

**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

Claim ID: 96-9546

Date Received: 8-1-22

Receipt No: N040675

Claim Fee: 53.00 By: JA

RECEIVED

AUG 01 2022

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) Dream Ranch LLC Phone (801) 906-3482
Mailing address 51 S Wildflower Dr, Alpine UT Zip 84004
Street or Box City State
Email address (optional) wes@weschapman.com
2. Date of priority: (Only one per claim) June 16, 2014 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) Spring
which is tributary to (b) Sinks
4. a. Location of point of diversion is: Township 55N, Range 3E, Section 29,
SW 1/4 of SW 1/4, Govt. Lot NW, BM, County of Bonner
Parcel no. 55N03E293750A
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. 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.
3/4 hp Flowtec rated at 12 gpm

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1-1 to 12-31 amount 0.03 or 1.6

For Fire Protection purposes from 1-1 to 12-31 amount 0.03 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.03 (cfs) and/or (b) 1.6 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 7 cabins

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
55	3E	29							X										

Parcel no(s). Same Total number of acres irrigated _____

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

11. 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.

12. Describe any other water rights used at the same place and for the same purposes as described above.
96-4203 for an additional home that uses the same diversion system. or None ()

13. Remarks (Include an explanation of the priority date selected):

Name of claimant(s) _____ Claim ID _____

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (☒) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 96-9546

15. **Signature(s)**

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices 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: 2

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, and that I have signed the foregoing document in the space below as the

MANAGER of DREAM RANCH LLC
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Robert H Jensen Date 7/18/2022

Printed Name of Authorized Agent ROBERT H JENSEN

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, 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 _____ Date _____

Address _____



0004613216

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004613216

Date Filed: 2/16/2022 9:15:52 AM

Entity Name and Mailing Address:							
Entity Name:	Dream Ranch LLC						
The file number of this entity on the records of the Idaho Secretary of State is:	0003758257						
Address	51 S WILD FLOWER DR ALPINE, UT 84004-1911						
Entity Details:							
Entity Status	Active-Existing						
This entity is organized under the laws of:	IDAHO						
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:							
The registered agent on record is:							
Registered Agent	KOOTENAI LAW GROUP, PLLC Registered Agent Physical Address 2100 NORTHWEST BLVD 110 COEUR D'ALENE, ID 83814 Mailing Address 2100 NORTHWEST BLVD 110 COEUR D'ALENE, ID 83814						
Agent or Address Change							
☒ Select if you are appointing a new agent.							
The name and street address of the new registered agent and office in Idaho is:							
Registered Agent	Registered Agent CUSACK LAW FIRM, PLLC Physical Address: 320 E. NEIDER AVE. 206 COEUR D'ALENE, ID 83815 Mailing Address: 320 E NEIDER AVE STE 206 COEUR D ALENE, ID 83815-6007						
☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.							
Limited Liability Company Managers and Members							
<table border="1"><thead><tr><th>Name</th><th>Title</th><th>Business Address</th></tr></thead><tbody><tr><td>Robert Jensen</td><td>Manager</td><td>51 S WILD FLOWER DR ALPINE, UT 84004-1911</td></tr></tbody></table>		Name	Title	Business Address	Robert Jensen	Manager	51 S WILD FLOWER DR ALPINE, UT 84004-1911
Name	Title	Business Address					
Robert Jensen	Manager	51 S WILD FLOWER DR ALPINE, UT 84004-1911					
The annual report must be signed by an authorized signer of the entity.							
Job Title: Manager							
Robert Jensen							
Sign Here	Date						

02/16/2022

State of Idaho
Department of Water Resources

Water Right

96-9546

DOMESTIC

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.

03E



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

0 0.035 0.07 0.14 Miles

