 COUNCIL, ID 83612-5102 (208)253-4793
Directors Report Owner	JOHN L JANUIK 2709 HWY 95 COUNCIL, ID 83612
Current Owner	ROBERT C NORTH 6321 NW 34TH ST HOLLYWOOD, FL 33024 (954)931-1153
Current Owner	JOSEPHINE M NORTH 6321 NW 34TH ST HOLLYWOOD, FL 33024 (954)931-1153

Priority Date: 03/15/1975

Basis: Beneficial Use

Status: Active

<u>Source</u>	<u>Tributary</u>
WEISER RIVER	SNAKE RIVER

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	03/15 to 11/15	0.280 CFS	
	<u>Total Diversion:</u>	0.280 CFS	

Location of Point(s) of Diversion

WEISER RIVER	SW1/4NE1/4	Sec. 1,	Twp 17N,	Rge 01W, B.M.
ADAMS County				

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
17N	01W	1			2.2												9.0		11.2

Total Acres: 11.2

IDAHO DEPARTMENT OF WATER RESOURCES
Adjudication Recommendation Report 67-4163 V1

Conditions of Approval:

1. E51 Right Nos. 67-4163 and 67-7294 are limited to a total combined diversion rate of .22 cfs.
2. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.
3. E55 Right Nos. 67-4163 and 67-7294 are limited to the irrigation of a combined total of 11.2 acres in a single irrigation season.

Remarks:

Comments:

1. mmount 10/3/2006 pou
Comment: Added acre and cfs conditions because based on the 1987 photos there doesn't appear to be additional acres irrigated outside of the 4163 place of use.
2. mmount 10/3/2006 Comments from claim
Comment: AC. IRR.=11.25.
OWNERSHIP CHANGED BY LH 5/12/95.

Water Supply Bank:



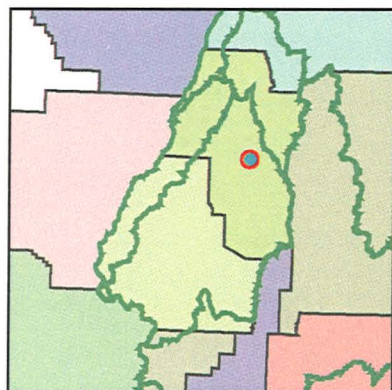
Idaho Department of Water Resources

SRBA Recommendation:

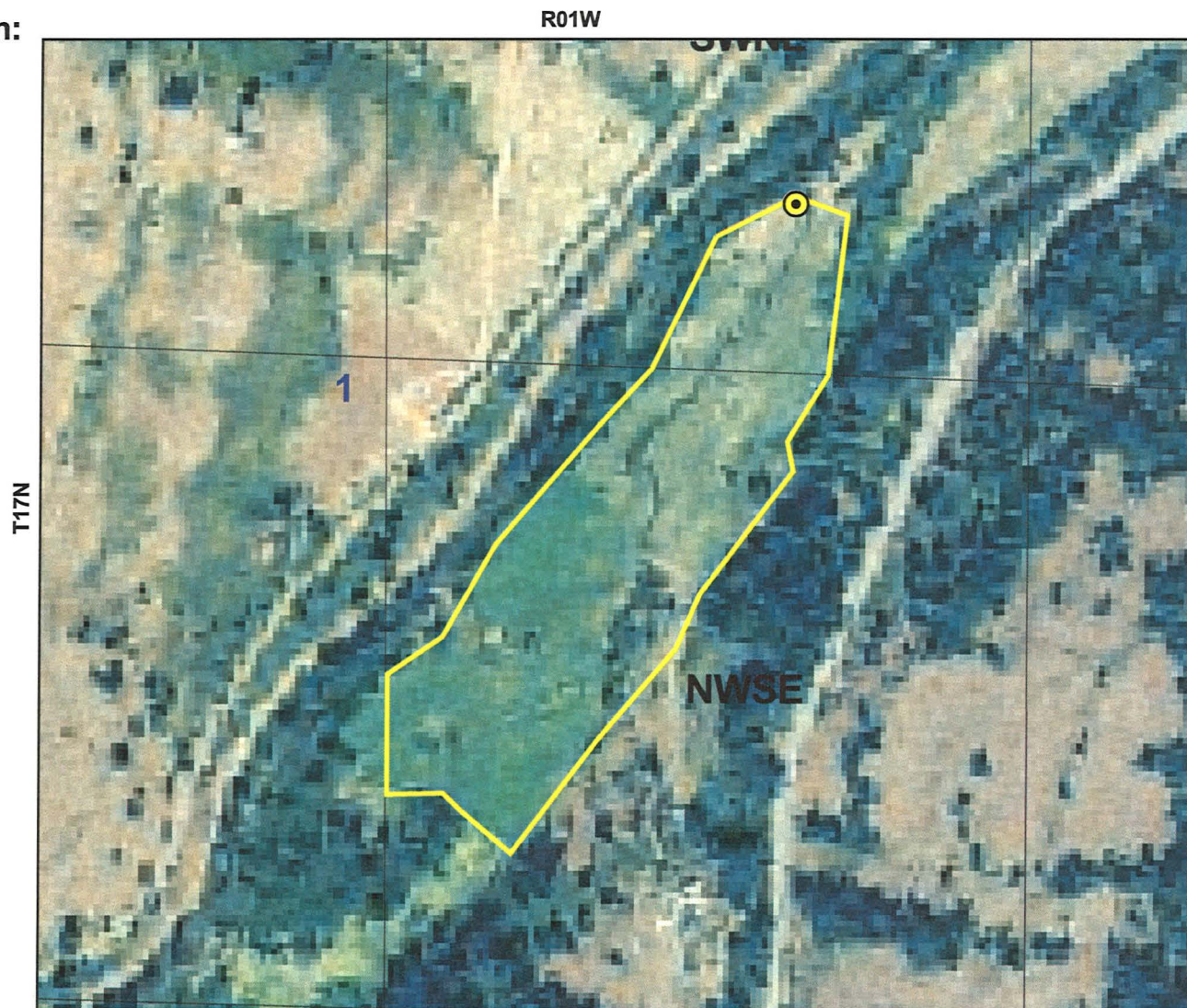
67-4163

Legend

-  Point of Diversion
-  Place of Use
-  Townships
-  PLS Sections
-  Quarter Quarters



Adams County
IDWR Basin 67



0 0.1 0.2 Miles



Prepared by M. Mount
On Tuesday, October 3, 2006
1987/88 Aerial Photography

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION FIELD REPORT**

Prior to Field Exam

- ☒ Copy of Claim, claim has been signed, sealed, and dated by notary?
☒ Check fees paid
☒ Well logs (if needed)
☒ Copy of topo or NAPP
☒ Check of Govt. Lots, if needed, Govt. Plat/Tax lot information *match!*
☒ Check POD & POU overlap, see below – include overlapping right for exam *67-7294, 7061 (stock)*
☐ Evidence of Priority – if none, talk with claimant *67-4141 - (maxley's) 17AC - no name on tax lots*

CLAIMANT INFORMATION – verify contact information is completeClaim No(s) 67-4163Owner: John & Sharmen Januik Phone No. no # on claim work# 347-2411?Current Address: 2709 Highway 95 Council, ID 83612-5102

- ☐ No change NAME IS THE SAME
☐ NEW OWNER
☐ No change Address
☐ NEW ADDRESS
☐ How long owned property?

Accompanied by: John and Sharmen**PRIORITY DATE**

- ☐ No change – Complete evidence submitted or not necessary
☒ Incomplete – Claimant should be asked when water was first used and submit proof of date.
☐ Priority date is acceptable/within mandatory filing dates?

we need a concrete year (not mid 70's) + more evidence if they want earlier.

Priority date, per claimant, is: _____

(If priority date, based on your exam, seems questionable, explain below.)

Source: Wesley River Tributary to Snake

- ☒ No Change – SAME SOURCE
☐ Source found is different than claimed:

POINT OF DIVERSION

- ☒ No change *in SW NE*
☐ POD found is different than claimed:
☐ If different, when did POD change?

** claimed over 17AC on*

DIVERSION AND DELIVERY SYSTEM

Points of Diversion:

ID #	Govt Lot #	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks GPS ID
			SW	NE	1	17N	1W		A0017657

Description of diverting works

Gravity flow / natural diversion of Weigee flows into a culvert & into ditches.

OVERLAP REVIEWOther water rights with the same point of diversion: NO? Ø

Does overlap add acres or uses to existing system, increase rate of flow or volume, or other? Explain:

WATER USES☒ No change☐ Different Uses

Use IRR From 3/15 To 11/15 Amount ~~1.5~~ CFS _____ AFA

Use _____ From _____ To _____ Amount _____ CFS _____ AFA

Use _____ From _____ To _____ Amount _____ CFS _____ AFA

TOTAL VOLUME – Groundwater only

- ☐ Incomplete on claim, the total is, Amount _____ CFS _____ AFA
- ☐ Changes found, the new total is, Amount _____ CFS _____ AFA
- ☐ More than 1" per Acre? Yes _____ (claimant must complete excess flow sheet)

NON-IRRIGATION USES:

- ☐ No change
- ☐ Changes Exam found: Domestic # of homes _____ Stock # _____
- Types _____ Additional comments: _____

PLACE OF USE:☒ No Change☐ Changes shown below:

Place of Use			NE				NW				SW				SE				Totals
TWP	RGE	SEC	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Overlap with other water rights: _____

Does overlap increase rate of flow, volume, additional acres, different source for same acres? Explain:

Delivery System Narrative:

gravity flow diversion + delivery

Well or Diversion Identification No GPS ID	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge size
A0017697	gravity flow diversion - no pump				

FLOW MEASUREMENTS:

Attach appropriate documents

NARRATIVE/REMARKS/COMMENTS

culvert size: - see attached for calculations

length:

[illegible]

AFTER EXAM THE FILE SHOULD CONTAIN:

- ☐ Completed claim checklist
- ☐ Photographs of POD's and POU
- ☐ GPS readings
- ☐ Completed map and or GIS layout showing POD's and POU

DATE EXAM CONDUCTED: 7/27/06

FIELD EXAMINER: M. Mount, J Dean



67-4163 diversion off Weiser R. .JPG
7/19/2006 1:39:06 AM



TAG # A0017457
We tagged the culvert
which sits not far
from the diversion shown
in the above photo

67-4163 diversion from Weiser R. running through culvert.JPG
7/19/2006 1:49:02 AM

Idaho Department of Water Resources

2004 Imagery



67_4163

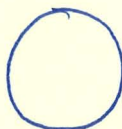
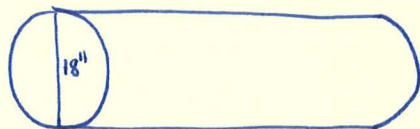
- 67_4163_fepod.shp
- GCDB17N01W GCDB
- 67_4163_feshape.shp
- B-67streams.shp



Claim #: 67-4163

Reviewed by:

Jennifer Dean



$$D = 18'' = 1.5'$$

$$A = 1.76 \text{ ft}^2$$

$$P = 4.71 \text{ ft}$$

$$R = 0.375$$

$$S = 40/3000 = 0.0133$$

$$h = 0.030$$

$$Q = \frac{1.486}{n} A R^{2/3} S^{1/2}$$

$$Q = \frac{1.486}{0.03} 1.76 (0.375)^{2/3} (0.0133)^{1/2}$$

$$Q = 5.23 \text{ cfs}$$

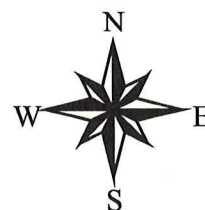
Idaho Department of Water Resources

2004 Imagery



67_4163

- 67_4163_fepod.shp
- GCDB17N01W GCDB
- 67_4163_feshape.shp
- B-67streams.shp



IN THE MATTER OF)
NOTICE OF CLAIM TO)
A WATER RIGHT NO.(S))

67-4163)

State of Idaho)

County of ADAMS)

AFFIDAVIT

RECEIVED

SEP 13 2005

DEPARTMENT OF
WATER RESOURCES

being first duly sworn,

deposes and says: We bought our home and 15 acres
from Glen and Dwila Probst May 1995, which included
water rights for water diverted from the Weiser River
and water from a spring for the purposes of agricultural
irrigation. Glen and Dwila had been raising and selling
hay since the mid 1970's. Water from a second spring
provided the household domestic water.

The diverted water from the Weiser River provides
irrigation for our pasture through a series of ditches.
It then runs on south about 200 yards before it flows into
a large pond that helicopters scoop water from for
fighting wildfires.

asked for better EOP.
on 7/27/06.
Spoke w/ John &
Sharman Janink.
- can give 1975 at
this pt.



(Signature)

Subscribed and sworn to before me this
day 12th of September, 192005.

Bonnie A Fisk

(Notary Public)

Residing at Council, Idaho.

My Commission Expires

MY COMMISSION EXPIRES
November 21, 2009

BONDED THRU NOTARY PUBLIC UNDERWRITERS

SEP 13 2005

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 67-4163

WATER RIGHT NUMBER: 67-4163

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	SHARMAN R JANUIK 2709 HWY 95 COUNCIL, ID 83612
Original Owner	GLEN H PROBST 2709 HIGHWAY 95 COUNCIL, ID 83612-5102 (208)253-4793
Original Owner	DWILA R PROBST 2709 HIGHWAY 95 COUNCIL, ID 83612-5102 (208)253-4793
Current Owner	JOHN L JANUIK 2709 HWY 95 COUNCIL, ID 83612

Priority Date: 06/01/1890

Basis: Statutory Claim

Status: Active

<u>Source</u>	<u>Tributary</u>
WEISER RIVER	SNAKE RIVER

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	4/01 to 10/31	0.280 CFS	
	<u>Total Diversion:</u>	0.280 CFS	

Location of Point(s) of Diversion

WEISER RIVER	SW1/4NE1/4	Sec. 1, Twp 17N, Rge 01W, B.M.
ADAMS County		

Place of UseIRRIGATION Within ADAMS County

T17N R01W S01	SWNE	3.0	T17N R01W S01	NWSE	8.2
---------------	------	-----	---------------	------	-----

Total Acres: 11.2

Conditions of Approval:

1. AC. IRR.=11.25.
OWNERSHIP CHANGED BY LH 5/12/95.

Remarks:

SCANNED

SEP 13 2005



Idaho Department of Water Resources

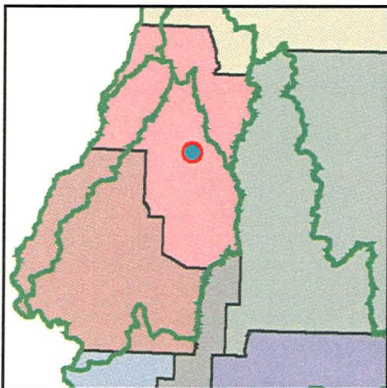
Adjudication Claim Number: **67-4163**

T17N R01W

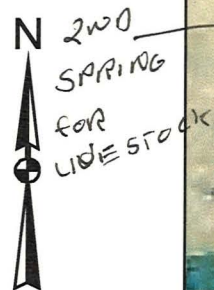
Legend

- PLS Sections
- GCDBQuarter Quarters

DIVERSION
FROM RIVER



Adams County
IDWR Basin 67



0 0.2 0.4 Miles

SPRING FOR HOUSE

Prepared by D. Narsavage
On Thursday, September 1, 2005
1987 Aerial Photography

SEP 13 2005

SCANNED

ASSESSMENT NOTICE

& ESTIMATE OF TAX

NEW SOLID WASTE RATES: RESID: \$120, COMM RATES: (1)
\$120 (2) \$240 (3) \$360 (4) \$480 NOT REFLECTED BELOW

PARCEL DESCRIPTION:

T17N R1W SEC 1
TAX #2079 IN S2
15.76 AC

PP 6020

For any questions, please notify the Assessor's Office immediately.

Assessor's Telephone Number: (208) 253-4271

PARCEL ADDRESS:

2709 HWY 95

Appeals of your property value must be filed in
writing, on a form provided by the County, by:

JUNE 28, 2004

Tax Code Area: 14-0000

Parcel Number: RP 17N01W018000 A

JANUIK JOHN L & SHARMAN R*
2709 HWY 95
COUNCIL ID 83612**ASSESSED VALUE OF YOUR PROPERTY**

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
4 IRRIGTD PASTURE	13.300 AC	5,480	5,719
3 DRY GRAZING	1.460 AC	35	37
0 RURAL HOMESITE	1.000 AC	9,850	9,450
1 RURAL RES BLDG		88,063	89,509
2 RURAL IMP ON AG		6,139	5,842
SUBTOTAL:	15.760	109,567	110,557
LESS HOMEOWNERS EXEMPTION:		44,032	44,755
NET TAXABLE PROPERTY VALUE:		65,535	65,802

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES

TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY	385.42	386.98	253-4561	08/30/2004
SCHOOL 13	199.00	199.82	253-4217	06/14/2004
CEMETERY C	10.50	10.54	253-6963	08/16/2004
COUNCIL FIRE	27.36	27.60	253-4201	08/09/2004
LOOD CONTROL	4.28	4.30	253-3538	07/12/2004
COUNCIL AMBULNC	26.88	27.00	253-4560	08/09/2004
COUNCIL LIBRARY	27.50	27.60	253-6004	08/09/2004
HOSPITAL	114.70	115.38	253-3538	07/22/2004
SUBTOTAL:	795.84	799.22		
FEES:	100.48	100.48		
TOTAL PROPERTY TAXES & FEES:	896.32	899.70		

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details.

Page 1 OF 1

SCANNED

SEP 13 2005

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: **A67-04163**
Date Received: 11/ 2/1989
Receipt No: W006616
Received By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: JOHN L JANUIK
Address: 2709 HWY 95
COUNCIL ID 83612
AND
Name: SHARMAN R JANUIK
Address: 2709 HWY 95
COUNCIL ID 83612
2. Date of Priority: JUN 1, 1890
3. Source: WEISER RIVER Trib. to: SNAKE RIVER
4. Point of Diversion:
- | Township | Range | Section | 1/4 of | 1/4 of | 1/4 | Lot | County |
|----------|-------|---------|--------|--------|-----|-----|--------|
| 17N | 01W | 1 | SW | NE | | | ADAMS |
5. Description of diverting works:
PIPE, DITCHES, DAMS
6. Water is used for the following purposes:
- | Purpose | From | To | C.F.S | (or) | A.F.A. |
|------------|-------|-------|-------|------|--------|
| IRRIGATION | 04/01 | 10/31 | 0.280 | | |
7. Total Quantity Appropriated is:
0.280 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
10. Place of Use:
- | Township | Range | Section | 1/4 of | 1/4 | Lot | Use | Acres |
|----------|-------|---------|--------|-----|-----|-----|-------|
| 17N | 01W | 1 | SW | NE | | IRR | 3.0 |

SCANNED

APR 08 2004

MICROFILMED

OCT 23 1996

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
17N	01W	1	NW SE		IRR	8.2
Section Acres						11.2
Total Acres						11.2

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
A67-07294

14. Remarks:
AC. IRR.=11.25.
OWNERSHIP CHANGED BY LH 5/12/95.

15. Basis of Claim: STATUTORY CLAIM

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake 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: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
) SS.
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____



NEW PROPERTY OWNER NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

Please print or type
(see instructions on back of page)

RECEIVED

MAY 10 1995

Department of Water Resources

DATE OF CLOSING: 4-28-95

RECEIVED

MAY 11 1995

WATER RESOURCES
WESTERN REGION

LEGAL DESCRIPTION OF PROPERTY: Township 17N Range 01W
Section 1, 1/4 of 1/4 of 1/4, Govt. Lot , BM.
Lot , Block , Subdivision/Townsite .
If you have additional legal descriptions, please attach separate sheet.

- ☐ Served Only by a Public Service Water Supply (all water is received from a city or company who maintains water supply system, owns the water right, and bills the customer on a regular basis)
- ☐ Water Right Number(s) Assigned by IDWR: #A67-04163, #A67-07061, & #A67-07294
- ☐ Name and Address of Former Owner/Claimant(s)(Seller): Glen H. & Dwila R. Probst
HC 64 Box 3300
Council, ID 83612
- ☐ New Owner/Claimant (Purchaser): John L. & Sharman R. Januik
- ☐ New Mailing Address: 2709 Hwy 95
Council, ID 83612
- ☐ New Telephone Number: () -
- ☐ Does the change in ownership result in a splitting of the water right owned/claimed? yes ☒ no
If yes, then describe the portion of the water right that is now owned/claimed by the new owner:

- ☐ Attach proof of ownership, describe proof attached: Copy of recorded Warranty Deed & Quitclaim Deed
(proof of ownership must describe either the property conveyed or include the claim number. Proof of ownership is not required if this form is signed by the former owner/claimant.)

- ☐ Signature of New Owner/Claimant(s): [Signature] Date 4-21-95
Sharman R. Januik Date 4-21-95
- ☐ Signature of Former Owner/Claimant(s): Date
 Date

(Signature of former claimant(s) is not required if proof of ownership is attached.)

FOR IDWR USE ONLY:

Initial Review and Data-Entry

Date: 5-12-95 By: JHL

Further Action Needed:

Further Action Taken

Date: By:

Final Review and Data-Entry

Date: 5-12-95 By: JHL

Claim Numbers of Split, if any:

Original to be mailed to Idaho Department of Water Resources
Copies to Former Owner and New Owner

MICROFILMED

OCT 23 1996

INSTRUMENT NO. 87712
WARRANTY DEED

For Value Received GLEN H. PROBST, aka GLENN H. PROBST, and DWILA R. PROBST, husband and wife

the grantors , do hereby grant, bargain, sell and convey unto

JOHN L. JANUIK and SHARMAN R. JANUIK, husband and wife

the grantees, whose current address is, 11 Cottontail Court, McCall, ID 83638

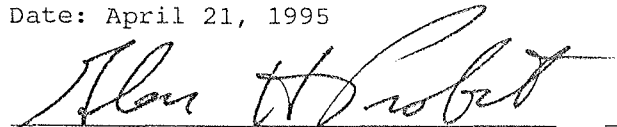
the following described premises, in Adams County, Idaho, to-wit:

SEE ATTACHED EXHIBIT "A" MADE A PART HEREOF.

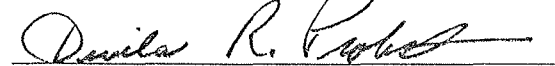
TO HAVE AND TO HOLD THE said premises, with their appurtenances unto the said Grantees their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees , that they are the owners in fee simple of said premises; that they are free from all incumbrances excepting for all easements of record, rights of way, matters visible, and all matters of record and title.

and that they will warranty and defend the same from all lawful claims whatsoever.

Date: April 21, 1995



Glen H. Probst, aka Glenn H. Probst



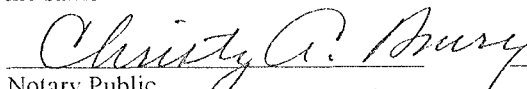
Dwila R. Probst

STATE OF IDAHO)
) ss
COUNTY OF ADAMS)

STATE OF IDAHO, COUNTY OF ADAMS
I hereby certify that this instrument was filed for record
at the request of Timberline Title & Escrow

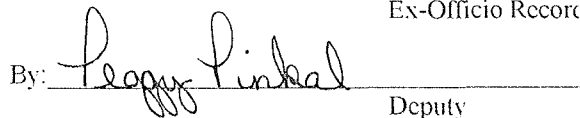
On this 21st day of April, in the year of 1995, before me
a Notary Public, personally appeared GLEN H. PROBST,
aka GLENN H. PROBST & DWILA R. PROBST
known or identified to me to be the persons whose names are
subscribed to the within instrument, and acknowledged to me
that they executed the same

at 40 minutes past 3 o'clock P M.
this 28th day of April, 1995, in my
office, and duly recorded in Book
of Deeds at page


Notary Public
Residing at 7 Fruitvale, Idaho
Commission expires: 8/4/98

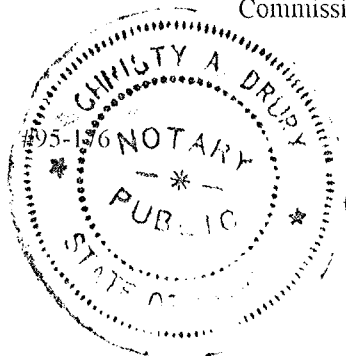
MICHAEL FISK

Ex-Officio Recorder

By: 
Deputy

Fees \$ 6.00

Mail to: Timberline Title & Escrow



RECEIVED

MAY 11 1995

WATER RESOURCES
WESTERN REGION
MICROFILMED

OCT 23 1996

QUITCLAIM DEED

RECEIVED

MAY 11 1995

WATER RESOURCES
WESTERN REGION

For Value Received GLEN H. PROBST, aka GLENN H. PROBST and DWILA R. PROBST, husband and wife

do hereby convey, release, remise and forever quitclaim unto JOHN L. JANUIK and SHARMAN R. JANUIK, husband and wife

whose current address is 11 Cottontail Court, McCall, ID 83638

the following described premises, to-wit:

Township 17 North, Range 1 West, Boise Meridian
Section 1: That part of the S1/2NE1/4 lying North of the center of the natural channel of the Weiser River, as it existed prior to November, 1937, and South of the center of the relocated channel of the Weiser River, Adams County, Idaho.

EXCEPTING the rights of the State of Idaho and the Public in the bed of the Weiser River.

~~SEE ATTACHED EXHIBIT "A" MADE A PART HEREOF.~~

together with their appurtenances.

Dated: April 21, 1995

Glen H. Probst
Glen H. Probst, aka ~~Glen~~ Glenn H. Probst

Dwila R. Probst
Dwila R. Probst

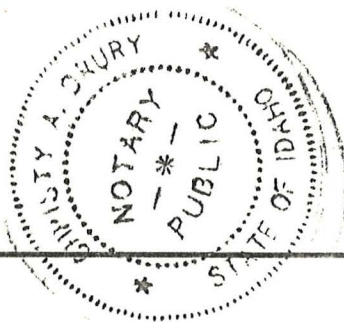
INSTRUMENT NO. 87713
State of Idaho)
County of Adams) ss.

Filed for record at the request of
Timberline Title & Escrow
41 min. past 3 o'clock P.M.
this 28th day of April, 1995
MICHAEL FISK, RECORDER
by Leann Pundal
Deputy
Fee \$ 3.00

STATE OF IDAHO)
COUNTY OF Adams) ss

On this 21st day of April, 1995
before me, a Notary Public in and for said State,
personally appeared GLEN H. PROBST, aka
GLENN H. PROBST, & DWILA R. PROBST
known or identified to me to be the persons whose
names are subscribed to the within instrument, and
acknowledged to me that they executed the same.

Christy A. Bury
Notary Public
Residing At: Franklin, Idaho
Commission Expires: 8/4/98



05/13/95
MICROFILMED

Township 17 North, Range 1 West, Boise Meridian, Adams County, Idaho

Section 1: A tract or parcel of land in the NW1/4SE1/4 and NE1/4SW1/4 more particularly described as follows:

Commencing at a point that is 1730 feet, more or less, North of the quarter corner common to Sections 1 and 12;

Thence South 57 degrees 01'00" East to the West boundary of U.S. Highway 95 as now established (constructed under F.A.P. No. 104-A Reop. Sept., 1940);

Thence on and along the said Highway boundary line in a Northeasterly direction to the North line of the NW1/4SE1/4 of said Section;

Thence West along the North line of said NW1/4SE1/4 to the Weiser River;

Thence down the Weiser River in a meandering but general Southwesterly direction to a point North 57 degrees 01'00" West of the POINT OF BEGINNING;

Thence South 57 degrees 01'00" East to the REAL AND TRUE POINT AND PLACE OF BEGINNING.

SUBJECT TO THE FOLLOWING:

GENERAL TAXES AND ASSESSMENTS for the year 1995 which are a lien but not yet due or payable.

TERMS AND CONDITIONS OF AN EASEMENT granted to GLENN H. PROBST and DWILA R. PROBST, husband and wife, for private roadway purposes, recorded October 5, 1970 in Book 7M Misc. page 79 as Instr. No. 49130.

RIGHT-OF-WAY granted to STATE OF IDAHO for public highway, recorded December 8, 1937 in Book 15 Deeds page 258 as Instr. No. 23341.

EASEMENT granted to WEISER RIVER FLOOD CONTROL DISTRICT NO. 3, recorded August 27, 1956 in Book 23 Deeds page 505 as Instr. No. 37499.

EASEMENT granted to WEISER RIVER FLOOD CONTROL DISTRICT NO. 3, recorded September 10, 1956 in Book 23 Deeds page 518 as Instr. No. 37528.

POWER LINE EASEMENT granted to IDAHO POWER COMPANY affecting NW1/4SE1/4 Section 1, Township 17 North, Range 1 West, recorded January 29, 1973 in Book 7M Misc. page 382 as Instr. No. 51205.

THE RESERVATIONS contained in Patent Certificate, recorded in Book 1 of Homesteads at page 240, and in Book 2 of Final Receipts at page 436.

Water rights, claims or title to water; unpatented mining claims.

QUITCLAIM DEED from ALONZO V. CAPPS and NONA LEE CAPPS, husband and wife, to GLENN H. PROBST and DWILA R. PROBST, husband and wife, recorded September 18, 1975 as Instr. No. 54021.

ANY CLAIMS arising from the fact that this commitment was ordered by street address.

ANY PRESENT OR DEFERRED TAX LIEN on the herein described property arising under or by virtue of the Forest Products Yield Tax as provided by Idaho Code 63-1701 or 63-1706 as amended.

ANY CLAIMS arising from the fact that there is no recorded survey and the legal description in Schedule A is ambiguous.

RECEIVED
MAY 11 1995
WATER RESOURCES
WESTERN REGION

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: **A67-04163**
Date Received: 3/21/1995
Receipt No: W006616
Received By: de Rat

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name: GLEN H. PROBST 208-253-4793
Address: HC 64 BOX 3300
COUNCIL ID 83612
AND
Name: DWILA R PROBST 208-253-4793
Address: HC 64 BOX 3300
COUNCIL ID 83612

2. Date of Priority: JUN 1, 1890

3. Source: WEISER RIVER Trib. to: SNAKE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
17N	01W	1	SW	NE			ADAMS

5. Description of diverting works:
PIPE, DITCHES, DAMS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/31	0.280		

7. Total Quantity Appropriated is:
0.280 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	01W	1	SW	NE		IRR	3.0

MICROFILMED
OCT 23 1995

10. Place of Use: Continued

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	01W	1	NW	SE		IRR	8.2

Section Acres 11.2

Total Acres 11.2

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
A67-07294

14. Remarks:
AC. IRR.=11.25.

15. Basis of Claim: STATUTORY CLAIM

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake 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: _____

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): _____ Date: _____
_____ Date: _____

State of Idaho)
) SS.
County of _____)

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 167-04163Date Received 11-2-89 3-21-95Receipt Number W006616

RECEIVED
MAR 21 1995
WATER RESOURCES
WESTERN REGION

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
NOV 02 1989

Department of Water Resources
Western Regional Office

Please type or print clearly

1. Name of Claimant (s) GLEN H/DWILAR PROBST Phone (R/F) 253 4793Mailing Address HCB4 BOX 3300 COUNCIL ID Zip 836122. Date of Priority (Only one (1) per claim) 18903. Source of water supply (a) WEISER RIVER
which is tributary to (b) SNAKE RIVER4. a. Location of existing point of diversion is: Township 17N Range 1WBM Section 1,
SW 1/4 of NE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of ADAMS

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township 17N Range 1WBM Section 1, NW 1/4 of SE 1/4 of _____ 1/4,Govt. Lot _____ B.M., County of ADAMSending point is: Township 17N Range 1WBM Section 1, SW 1/4 of NE 1/4 of _____
_____ 1/4, Govt. Lot _____ B.M., County of ADAMS5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

WATER DIVERTED FROM
WEISER RIVER BY 14" PIPE, GRAVITY DITCHES
DITCHES AND DAMS AT VARIOUS LOCATIONS TO
SUB IRRIGATED LANDS

MICROFILMED

OCT 23 1996

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRIGATION purposes from APR 1 to OCT 31 amount 0.28 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
17N	14	1			3											11.25			14.25
																8.25			11.25

Total number of acres irrigated

14.25 11.25

11. In which county (ies) are lands listed above as place of use located? ADAMS

12. Do you own the property listed above as place of use? Yes ☒ No ☐

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.

67-7294

or None ()

14. Remarks:

MICROFILMED

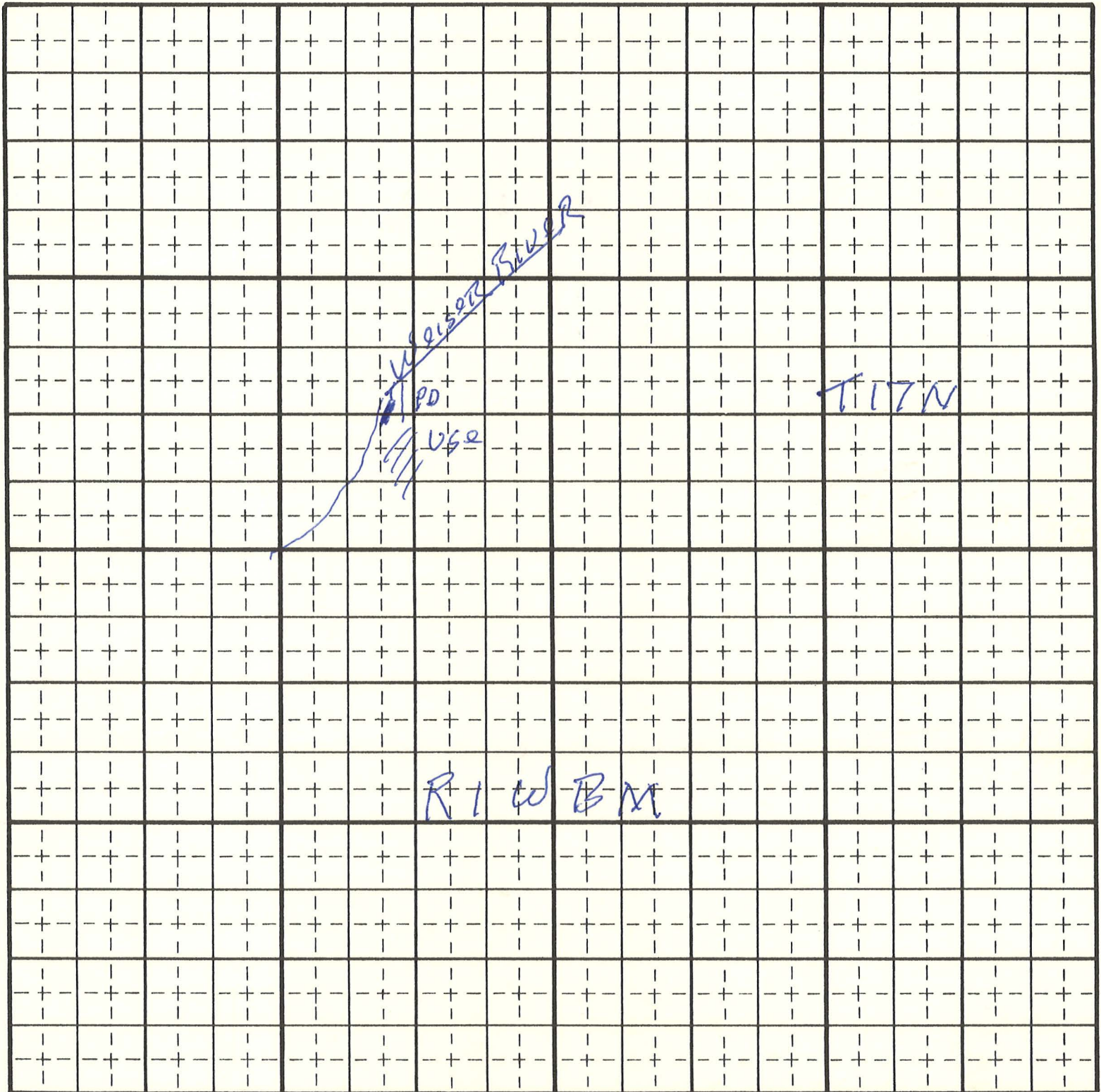
OCT 23 1996

Last Name PROBST Ident No. 67-4163

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



MICROFILMED

OCT 23 1996

Last Name

PROBST

Ident No.

67-4163

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____

Decree _____

If applicable provide IDWR Water Right Number 67-4163

Court _____ Case Number _____ Decree Date _____

Plaintiff vs Defendant _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read, and understand the form entitled

"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not X

wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Alan H. Probst Date 2 Oct 1989

Debra R. Probst Date 2 Oct 1989

For Organizations: I do solemnly swear or affirm that I am _____

Title

of _____, that I have signed the foregoing

Organization

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 _____

Title and Organization _____ Date _____

State of Idaho/or Adams)
County of Adams) SS.

Subscribed and sworn (or affirmed) before me this 20 day of March 1995

SEAL

Notary Public Patricia Ann

Residing at New Meadows

My Commission Expires 10-22-99

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on 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 PROBST Ident. Number 67-4163

MICROFILMED

OCT 23 1996

Copies White-State, Yellow-Claimant



ADJUDICATION CLAIM REVIEW CHECKLIST

12-1-92

CLAIMANT'S NAME Robert, Helen & David

CLAIM IDENT. NO. AL67-04163

DATE RECEIVED 11-2-89 RECEIPT # W000646 FEE PAID \$62.00 FEE REQ'D \$65.00

	YES	NO	Require Info?
1. Is the name and address complete with zip code?	<u>X</u>	___	*
2. Is a priority date entered?	<u>X</u>	___	*
Is the priority date acceptable in view of mandatory filing dates? See Adjudication Memos #1 and #4 to determine if a Permit is required.	<u>X</u>	___	*
3. (a) Is a source entered?	<u>X</u>	___	*
(b) Is a tributary to entered? (if required) N/A ___	<u>X</u>	___	
4. Is the legal description of the p.d. sufficient?	<u>X</u>	___	*
5. Is there a description of the diverting works?	<u>X</u>	___	
6. Are the water uses appropriate for the form? The short form is limited to D/S uses. Other uses must be filed on the long form. Note: If stockwater stor. or instream stockwater are filed on the short form & all items complete, do not return claim.	<u>X</u>	___	*
Is the period of use included?	<u>X</u>	___	
Is a quantity claimed for each use?	<u>X</u>	___	*
7. Is a total quantity claimed entered?	___	<u>X</u>	
8. If required is a consumptive use entered? N/A ___	___	<u>X</u>	
Is the consumptive use correct? N/A ___	___	___	
9. Are the non-irrigation uses listed showing # of homes, hd. of stock? If multiple domestic, is single ownership indicated?	___	___	*
10. Is (are) the place(s) of use and purpose(s) indicated?	<u>X</u>	___	*
11. Is (are) the county(ies) entered?	<u>X</u>	___	
12. Is the ownership of p.u. checked?	<u>X</u>	___	
13. Are other water rights listed or "none" indicated?	<u>X</u>	___	
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) N/A <u>X</u>	___	___	
15. Is the basis of the claim indicated?	<u>X</u>	___	
16. If the basis of claim is shown as license, permit, or decree is the existing water right no. listed? N/A <u>X</u> If yes, compare claim w/existing right and attach proof report noting any differences in comments. If no, was water right no. found?	___	___	*
17. If the basis of claim is shown as beneficial use, or not marked, are there existing water rights shown in our records using the legal description or name on the claim? N/A ___ (If yes, attach a proof report & complete number change) NOTE: If the claim is for dom/stock this check is not as necessary unless it is located within an area where dom/stock rights were decreed.	<u>X</u>	___	
18. If the claimant requested a monthly docket sheet, was the fee paid? N/A <u>X</u>	___	___	
19. Is the claim signed by the claimant, and is the signature appropriate?	<u>X</u>	___	*
20. Has the claim been signed, sealed, and dated by a notary?	___	<u>X</u>	*
21. Was this claim filed on time? (Check ML3 for date mailed-not all were mailed on the planned date) If no, was an extension of time filed & approved?	<u>X</u>	___	*
22. Is the fee enclosed correct? Exempt ___	___	<u>X</u>	

MICROFILMED
OCT 23 1996

- | | YES | NO |
|--|------------|---------------|
| 23. Is this claim being rejected and returned to claimant? | <u>X</u> | <u>jk rar</u> |
| 24. Can this claim be data entered? | <u> </u> | <u>X</u> |
| 25. Was claim modified? | <u> </u> | <u> </u> |
| If yes, do modifications require notification to claimant? | <u> </u> | <u> </u> |
- Note: Modifications made must be explained in comments stating where the information for any changes was found.

Claim reviewed by: Led Date 11-2-94
Claim data entered by: kat Date 3-28-95

IF REQUIRED INFORMATION IS INCOMPLETE SEE INSTRUCTIONS TO DECIDE WHETHER THE CLAIM NEEDS TO BE RETURNED OR IF IT CAN BE MODIFIED. IF IT MUST BE RETURNED INSTRUCTIONS WILL SPECIFY WHICH FORM LETTER TO USE.

Comments: Return for notary, additional fee needed. This
claim is shown with beginning and ending POD. Total
quantities not shown.

111-11-111111

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A67-07061
Date Received: 11/ 2/1989
Receipt No: W006615
Received By: _____

**COPY FOR
YOUR FILES**

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

**COPY FOR
YOUR FILES**

1. Name: GLEN H PROBST
Address: HC 64 BOX 3300
COUNCIL ID 83612
AND
Name: DWILA R PROBST
Address: HC 64 BOX 3300
COUNCIL ID 83612
208-253-4793
208-253-4793
2. Date of Priority: AUG 23, 1971
3. Source: SPRINGS Trib. to: WEISER RIVER
4. Point of Diversion:
Township 17N Range 01W Section 1 1/4 of 1/4 of 1/4 Lot NW SE County ADAMS
5. Description of diverting works:
COLLECTION BOX, HOLDING TANK, PUMP
6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.030		1.20
7. Total Quantity Appropriated is:
0.030 C.F.S. (and/or) 1.20 A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
DOMESTIC, 1 HOME, 2 HORSES, 6 CATTLE

A67-07061

Page 1

Date: 04/10/95

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
17N	01W	1	NW SE		DOMEST	

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: LICENSE

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A67-04163
Date Received: 11/ 2/1989
Receipt No: W006616
Received By: _____

COPY FOR
YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

COPY FOR
YOUR FILES

1. Name: GLEN H PROBST
Address: HC 64 BOX 3300
COUNCIL ID 83612
AND
Name: DWILA R PROBST
Address: HC 64 BOX 3300
COUNCIL ID 83612
208-253-4793
208-253-4793
2. Date of Priority: JUN 1, 1890
3. Source: WEISER RIVER Trib. to: SNAKE RIVER
4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County
17N 01W 1 SW NE ADAMS
5. Description of diverting works:
PIPE, DITCHES, DAMS
6. Water is used for the following purposes:
Purpose From To C.F.S. (or) A.F.A.
IRRIGATION 04/01 10/31 0.280
7. Total Quantity Appropriated is:
0.280 C.F.S. (and/or) A.F.A.
8. Total consumptive use is Acre Feet Per Annum.
9. Non-irrigation uses:
10. Place of Use:
Township Range Section 1/4 of 1/4 Lot Use Acres
17N 01W 1 SW NE IRR 3.0

A67 04163

Page 1

Date: 04/10/95

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
17N	01W	1	NW SE		IRR	8.2
Section Acres						11.2
Total Acres						11.2

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
A67-07294

14. Remarks:
AC, IRR.-11.25.

15. Basis of Claim: STATUTORY CLAIM

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 SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A67-07294
Date Received: 11/ 2/1989
Receipt No: W006516
Received By: _____

COPY FOR NOTICE OF CLAIM TO A WATER RIGHT COPY FOR
YOUR FILES ACQUIRED UNDER STATE LAW YOUR FILES

1. Name: GLEN H PROBST 208-253-4793
Address: HC 64 BOX 3300
COUNCIL ID 83612

AND

Name: DWILA R PROBST 208-253-4793
Address: HC 64 BOX 3300
COUNCIL ID 83612

2. Date of Priority: DEC 2, 1976

3. Source: SPRINGS Trib. to: WEISER RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
17N	01W	1	NW	SE			ADAMS

5. Description of diverting works:
COLLECTION BOX & GRAVITY FLOW.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	10/31	0.040		12.00

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) 12.00 A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
17N	01W	1	NW	SE		IRR	3.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
					Section Acres	3.0
					Total Acres	3.0

11. Place of use in counties: ADAMS

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
A67-4163.

14. Remarks:

15. Basis of Claim: LICENSE

SCHEDULE F
Form 1040

Department of the Treasury
Internal Revenue Service (T)

Profit or Loss From Farming

- Attach to Form 1040, Form 1041, or Form 1065.
► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

1995

Attachment
Sequence No. **14**

Name of proprietor **JOHN L. AND SHARMAN C. JANUIK**

Principal product. Describe in one or two words your principal crop or activity for the current tax year.

MUS AND OSTRICHES

Social security number (SSN)

B Enter principal agricultural activity
code (from pg. 2) **270**

D Employer ID number (EIN), if any

Accounting method: (1) ☒ Cash (2) ☐ Accrual

Did you "materially participate" in the operation of this business during 1995? If "No," see page F-2 for limit on passive losses. ☒ Yes ☐ No

Part I Farm Income - Cash Method. Complete Parts I and II (Accrual method taxpayers complete Parts II and III, and line 11 of Part I.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.

Sales of livestock and other items you bought for resale.	1				
Cost or other basis of livestock and other items reported on line 1	2				
Subtract line 2 from line 1	3				
Sales of livestock, produce, grains, and other products you raised	4				227
Total cooperative distributions (Form(s) 1099-PATR).	5a			5b Taxable amount	5b
Agricultural program payments (see page F-2)	6a			6b Taxable amount	6b
Commodity Credit Corporation (CCC) loans (see page F-2):					
CCC loans reported under election	7a				7a
CCC loans forfeited or repaid with certificates	7b			7c Taxable amount	7c
Crop insurance proceeds and certain disaster payments (see page F-2):					
Amount received in 1995	8a			8b Taxable amount	8b
If election to defer to 1996 is attached, check here . . . ☐				8d Amount deferred from 1994 . .	8d
Custom hire (machine work) income	9				9
Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3)	10				10
Gross income. Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51	11				227

Part II Farm Expenses - Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.

Car and truck expenses (see page F-3 - also att. Form 4562).	12			25 Pension and profit-sharing plans	25	
Chemicals	13					
Conservation expenses. Attach Form 8645	14			26 Rent or lease (see page F-4):		
Custom hire (machine work)	15			a Vehicles, machinery, and equipment	26a	86
Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4)	16	7,103		b Other (land, animals, etc.)	26b	
Employee benefit programs other than on line 25	17			27 Repairs and maintenance. <u>MATERIALS</u>	27	6,036 ✓
Feed purchased	18	2,760		28 Seeds and plants purchased	28	
Fertilizers and lime	19			29 Storage and warehousing	29	
Freight and trucking	20			30 Supplies purchased	30	1,957
Gasoline, fuel, and oil	21	836		31 Taxes	31	94
Insurance (other than health)	22	761		32 Utilities	32	938
Interest:				33 Veterinary, breeding, and medicine	33	1,461
Mortgage (paid to banks, etc.)	23a			34 Other expenses (specify):		
Other	23b			a <u>ADVERTISING</u>	34a	467
Labor hired (less employment credits)	24			b <u>DUES</u>	34b	121
				c <u>OFFICE</u>	34c	146
				d <u>TRAVEL</u>	34d	175
				e	34e	
				f	34f	
Total expenses. Add lines 12 through 34f	35				35	22,941
Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and ALSO on Schedule SE, line 1. If a loss, you MUST go on to line 37 (estates, trusts, and partnerships, see page F-5)	36				36	-22,714

- If you have a loss, you MUST check the box that describes your investment in this activity (see page F-5).
If you checked 37a, enter the loss on Form 1040, line 18, and ALSO on Schedule SE, line 1.
If you checked 37b, you MUST attach Form 6198.
- 37a ☒ All investment is at risk.
37b ☐ Some investment is not at risk.

Client 3933

JOHN L. AND SHARMAN C. JANUIK

	1995	1994	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC	33,517	73,486	-39,969
INTEREST INCOME	149	123	26
BUSINESS INCOME	1,551	0	1,551
TAXABLE PENSIONS	34,594	0	34,594
FARM INCOME	-22,714	0	-22,714
UNEMPLOYMENT COMPENSATION	12,157	4,058	8,099
TOTAL INCOME	59,254	77,667	-18,413
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS	0	0	0
ADJUSTED GROSS INCOME	59,254	77,667	-18,413
ITEMIZED DEDUCTIONS			
TAXES	1,585	0	1,585
INTEREST	10,078	0	10,078
MISCELLANEOUS (SUBJECT TO 2% OF AGI)	2,668	0	2,668
TOTAL ITEMIZED DEDUCTIONS	14,331	0	14,331
TAX COMPUTATION			
STANDARD DEDUCTION	6,550	6,350	200
LARGER OF ITEMIZED OR STANDARD DEDUCTION	14,331	6,350	7,981
INCOME PRIOR TO EXEMPTION DEDUCTION	44,923	71,317	-26,394
EXEMPTION DEDUCTION	12,500	12,250	250
TAXABLE INCOME	32,423	59,067	-26,644
TAX	4,864	11,601	-6,737
ADDITIONAL TAXES	0	0	0
TAX BEFORE CREDITS	4,864	11,601	-6,737
CREDITS			
TOTAL CREDITS	0	0	0
TAX AFTER CREDITS	4,864	11,601	-6,737
OTHER TAXES			
TAX ON QUALIFIED RETIREMENT PLANS	3,460	0	3,460
TOTAL TAX	8,324	11,601	-3,277
PAYMENTS			
FEDERAL INCOME TAX WITHHELD	7,046	11,720	-4,674
TOTAL PAYMENTS	7,046	11,720	-4,674
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID	0	119	-119
UNDERPAYMENT PENALTY	27	0	27
AMOUNT REFUNDED TO YOU	0	119	-119
AMOUNT YOU OWE	1,305	0	1,305

Client 3933

JOHN L. AND SHARMAN C. JANUICK

INCOME

FEDERAL ADJUSTED GROSS INCOME 59,254

SUBTRACTIONS FROM INCOME

TOTAL SUBTRACTIONS 0

TOTAL ADJUSTED INCOME 59,254

DEDUCTIONS & EXEMPTIONS

ITEMIZED DEDUCTIONS 14,331

STATE INCOME TAXES INCLUDED ON SCHEDULE A 1,210

NET ITEMIZED DEDUCTIONS 13,121

EXEMPTIONS 12,500

DEDUCTIONS PLUS EXEMPTIONS 25,621

TAXABLE INCOME 33,633

TAX COMPUTATION & CREDITS

TAX 2,278

TAX LESS NONREFUNDABLE CREDITS 2,278

PERMANENT BUILDING FUND TAX 10

TOTAL TAX 2,288

TAX PLUS DONATIONS 2,288

PAYMENTS AND CREDITS

GROCERY CREDIT 75

IDAHO INCOME TAX WITHHELD 1,210

TOTAL PAYMENTS AND REFUNDABLE CREDITS 1,285

REFUND OR AMOUNT DUE

TAX DUE 1,003

AMOUNT YOU OWE 1,003

1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

1995

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 1995, or other tax year beginning

, 1995, ending

, 19

OMB No. 1545-0074

Label

(See instructions on page 11.)

Use the IRS label. Otherwise, please print or type.

L
A
B
E
L

H
E
R
EJOHN L. JANUIK
SHARMAN C. JANUIK
2709 HIGHWAY 55
COUNCIL, ID 83612

Your social security number

Spouse's social security number

For Privacy Act and
Paperwork Reduction
Act Notice, see page 7.

Yes

No

Note: Checking "Yes" will not change your tax or reduce your refund.

Presidential Election Campaign
(See page 11.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

(See page 11.)

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 ☐ Head of household (with qualifying person). (See page 12.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 12.)

Exemptions

(See page 12.)

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2. b ☒ Spouse.

c Dependents:

(1) First Name Last name

(2) Dependent's social security number. If born in 1995, see page 13.

(3) Dependent's relationship to you

(4) No. of mos. lived in your home in 1995

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

● lived with you

● didn't live with you due to divorce or separation (see page 14)

Dependents on 6c not entered above

Add numbers entered on lines above ▶

JEANNINE M. JANUIK	518-17-7450	DAUGHTER	12
ERIC B. PETERSON	534-08-1753	SON	12
RYAN PETERSON	534-08-4899	SON	12

d If your child didn't live with you but is claimed as your dep. under pre-1985 agreement, check . . . ☐

e Total number of exemptions claimed.

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 14.

Enclose, but do not attach, your payment and payment voucher. See page 33.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	33,517
8a	Taxable interest income (see page 15). Attach Schedule B if over \$400	8a	149
b	Tax-exempt interest (see page 15). DON'T include on line 8a.	8b	
9	Dividend income. Attach Schedule B if over \$400	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 15).	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ.	12	1,551
13	Capital gain or (loss). If required, attach Schedule D.	13	
14	Other gains or (losses). Attach Form 4797.	14	
15a	Total IRA distributions	15a	
16a	Total pensions and annuities.	16a	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	
18	Farm income or (loss). Attach Schedule F.	18	-22,714
19	Unemployment compensation (see page 17).	19	12,157
20a	Social security benefits	20a	
21	Other income.	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	59,254

Adjustments to Income

23a	Your IRA deduction (see page 19).	23a	
b	Spouse's IRA deduction (see page 19)	23b	
24	Moving expenses. Attach Form 3903 or 3903-F	24	
25	One-half of self-employment tax.	25	
26	Self-employed health insurance deduction (see page 21).	26	
27	Keogh & self-employed SEP plans. If SEP, check ☐	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. Recipient's SSN ▶	29	
30	Add lines 23a through 29. These are your total adjustments.	30	0

Adjusted Gross Income

31	Subtract line 30 from line 22. This is your adjusted gross income. If less than \$26,673 and a child lived with you (less than \$9,230 if child didn't live with you), see "Earned Income Credit" on pg. 27. ▶	31	59,254
----	--	----	--------

Tax Computation

(See page 23.)

32	Amount from line 31 (adjusted gross income)	32	59,254
33	a Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here	33a	
	b If your parent (or someone else) can claim you as a dependent, check here.	33b	☐
	c If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 23 and check here.	33c	☐
34	Enter the larger of your: { Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 23 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single - \$3,900 • Married filing jointly or Qualifying widow(er) - \$6,550 • Head of household - \$5,750 • Married filing separately - \$3,275 }	34	14,331
35	Subtract line 34 from line 32	35	44,923
36	If line 32 is \$86,025 or less, multiply \$2,500 by the total number of exemptions claimed on line 6e. If line 32 is over \$86,025, see the worksheet on page 24 for the amount to enter	36	12,500
37	Taxable Income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	32,423
38	Tax. Check if from a ☒ Tax Table, b ☐ Tax Rate Schedules, c ☐ Capital Gain Tax Worksheet, or d ☐ Form 8615 (see page 24). Amount from Form(s) 8814.	38	4,864
39	Additional taxes. Check if from a ☐ Form 4970 b ☐ Form 4972	39	
40	Add lines 38 and 39	40	4,864

If you want the IRS to figure your tax, see page 35.

Credits

(See page 24.)

41	Credit for child and dependent care expenses. Att. Form 2441.	41	
42	Credit for the elderly or the disabled. Attach Schedule R	42	
43	Foreign tax credit. Attach Form 1116	43	
44	Other credits (see page 25). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form	44	
45	Add lines 41 through 44	45	
46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0-	46	4,864

Other Taxes

(See page 25.)

47	Self-employment tax. Att. Sch. SE	47	
48	Alternative minimum tax. Attach Form 6251.	48	
49	Recapture taxes. Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	3,460
52	Advance earned income credit payments from Form W-2	52	
53	Household employment taxes. Attach Schedule H	53	
54	Add lines 46 through 53. This is your total tax	54	8,324

Payments

Attach Forms W-2, W-2G, and 1099-R on the front.

55	Federal income tax withheld. If any is from Form(s) 1099, check ☒	55	7,046
56	1995 estimated tax payments and amount applied from 1994 return ..	56	
57	Earned Income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount. and type NO	57	
58	Amount paid with Form 4868 (extension request)	58	
59	Excess social security and RRTA tax withheld (see page 32)	59	
60	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 ...	60	
61	Add lines 55 through 60. These are your total payments	61	7,046

Refund or Amount You Owe

62	If line 61 is more than line 54, subtract line 54 from line 61. This is the amount you OVERPAID	62	
63	Amount of line 62 you want REFUNDED TO YOU	63	
64	Amount of line 62 you want APPLIED TO 1996 ESTIMATED TAX ..	64	
65	If line 54 is more than line 61, subtract line 61 from line 54. This is the AMOUNT YOU OWE . For details on how to pay and use Form 1040-V, Payment Voucher, see page 33	65	1,305
66	Estimated tax penalty (see page 33). Also include on line 65	66	27

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature _____ Spouse's signature. If a joint return, BOTH must sign. _____	Date _____ Date _____
Your occupation CARPENTER	Your occupation TEACHERS AIDE

Paid Preparer's Use Only

Preparer's signature W. RICHARD LAMM, CPA	Date 4/01/96	Check if self-employed ☒	Preparer's social security no. 518-62-0659
Firm's name (or yours if self-employed) and address W. RICHARD LAMM, CPA 315 DEINHARD, P. O. BOX L MC CALL, ID	E.I. No. 82-0436836	ZIP code 83638	

**Underpayment of
Estimated Tax by Individuals, Estates, and Trusts**
▶ See separate instructions.

▶ Attach to Form 1040, 1040A, 1040-T, 1040NR, 1040NR-EZ, or 1041.

1995

Attachment
Sequence No. **06A**

JOHN L. AND SHARMAN C. JANUIK

Identifying number

Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 **only** if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from line 20 or line 36 on the penalty line of your return, but do not attach Form 2210.

Part I Reasons For Filing - If 1a, b, or c below applies to you, you may be able to lower or eliminate your penalty. But you **MUST** check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the **Note** above):

- a** ☐ You request a **waiver**. In certain circumstances, the IRS will waive all or part of the penalty. See **Waiver of Penalty** on page 1 of the instructions.
- b** ☐ You use the **annualized income installment method**. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.
- c** ☐ You had Federal income tax withheld from wages and you treat it as paid for estimated tax purposes when it was **actually** withheld instead of in equal amounts on the payment due dates. See the instructions for line 22.
- d** ☐ Your required annual payment (line 13 below) is based on your 1994 tax and you filed or filing a joint return for either 1994 or 1995 but not for both years.

Part II Required Annual Payment

2 Enter your 1995 tax after credits (see instructions)	2	4,864
3 Other taxes (see instructions)	3	3,460
4 Add lines 2 and 3.	4	8,324
5 Earned income credit	5	
6 Credit for Federal tax paid on fuels	6	
7 Add lines 5 and 6.	7	0
8 Current year tax. Subtract line 7 from line 4	8	8,324
9 Multiply line 8 by 90% (.90)	9	7,492
10 Withholding taxes. Do not include any estimated tax payments on this line (see instructions)	10	7,046
11 Subtract line 10 from line 8. If less than \$500, stop here; do not complete or file this form. You do not owe the penalty.	11	1,278
12 Enter the tax shown on your 1994 tax return (110% of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married filing separately for 1995, more than \$75,000). Caution: See instructions.	12	11,601
13 Required annual payment. Enter the smaller of line 9 or line 12	13	7,492

Note: If line 10 is equal to or more than line 13, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (**Caution:** Read the instructions to see if you can use the short method. If you checked box 1b or c in Part I, skip this part and go to Part IV.)

14 Enter the amount, if any, from line 10 above.	14	7,046
15 Enter the total amount, if any, of estimated tax payments you made.	15	
16 Add lines 14 and 15.	16	7,046
17 Total underpayment for year. Subtract line 16 from line 13. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	17	446
18 Multiply line 17 by .06066.	18	27
19 ● If the amount on line 17 was paid on or after 4/15/96, enter -0-. ● If the amount on line 17 was paid before 4/15/96, make the following computation to find the amount to enter on line 19. Amount on line 17 x Number of days paid before 4/15/96 x .00025.	19	0
20 PENALTY. Subtract line 19 from line 18. Enter the result here and on Form 1040, line 66; Form 1040A, line 34; Form 1040-T, line 42; Form 1040NR, line 66; Form 1040NR-EZ, line 26; or Form 1041, line 26.	20	27

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service

Name of proprietor

Net Profit From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065.

► Attach to Form 1040 or Form 1041.

► See instructions on back.

OMB No. 1545-0074

1995

Attachment
Sequence No. **09A**

Social security number (SSN)

SHARMAN C. JANUIK

Part I General Information

You May Use
This Schedule
Only If You:

- Had gross receipts from your business of \$25,000 or less.
- Had business expenses of \$2,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
SEEMSTRESS

B Enter principal business code
(see pg. C-6) ► **7880**

C Business name. If no separate business name, leave blank.

D Employer ID no. (EIN), if any

E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.

City, town or post office, state, and ZIP code

Part II Figure Your Net Profit

1 Gross receipts. If more than \$25,000, you must use Schedule C. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-2 and check here . . . ► ☐	1	1,551
2 Total expenses. If more than \$2,000, you must use Schedule C. See instructions	2	
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12 , and ALSO on Schedule SE, line 2 . (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	1,551

Part III Information on Your Vehicle. Complete this part **ONLY** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ► _____.

5 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting _____ **c** Other _____

6 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

7 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

8 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule C-EZ (Form 1040) 1995

SCHEDULE F
(Form 1040)

Profit or Loss From Farming

OMB No. 1545-0074

1995

Attachment
Sequence No. **14**

- ▶ Attach to Form 1040, Form 1041, or Form 1065.
▶ See Instructions for Schedule F (Form 1040).

Department of the Treasury
Internal Revenue Service (T)

Name of proprietor

JOHN L. AND SHARMAN C. JANUIK

Social security number (SSN)

B Enter principal agricultural activity
code (from pg. 2) ▶ **270**

D Employer ID number (EIN), if any

A Principal product. Describe in one or two words your principal crop or activity for the current tax year.

EMUS AND OSTRICHES

C Accounting method: (1) ☒ Cash (2) ☐ Accrual

E Did you "materially participate" in the operation of this business during 1995? If "No," see page F-2 for limit on passive losses. ☒ Yes ☐ No

Part I Farm Income – Cash Method. Complete Parts I and II (Accrual method taxpayers complete Parts II and III, and line 11 of Part I.) **Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797.**

1 Sales of livestock and other items you bought for resale.	1			
2 Cost or other basis of livestock and other items reported on line 1	2			
3 Subtract line 2 from line 1	3			
4 Sales of livestock, produce, grains, and other products you raised	4			227
5a Total cooperative distributions (Form(s) 1099-PATR).	5a			
5b Taxable amount	5b			
6a Agricultural program payments (see page F-2)	6a			
6b Taxable amount	6b			
7 Commodity Credit Corporation (CCC) loans (see page F-2):				
a CCC loans reported under election	7a			
b CCC loans forfeited or repaid with certificates	7b			
7c Taxable amount	7c			
8 Crop insurance proceeds and certain disaster payments (see page F-2):				
a Amount received in 1995	8a			
8b Taxable amount	8b			
c If election to defer to 1996 is attached, check here . . . ▶ ☐				
8d Amount deferred from 1994.	8d			
9 Custom hire (machine work) income	9			
10 Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3)	10			
11 Gross income. Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter the amount from page 2, line 51	11			227

Part II Farm Expenses – Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home.

12 Car and truck expenses (see page F-3 – also att. Form 4562).	12				25 Pension and profit-sharing plans	25		
13 Chemicals	13				26 Rent or lease (see page F-4):			
14 Conservation expenses. Attach Form 8645	14				a Vehicles, machinery, and equipment	26a		86
15 Custom hire (machine work)	15				b Other (land, animals, etc.)	26b		
16 Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4)	16		7,103		27 Repairs and maintenance. <i>MATERIALS</i>	27		6,036 ✓
17 Employee benefit programs other than on line 25	17				28 Seeds and plants purchased	28		
18 Feed purchased.	18		2,760		29 Storage and warehousing.	29		
19 Fertilizers and lime	19				30 Supplies purchased	30		1,957
20 Freight and trucking.	20				31 Taxes	31		94
21 Gasoline, fuel, and oil	21		836		32 Utilities	32		938
22 Insurance (other than health)	22		761		33 Veterinary, breeding, and medicine.	33		1,461
23 Interest:					34 Other expenses (specify):			
a Mortgage (paid to banks, etc.)	23a				a <u>ADVERTISING</u>	34a		467
b Other	23b				b <u>DUES</u>	34b		121
24 Labor hired (less employment credits)	24				c <u>OFFICE</u>	34c		146
					d <u>TRAVEL</u>	34d		175
					e	34e		
					f	34f		

35 **Total expenses.** Add lines 12 through 34f. ▶ **35** **22,941**

36 **Net farm profit or (loss).** Subtract line 35 from line 11. If a profit, enter on **Form 1040, line 18**, and **ALSO** on **Schedule SE, line 1**. If a loss, you **MUST** go on to line 37 (estates, trusts, and partnerships, see page F-5) **36** **-22,714**

37 If you have a loss, you **MUST** check the box that describes your investment in this activity (see page F-5).
If you checked 37a, enter the loss on **Form 1040, line 18**, and **ALSO** on **Schedule SE, line 1**.
If you checked 37b, you **MUST** attach **Form 6198**.
} **37a** ☒ All investment is at risk.
} **37b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see **Form 1040 Instructions**.

Schedule F (Form 1040) 1995

Department of the Treasury
Internal Revenue Service**Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts**(Under Sections 72, 4973, 4974, and 4980A of the Internal Revenue Code)
▶ Attach to Form 1040. See separate instructions.

OMB No. 1545-0203

1995Attachment Sequence No. **29**

Name of individual subject to additional tax. (If married filing jointly, see page 2 of the instructions.)

Your social security number

JOHN L. JANUIK

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. No.

Fill in Your Address Only If You Are Filing This Form by Itself and Not With Your Tax Return

City, town or post office, state, and ZIP code

If this is an amended return, check here ☐If you are subject to the 10% tax on early distributions only, see **Who Must File** in the instructions before continuing. You may be able to report this tax directly on Form 1040 without filing Form 5329.**Part I Tax on Early Distributions**Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA), annuity contract, or modified endowment contract before you reached age 59 1/2 (or was incorrectly indicated as such on your Form 1099-R-see instructions). **Note:** You must include the amount of the distribution on line 15b or 16b of Form 1040 or on the appropriate line of Form 4972.

1	Early distributions included in gross income (see page 2 of the instructions)	1	1,935	
2	Distributions excepted from additional tax (see page 2 of the instructions). Enter appropriate exception number from instructions ▶	2		
3	Amount subject to additional tax. Subtract line 2 from line 1.	3	1,935	
4	Tax due. Multiply line 3 by 10% (.10). Enter here and on Form 1040, line 51	4	194	

Part II Tax on Excess Contributions to Individual Retirement Arrangements

Complete this part if, either in this year or in earlier years, you contributed more to your IRA than is or was allowable and you have an excess contribution subject to tax.

5	Excess contributions for 1995 (see page 3 of the instructions). Do not include this amount on Form 1040, line 23a or 23b.	5		
6	Earlier year excess contributions not previously eliminated (see page 3 of the instructions)	6		
7	Contribution credit. If your actual contribution for 1995 is less than your maximum allowable contribution, see page 3 of the instructions; otherwise, enter -0-	7	0	
8	1995 distributions from your IRA account that are includible in taxable income	8		
9	1994 tax year excess contributions (if any) withdrawn after the due date (including extensions) of your 1994 income tax return, and 1993 and earlier tax year excess contributions withdrawn in 1995.	9		
10	Add lines 7, 8, and 9	10		
11	Adjusted earlier year excess contributions. Subtract line 10 from line 6. Enter the result, but not less than zero.	11		
12	Total excess contributions. Add lines 5 and 11	12		
13	Tax due. Enter the smaller of 6% (.06) of line 12 or 6% (.06) of the value of your IRA on the last day of 1995. Also enter this amount on Form 1040, line 51	13		

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **5329** (1995)

Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts(Under Sections 72, 4973, 4974, and 4980A of the Internal Revenue Code)
▶ Attach to Form 1040. See separate instructions.**1995**Attachment
Sequence No. **29**

Name of individual subject to additional tax. (If married filing jointly, see page 2 of the instructions.)

SHARMAN C. JANUIK

Your social security number

[REDACTED]

Apt. No.

**Fill In Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

City, town or post office, state, and ZIP code

If this is an amended
return, check here ☐If you are subject to the 10% tax on early distributions **only**, see **Who Must File** in the instructions before continuing. You may be able to report this tax directly on Form 1040 without filing Form 5329.**Part I Tax on Early Distributions**Complete this part if a taxable distribution was made from your qualified retirement plan (including an IRA), annuity contract, or modified endowment contract before you reached age 59 1/2 (or was incorrectly indicated as such on your Form 1099-R—see instructions). **Note:** You must include the amount of the distribution on line 15b or 16b of Form 1040 or on the appropriate line of Form 4972.

1	Early distributions included in gross income (see page 2 of the instructions)	1	32,659	
2	Distributions excepted from additional tax (see page 2 of the instructions). Enter appropriate exception number from instructions ▶ _____	2		
3	Amount subject to additional tax. Subtract line 2 from line 1.	3	32,659	
4	Tax due. Multiply line 3 by 10% (.10). Enter here and on Form 1040, line 51	4	3,266	

Part II Tax on Excess Contributions to Individual Retirement Arrangements

Complete this part if, either in this year or in earlier years, you contributed more to your IRA than is or was allowable and you have an excess contribution subject to tax.

5	Excess contributions for 1995 (see page 3 of the instructions). Do not include this amount on Form 1040, line 23a or 23b.	5		
6	Earlier year excess contributions not previously eliminated (see page 3 of the instructions)	6		
7	Contribution credit. If your actual contribution for 1995 is less than your maximum allowable contribution, see page 3 of the instructions; otherwise, enter -0-	7	0	
8	1995 distributions from your IRA account that are includible in taxable income	8		
9	1994 tax year excess contributions (if any) withdrawn after the due date (including extensions) of your 1994 income tax return, and 1993 and earlier tax year excess contributions withdrawn in 1995.	9		
10	Add lines 7, 8, and 9	10		
11	Adjusted earlier year excess contributions. Subtract line 10 from line 6. Enter the result, but not less than zero.	11		
12	Total excess contributions. Add lines 5 and 11.	12		
13	Tax due. Enter the smaller of 6% (.06) of line 12 or 6% (.06) of the value of your IRA on the last day of 1995. Also enter this amount on Form 1040, line 51.	13		

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **5329** (1995)

Unreimbursed Employee Business Expenses

1995

Attachment
Sequence No. 54ADepartment of the Treasury
Internal Revenue Service (99)▶ See Instructions on back.
▶ Attach to Form 1040 or Form 1040-T.

Your name

JOHN L. JANUIK

Social security number

Occupation in which expenses were incurred

CARPENTER

Part I General Information

You May Use This Form ONLY if All of the Following Apply:

- You are an employee deducting expenses attributable to your job.
- You do not get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements).
- If you are claiming vehicle expense,
 - a You own your vehicle, and
 - b You are using the standard mileage rate for 1995 and also used it for the year you first placed the vehicle in service.

Part II Figure Your Expenses

1 Vehicle expense using the standard mileage rate. Complete Part III and multiply line 8a by \$ 0.30 (.30)	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	1,977	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4		
5 Meals and entertainment expenses: \$ 3,752 x 50% (.50).	5	1,876	
6 Total expenses. Add lines 1 through 5. Enter here and on line 20 Schedule A (Form 1040), or Form 1040-T, Section B, line n. (Qualified performing artists and individuals with disabilities, see instructions for special rules on where to enter this amount.)	6	3,853	

Part III Information on Your Vehicle. Complete this part ONLY if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting _____ c Other _____
- 9 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 10 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No
- 11a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see back of form.

Form 2106-EZ (1995)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

1995Attachment
Sequence No. **67**Form **4562**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Identifying number

JOHN L. AND SHARMAN C. JANUIK

Business or activity to which this form relates

SCHEDULE F / FORM 4835 - EMUS AND OSTRICHES**Part I Election To Expense Certain Tangible Property (Section 179)**

(Note: If you have any "Listed Property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 1 of the instructions.	1	\$17,500
2	Total cost of section 179 property placed in service during the tax year. See page 2 of the instructions.	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions.	5	
6	(a) Description of property	(b) Cost	(c) Elected cost
7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from 1994. See page 2 of the instructions	10	
11	Taxable income limitation. Enter the smaller of taxable income (not less than zero) or line 5 (see instructions).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 1996. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1995 Tax Year (Don't Incl. Listed Property)****Sections A - General Asset Account Election**

- 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 2 of the instructions. ☐

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
--------------------------------	--------------------------------------	--	---------------------	----------------	------------	----------------------------

Section B - General Depreciation System (GDS) (See page 2 of the instructions.)

15a 3-year property						
b 5-year property						
c 7-year property		29,788	7	HY	200DB	4,257
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property						
h Nonresidential real property	4/21/95	30,000	39	MM	S/L	546

Section C - Alternative Depreciation System (ADS): (See page 4 of the instructions.)

16a Class life						
b 12-year						
c 40-year						

Part III Other Depreciation (Do Not Include Listed Property.) (See page 4 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 1995	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See page 4 of the instructions.)

20 Listed property. Enter amount from line 26	20	2,300
21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	21	7,103
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	22	

For Depreciation Reduction Act Notice, see page 1 of the separate instructions.

Form 4562 (1995)

JOHN L. AND SHARMAN C. JANUIK

Part V**Listed Property – Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement**

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See page 5 of the instructions for limitations for automobiles.)

23a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No									23b If "Yes," is the evidence written? ☒ Yes ☐ No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
24 Property used more than 50% in a qualified business use (See page 5 of the instructions.):										
1984 FORD RANG	1/01/95	100.0	2,500	2,500	5.0	200DB HY	500			
1988 FORD BRON	1/01/95	100.0	7,500	7,500	5.0	200DB HY	1,500			
1958 CHEV FB	5/01/95	100.0	1,500	1,500	5.0	200DB HY	300			
25 Property used 50% or less in a qualified business use (See page 5 of the instructions.):										
26 Add amounts in column (h). Enter the total here and on line 20, page 1							26	2,300		
27 Add amounts in column (i). Enter the total here and on line 7, page 1							27	0		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 to 30												
32 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 6 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 6 of the instructions.		

Note: If your answer to 35, 36, 37, 38 or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1995 tax year:					
41 Amortization of costs that began before 1995					41
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return					42

IDAHO INDIVIDUAL INCOME TAX RETURN

1995

• A R F W M

For the year January 1 - December 31, 1995, or fiscal year beginning , 1995 ending , 1996.

Use IDAHO label. Otherwise, please print or type.

Your first name and initial JOHN L.	Last name JANUIK	Your Social Security Number [REDACTED]
If a joint return, spouse's first name and initial SHARMAN C.	Last name JANUIK	Spouse's Social Security Number [REDACTED]
Address (number, street and apartment number) 2709 HIGHWAY 55		School District (Instructions page 10) • 13
City, Town, or Post Office, State and Zip Code COUNCIL, ID 83612		

If you and your tax preparer do not need Idaho income tax forms and instructions mailed to you next year, check box • ☒

FILING STATUS	(MUST MATCH FEDERAL RETURN)	EXEMPTIONS	6a ☒ Yourself ☒ Spouse	Enter number of boxes checked
	1 ☐ Single		Caution: If your parent or someone else can claim you as a dependent on his or her tax return, DO NOT check box 6a.	2
	2 ☒ Married filing joint return (even if only one had income)		b Number of your dependent children from federal form	3
	3 ☐ Married filing separate return Enter spouse's SSN above and full name here.		c Number of other dependents from federal form	5
	4 ☐ Head of household. Name of person who qualifies you.		d Add lines 6a, b and c	5
5 ☐ Qualifying widow(er) with dependent child Year spouse died: 19				

ATTACH STATE W-2 COPIES HERE	IDAHO ELECTION CAMPAIGN FUND	Democratic	Libertarian	Republican	No specific party	No	
	I want \$1 of my income tax to go to the Idaho Election Campaign Fund (\$2 on joint return)	7. Yourself ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☒
		8. Spouse ☐					

ATTACH PAYMENT HERE	INCOME. See Instructions, page 4.		
	9. Enter your federal adjusted gross income from federal Form 1040, line 31; federal Form 1040A, line 16; or federal Form 1040 EZ, line 4. Attach a complete copy of your federal return	9	59,254
	ADDITIONS. See Instructions, page 4.		
	10. Federal net operating loss carryforward included in line 9	10	
	11. Capital loss carryforward incurred outside the state before becoming an Idaho resident.	11	
	12. Interest and dividends not taxable under federal law	12	
	13. Other additions. Attach explanation	13	
	14. Income and additions. Add lines 9 through 13.	14	59,254
	SUBTRACTIONS. See Instructions, pages 5 and 6.		
	15. Idaho net operating loss carryforward. Attach Form 56	15	
	16. State income tax refund if included in federal income	16	
	17. Interest from U.S. government.	17	
	18. Insulation of Idaho residence.	18	
	19. Alternative energy devices. Attach Form 39	19	
20. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2	20		
21. Retirement benefits deduction. Attach Form 39	21		
22. Social security and railroad benefits, if included in federal income	22		
23. Technological equipment donation	23		
24. Idaho capital gains deduction. Attach Form CG	24		
25. Adoption expenses	25		
26. Contributions to a medical savings account	26		
27. Other subtractions. Attach Form 39	27		
28. TOTAL SUBTRACTIONS. Add lines 15 through 27.	28		
29. TOTAL ADJUSTED INCOME. Subtract line 28 from line 14.	29	59,254	

SIGN HERE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief the return is true, correct and complete.		
	Your signature •	Date	Signature of preparer • W. RICHARD LAMM, CPA
	Spouse's signature (if a joint return. BOTH MUST SIGN) •	Daytime phone 634-7183	Preparer's EIN or SSN 518-62-0659
		Address W. RICHARD LAMM, CPA 315 DEINHARD, P. O. BOX L MC CALL, ID 83638 82-0436836	

MAIL TO: Idaho State Tax Commission, P.O. Box 56, Boise, ID 83756-0201

ATTACH A COMPLETE COPY OF FEDERAL RETURN.

30. TOTAL ADJUSTED INCOME. Amount from line 29.

30

59,254

TAX COMPUTATION. See Instructions, pages 6 and 7.

31. CHECK

- a. If age 65 or older.
b. If blind.
c. If your parent or someone else can claim you as a dependent,
check here and enter zero on lines 37 and 62. ☐

- ☐ Yourself ☐ Spouse
☐ Yourself ☐ Spouse

32. Itemized deductions. Attach federal Schedule A. Federal limits apply
33. All state and local income taxes included on federal Schedule A, line 5.

32 14,331
33 1,210

34. Subtract line 33 from line 32
35. Standard deduction. See Instructions, page 6
36. Subtract the LARGER of line 34 or 35 from line 30
37. Multiply \$2500 by the number of exemptions claimed on line 6d. Federal limits apply
38. Taxable income. Subtract line 37 from line 36
39. TAX from tables or rate schedule. See instructions, page 7

34 13,121
35 6,550
36 46,133
37 12,500
38 33,633
39 2,278

CREDITS. Limits apply. See Instructions, pages 7 and 8.

40. Income taxes paid to other states. Attach Form 39 and a copy of
the other state return(s)
41. Credit for contributions to educational entities
42. Ethanol alcohol production credit. Attach Form 25.
43. Investment tax credit. Attach Form 49. Earned ☒ Allowed ☐
44. Credit for contributions to youth and rehabilitation facilities
45. New jobs tax credit. Attach Form 55
46. Credit for production equipment using post-consumer waste
47. TOTAL CREDITS. Add lines 40 through 46
48. Subtract line 47 from line 39. If line 47 is greater than line 39, enter zero.

40
41
42
43
44
45
46

47
48 2,278

OTHER TAXES. See Instructions, page 8.

49. Special fuels tax due. Attach Form 75
50. Sales/Use tax due on mail order and other nontaxed purchases
51. Tax from recapture of Idaho investment tax credit. Attach Form 49R
52. Permanent building fund. Check the box if you are receiving Idaho public assistance payments ☐
53. TOTAL TAX. Add lines 48 through 52.

49
50
51
52 10 00
53 2,288

DONATIONS. See Instructions, pages 8 and 9.

54. I wish to donate to the Nongame Wildlife Conservation Fund
55. I wish to donate to the Drug Enforcement Fund.
56. I wish to donate to the Children's Trust Fund/Child Abuse Prevention.
57. I wish to donate to the Agriculture in the Classroom Fund.
58. I wish to donate to the U.S. Olympic Fund. See Instructions
59. I wish to donate to the Alzheimer's Disease Services Fund
60. I wish to donate to the Community Forestry Trust Account
61. TOTAL TAX PLUS DONATIONS. Add lines 53 through 60.

54
55
56
57
58
59
60

61 2,288

PAYMENTS and OTHER CREDITS. See Instructions, page 9.

62. Grocery credit. \$15 per person claimed on line 6d.
63. Additional grocery credit. \$15 per person age 65 or older claimed on line 31a.
64. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39
65. Special fuels tax refund ☒ Gasoline tax refund ☒ Attach Form 75
66. Idaho income tax withheld. Attach Form(s) W-2.
67. 1995 Forms 51 and 51ES payments and the amount applied from the 1994 return
68. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 62 through 67.

62 75
63
64
65
66 1,210
67
68 1,285

REFUND or PAYMENT DUE. See Instructions, pages 9 and 10.

69. TAX DUE. If line 61 is more than line 68, subtract line 68 from line 61.
70. Penalty ☒ Interest from the due date ☒ Enter total.
Check the box if the penalty is due to an ineligible withdrawal from a medical savings account. ☐
71. TOTAL DUE. Add lines 69 and 70. Make check or money order payable to Idaho State Tax Commission

69 1,003
70
71 1,003

72. OVERPAID. If line 68 is more than line 61, subtract line 61 from line 68.
This is the amount you overpaid

72

73. REFUND. Amount of line 72 to be refunded to you

73

74. ESTIMATED TAX. Amount of line 72 to be applied to your 1996 estimated tax.

74



State of Idaho
DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190
FAX (208) 334-2348

PHILIP E. BATT
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

May 16, 1995

Re: Notices of Claim to a Water Right Nos. A67-07294, A67-07061,
A67-04163

John L. Januik
Sharman R. Januik
2709 Hwy. 95
Council, ID 83612

Mr. & Mrs. Januik:

Enclosed are copies of the above referenced claims which reflect the change in ownership of the land and appurtenant water rights covered under the original filings.

The Department will contact you in the future concerning any requirements that may be needed in order to process these claims for final court decree.

If you have any questions concerning the enclosed claims, please feel free to contact this office.

Sincerely,

Adjudication Staff
Department of Water Resources
Western Region Office
(208) 334-2190

LH:1
Enclosure

cc: Glen & Dwila Probst

SCANNED
APR 08 2004

MICROFILMED
OCT 23 1996



Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190
FAX (208) 334-2348

3-15-95

PHILIP E. BATT
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

Gilen H. & Dwila R. Probst
Hc 64 Box 3300
Council ID 83612

Dear Claimant(s):

This office is presently processing the Notice of Claim(s) to a Water Right you submitted during the Snake River Basin Adjudication claims filing in your area. However, due to the items checked below, we cannot continue to process this claim(s). We are returning this claim(s) to you to complete items required that were incomplete on your claim form. **ONLY THE ITEMS CHECKMARKED IN THIS LETTER NEED COMPLETION. IF AN ITEM IS NOT CHECKMARKED, IT IS NOT PERTINENT TO THIS CLAIM(S).** Also enclosed is the receipt for the filing fee previously submitted with this claim(s).

_____ Fee - No fee received or inadequate fee received, fee due is _____.
(Filing fees, based on use(s) of water, were due on all claims filed)

_____ Late Notice of Claim - This claim was received on _____ which is after the deadline for filing claims in _____ County. The deadline for this County was _____, and the late fee now due is _____. The enclosed Late Fee Notice explains the late fee and how it is computed.

Item No. 2 - Date of priority - month/day/year that water was first put to use, regardless of ownership. If month or day is unknown, the Dept. will recommend 12/31 of the year designated.

Item No. 3 - Source of Water

Item No. 4 - Point of Diversion - must be shown by quarter-quarter (40 acre tract), section, township and range. Lot and block for subdivision are not acceptable as the legal description for the point of diversion, however, please include this information in the remarks section of your claim. See page two of this letter for additional information.

Item No. 6 - Uses of Water

Item No. 9 - Non-Irrigation Uses

Item No. 10 - Place of Use - must be listed by quarter-quarter (40 acre tract), section, township, and range. Lot and block for subdivision are not acceptable as the legal description for the place of use, however, please include this information in the remarks section of your claim. See page two of this letter for additional information.

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Item No. 12 - Ownership of place of use - It appears that the places of use filed on this claim are owned by separate individuals. This claim form can only be used when the places of use are under single ownership, even when all the uses are from one source. Enclosed are claim forms to be used to file on each separately owned place of use. The claim being returned will need to be modified to show one owner, with the changes initialed and dated. The \$25 fee for this claim has been submitted, however, the additional claims returned need to submit a \$25 fee each.

Item No. 15 - Basis of Claim - Please designate if your water right is based on beneficial use of the water - Beneficial Use, or if it is based upon a previously filed water right - Posted Notice, License, Permit or Decree.

✓ ^{Both} Item No. 16 - Signature - this claim form does require your signature be affixed and notarized by a notary public. Note, the notary public signs below the signature blocks listed in this item.

MAP ENCLOSED: Please mark the location of the well(s) and the location of the place(s) of use on this map. Then return the map with your claim and the additional information requested, if any. We can then determine the quarter-quarter(1/41/4) legal description based on the locations marked on this map.

✓ Other: A67-04163 - please clarify acres - 11.25 or 14.25. If 14.25, please submit additional \$3 and correct claim form. If 11.25, please make appropriate changes at "Totals"

Please complete the above item(s) on your claim form(s), initial and date any changes or additions, and return the claim(s), with the requested fee(if one was requested), to our office within 30 days from the date of this letter. If the claim(s), or fee requested, is not received within this 30-day period, the claim(s) will be rejected and your fee, if one was paid previously, will be refunded. Please contact our office listed in the address below, within the 30 day time period, either in writing or by phone, to let us know if there is a problem returning the claim(s), or fee, in order to keep this claim(s) valid. If the claim(s) is rejected and fee refunded, due to no response within the 30-days, the claim(s) can be resubmitted up until claims in this area are prepared for court decree. However, at that time the corrected claim(s) along with the regular filing fee that was refunded, and an additional late fee will be required. Please return your claim(s), any other claims, information or fees requested, if any, to the Department of Water Resources, Western Region Office, 2735 Airport Way, Boise, ID 83705.

Feel free to contact this office if you have any questions concerning this letter.

Sincerely,



Adjudication Staff
Department of Water Resources
Western Region Office
(208) 334-2190

HHT:h

Enclosures

SPECIAL NOTE: IF YOU NO LONGER OWN THE PROPERTY UPON WHICH THIS CLAIM WAS FILED, PLEASE CONTACT THIS OFFICE IMMEDIATELY. IDAHO STATE LAW REQUIRES THAT THE DEPARTMENT BE NOTIFIED OF A CHANGE OF OWNER OR ADDRESS ON A WATER RIGHT.

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OCT 23 1996

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER 30576

Ident. Number AL67-04163Date Received 11-2-89Receipt Number W006616

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

RECEIVED
NOV 02 1989

Department of Water Resources
Western Regional Office

Please type or print clearly

1. Name of Claimant (s) GLEN H/DWILAR PROBST Phone (208) 253 4793Mailing Address HC64 BOX 3300 COUNCIL ID Zip 836122. Date of Priority (Only one (1) per claim) 18903. Source of water supply (a) WEISER RIVER
which is tributary to (b) SNAKE RIVER4. a. Location of existing point of diversion is: Township 17N Range 1WBM Section 1,
SW 1/4 of NE 1/4 of _____ 1/4, Govt. Lot, _____ B.M., County of ADAMS

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township 17N Range 1WBM Section 1, NW 1/4 of SE 1/4 of _____ 1/4,Govt. Lot _____ B.M., County of ADAMSending point is: Township 17N Range 1WBM Section 1, SW 1/4 of NE 1/4 of _____
_____ 1/4, Govt. Lot _____ B.M., County of ADAMS5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

WATER DIVERTED FROM
WEISER RIVER BY 14" PIPE, GRAVITY DITCH,
DITCHES AND DAMS AT VARIOUS LOCATIONS TO
SUB IRRIGATED LANDS

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OCT 23 1996

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For IRIGATION purposes from APR 1 to OCT 31 amount 0.28 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
17N	14	1			3											11.25			14.25

Total number of acres irrigated 14.25

11. In which county (ies) are lands listed above as place of use located? ADAMS

12. Do you own the property listed above as place of use? Yes ☒ No ☐

If your answer is No, describe in Remarks below the authority you have to claim this water right.

13. Describe any other water rights used at the same place and for the same purposes as described above.

67-7294 or None ()

14. Remarks:

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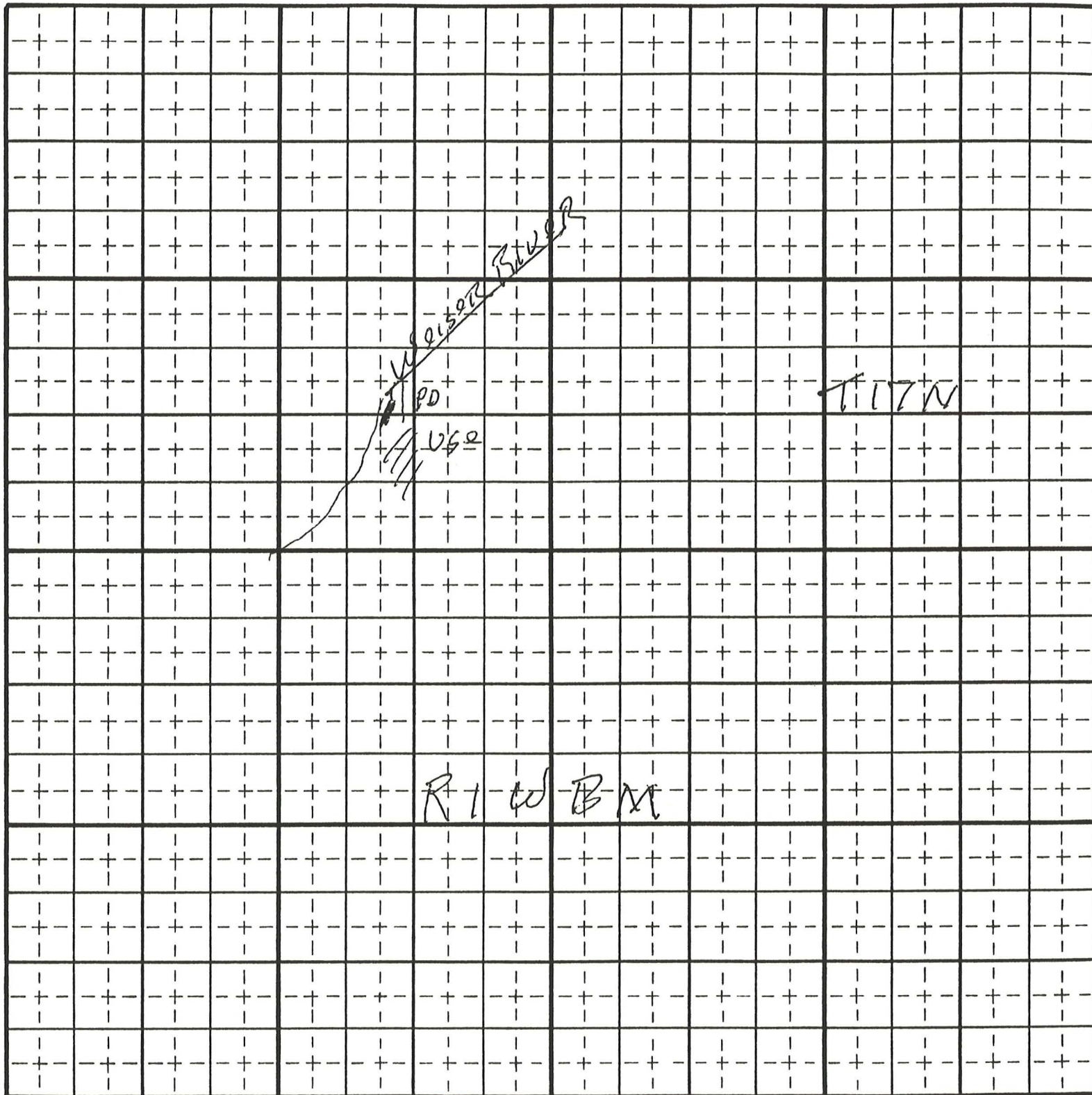
OCT 23 1996

Last Name PROBST Ident No. 67-4163

Copies: White -State, Yellow-Claimant

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



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OCT 23 1986

Last Name

Robst

Ident No.

67-4163

Copies: White-State, Yellow-Claimant

15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number 67-4163
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read, and understand the form entitled
"How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do _____ do not X
wish to receive and pay a small annual fee for monthly copies of the docket sheet.
Number of attachments _____

For Individuals: I do solemnly swear or affirm that the statements contained in the foregoing document are true
and correct.

Signature of Claimant (s) Alan H. Probst Date 2 Oct 1989
Debra R. Probst Date 2 Oct 1989

For Organizations: I do solemnly swear or affirm that I am _____ Title _____
of _____, that I have signed the foregoing
Organization
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 _____

Title and Organization _____ Date _____

State of Idaho/or _____)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this _____ day of _____ 19 _____

SEAL

Notary Public _____

Residing at _____

My Commission Expires _____

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ will be acting as attorney at law on 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 Probst Ident. Number 67-4163

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OCT 23 1996

Copies White-State, Yellow-Claimant

CLAIM # 67-7061 Domestic \$25.00

CLAIM # 67-7294 IRRIGATION \$53.00
3 ACRES

CLAIM # 67-4163 IRRIGATION \$62.00
11.25 ACRES

TOTAL \$ 140.00

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OCT 23 1995

Old (D) Number -

Phone -

```
+-----+----- Old Water Right Numbers -----+
No Old Water Right Numbers found.
```

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OCT 23 1995

Water right number - 67-04163

Prefix Translation: WATER RIGHT

+ - - - - Conditions of Approval - - - - - +
No Conditions of Approval found.

+ - - - Decree Plaintiff - - - + + - - - Decree Defendant - - - + + - Decree Date - +
00/00/0000

+ - - - - Comments- - - - - +
No Comments Found

+ - - Audit Fields - 02/11/85 05/01/88 CONVERT

+ - - - - Water Rights Dates and Flags Area - - - - - +

Proof Due Date - 00/00/0000	Field Exam Made - 00/00/0000	Field Exam Fee -
Approved/Denied - 00/00/0000	Protested Date - 00/00/0000	Swan Falls -
Proof Made Date - 00/00/0000	Hearing Date - 00/00/0000	Temporary Right - P
Exam to S.O. Date- 00/00/0000	Verified Date - 02/11/1985	DLE/Carey Act -
Order Show Cause - 00/00/0000	Receipt Number -	Water District -
Licensed Date - 00/00/0000	Appl Received - 00/00/0000	Transfer/Amended -
Decree Date - 00/00/0000	Name Connector -	POU Ownership Flag-
Presumption Flag -		

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OCT 23 1996

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Section 42-225a, Idaho Code

CLAIM TO A WATER RIGHT

Under the provisions of Section 42-225a, Idaho Code, a person may file a claim to a right to use water which has been established by diversion and application to beneficial use. **The filing of this claim does not confirm the water right but will serve for information purposes only.** It may, however, become the basis for future adjudication of the water right by the Court.

Notice is hereby given that Glen H. Probst &/or Dwila Probst
(name of claimant)
of Tamarack Star Route, Council, ID, claims a right to the diversion and beneficial use of
(mailing address)
the public water of the State of Idaho

The extent and nature of said claim is as follows:

- (1) Describe source of water: (name of stream, lake, spring, etc., or ground water) Weiser River, tributary to, Snake River
- (2) Describe the purpose for which the water has been used and the time during the year when you have used the right claimed:
- | | | | | | | | | |
|--------|----------------------|-----|-------------------------------|----------------|------|--------------|----|------------------------|
| Amount | <u>0.28 cfs</u> | Use | <u>Irrigation</u> | Period of Use: | From | <u>Apr 1</u> | To | <u>Oct 31</u> |
| Amount | _____ | Use | _____ | Period of Use: | From | _____ | To | _____ |
| Amount | _____ | Use | _____ | Period of Use: | From | _____ | To | _____ |
| | (cfs, gpm
or a/f) | | (dom., irri.,
stock, etc.) | | | | | (both dates inclusive) |

- (3) Total quantity of water claimed: 0.28 cubic feet per second, or _____ acre feet per annum, and/or _____ gallons per minute.
- (4) Priority claimed: (the date water was first applied to beneficial use) 1890

A claim is not acceptable on a ground-water source with a priority later than March 25, 1963 or on a surface-water source with a priority later than May 20, 1971. An exception to this rule is that a claim may be filed on domestic use from a ground-water source.

- (5) A) Point of diversion: (give location of point where water is diverted from its source)
SW ¼ NE ¼, Sec. 1 Twp. 17N Rge. 1W B. M. County of Adams
 Additional points of diversion: _____

B) Describe means of diversion of water: (pump and pipeline, well, diversion dam, reservoir, length of ditch and field, etc.) Give sizes and capacities; be as specific as possible. Water diverted from river in gravity ditch. Ditch dam¹ at various locations to sub. irrigated lands, listed below.

- (6) A) Describe location of use by listing number of irrigated acres within each 40-acre tract in appropriate box. If use is not for irrigation, place an "X" in appropriate box to show location.

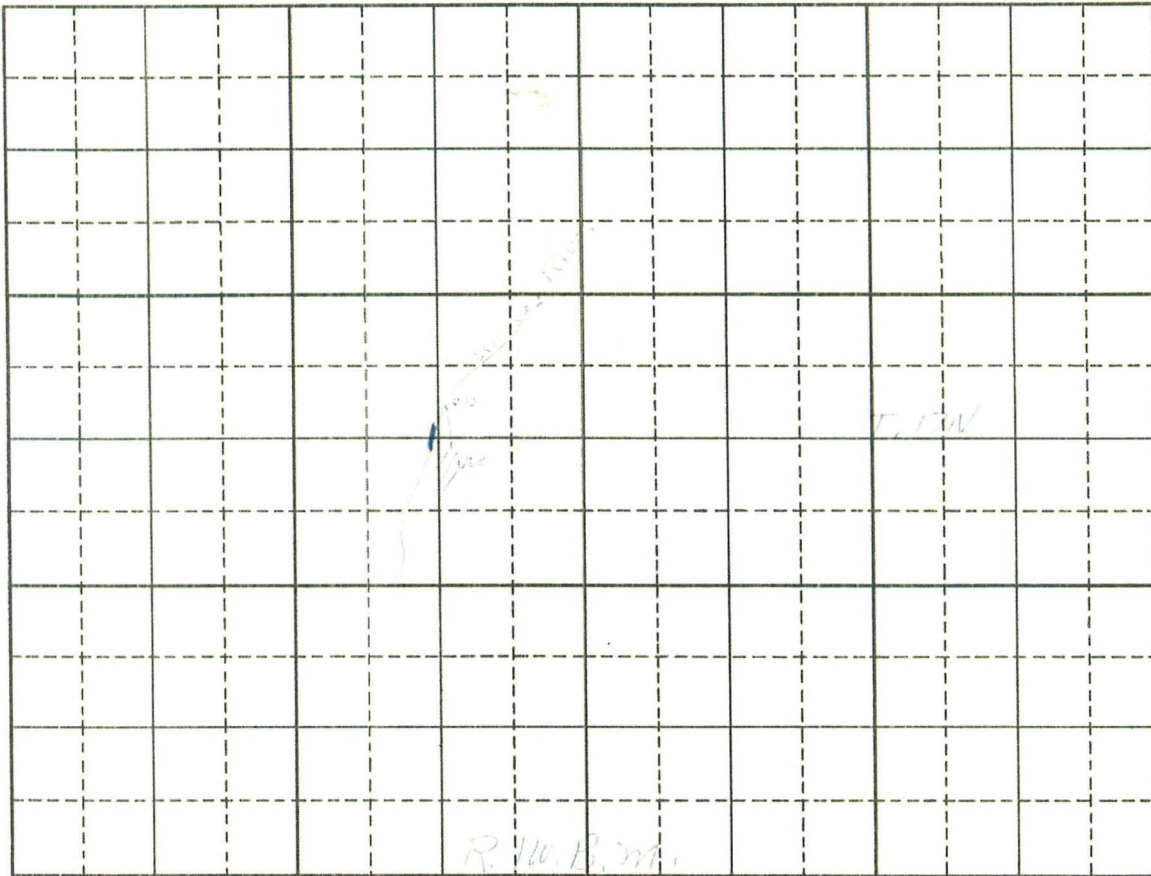
[illegible]

Total No. of acres 14.25

- B) If the water is used for other than irrigation, fully describe that use, being as specific as possible: _____

- (7) If you are claiming water as a member of an organization, list name of organization: _____

(8) Remarks _____



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
) ss.
County of Ada)

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiants knowledge.

Sworn to before me this 2nd day of Dec, 19 76

Alan Robert
(Claimant)
Lyle Glen Layton
Notary Public
Residing at Boise, Idaho

My commission expires 11-25-78

For Department Use Only

Received by <u>RWH</u>	Date <u>12-2-76</u>	Exception filed by:	Forwarded to	Date
Prelim. check by <u>RWH</u>	Date <u>12-2-76</u>		claimant by:	
\$10.00 fee received by <u>CS # 611</u>	Date <u>12-2-76</u>			
Approved for publication by <u>CS 12-20-76</u>				
Published in <u>Idaho County Journal</u>				
Dates <u>Dec 9, 1976 & Dec 76, 1976</u>				