

**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

RECEIVED
AUG 16 2023
IDWR / NORTH

Ident. Number: 96-9430
Date Received: 8/16/2023
Receipt No: N0439SZ
Claim Fee: \$85.00
Received By: YS

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

1. Name of Claimant(s)

WHITEHORSE INVESTMENTS LLC
41161 HIGHWAY 200
HOPE ID 83836

Phone: (208) 610-5507

2. Date of Priority: 5/7/2009

3. Source:

KIRBY CREEK

Trib. to:

PACK RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
57N	01E	8	NE NW		BONNER	

5. Description of diverting works:

GRAVITY FEED FROM THE STEEL CONSTRUCTION OF 110 SQF

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
FIRE PROTECTION	01/01	12/31	1		
POWER	11/01	06/30	1.45		572
POWER	07/01	10/31	0.33		80.5

7. Total Quantity Appropriated is:

1.8 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

9. Place of use:

FIRE PROTECTION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	01E	8	NE		NW		

POWER within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
57N	01E	8	NE		NW		

10. Do you own the property listed above as place of use? Yes

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: License

14. 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 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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

MANAGER of WHITE HORSE INVESTMENTS, LLC.
Agents 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 Sara L. Jensen Date 8/16/2023

Printed Name of Authorized Agent SARA L. JENSEN