

**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 BEAR RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 79576

Ident. Number: 11-326
Date Received: 2/17/2023
Receipt No: T115335
Claim Fee:
Received By: _____

RECEIVED

MAR 08 2023

IDWR/Preston

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

1. Name of Claimant(s)

LONE TREE RANCH LLC
970 W BROADWAY STE E PMB 282
JACKSON WY 83001

Phone: (307) 203-0329

2. Date of Priority: 5/1/1884

3. Source:

EIGHTMILE CREEK

Trib. to:

BEAR RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
10S	42E	4	SE SE		BEAR LAKE	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	4 /20	9 /30	2.64		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BEAR LAKE County

Township	Range	Section	¼	of	¼	Lot	Acres
10S	42E	3	NW		NE	2	20
10S	42E	3	SW		NE		30
10S	42E	3	SE		NW		
10S	42E	3	NE		SW		20
10S	42E	3	NW		SW		

Total Acres: 70

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

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Decreed

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 BEAR River Basin Adjudication." (b.) I/We do X do not _____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

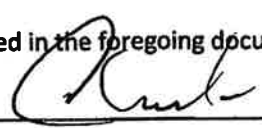
Number of attachments: _____

For Organizations:

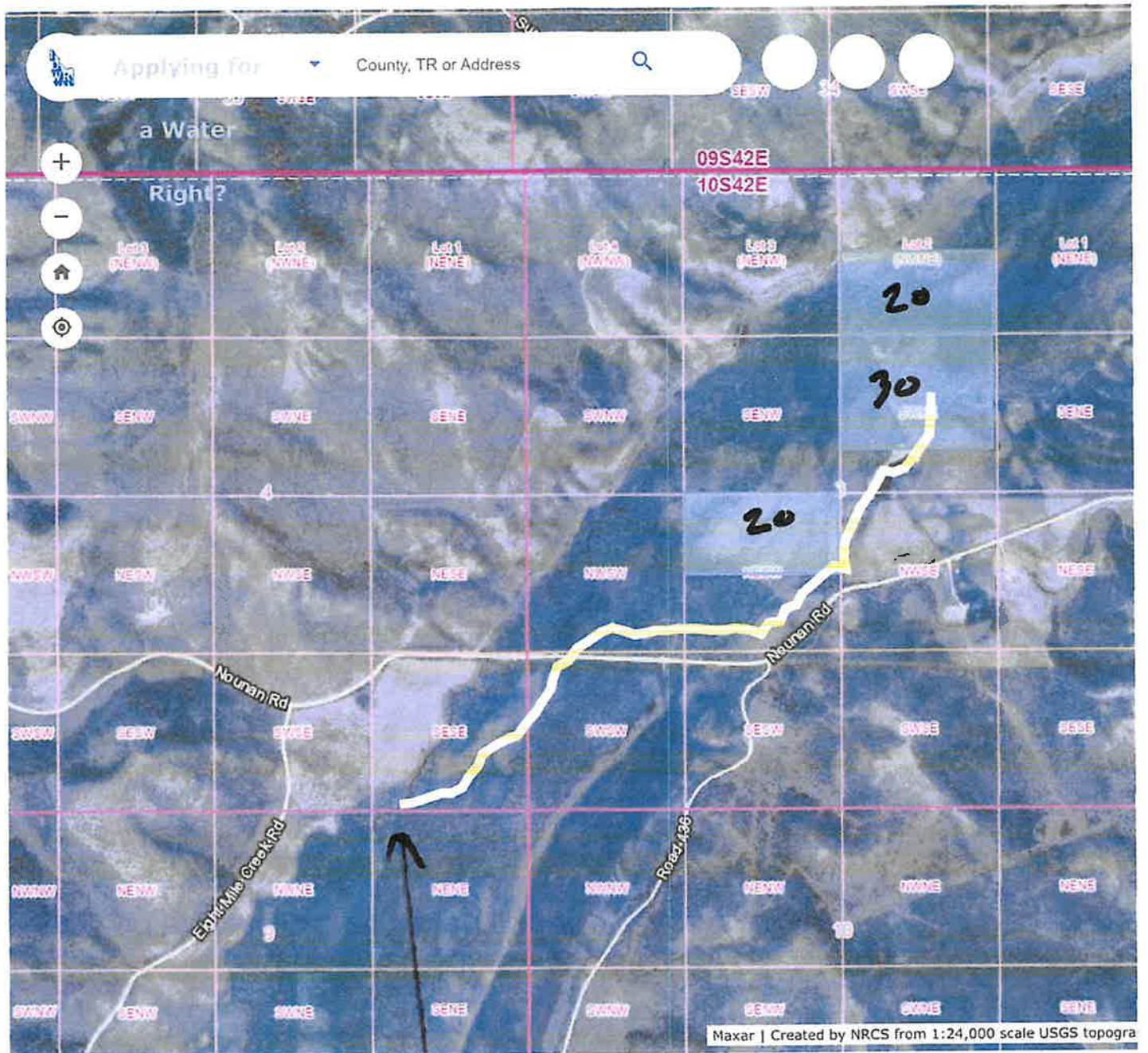
I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

Manager of ONE TREE RANCH 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  Date 3-8-23

Printed Name of Authorized Agent Chuck Schraner H/T



Diversification

0.2mi