

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 CLARK FORK-PEND OREILLE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576
Ident. Number 97-8049
Date Received: 11/3/2021
Receipt No: T111249

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
BEAR PAW GROUP LLC	1150 BODIE CANYON RD	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
1/1/1930	The establishment has been in operation since 1930. This is the priority date requested.

3. Source:

Source	Tributary
GROUND WATER	
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
57N	05W	16		SE	SE	BONNER	
57N	05W	16		SE	SE	BONNER	

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
COMMERCIAL			Drinking water and restaurant operations.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
COMMERCIAL	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
COMMERCIAL	0.02		

Totals

CFS	AF	KW
0.02		

8. Place of Use:

Water Use	Total Claimed Acreage
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COMMERCIAL							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
57N	05W	16	SE	SE	BONNER		
57N	05W	15	SW	SW	BONNER		



9. **Basis:**

Basis
Beneficial Use

10. **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 Clark Fork-Pend Oreille River Basin Water System 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 under penalty of perjury that the statements contained in the foregoing document are true and correct.

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

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing 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 _____ Date _____

Title and Organization _____

Please print name