

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 13-7776

Date Received: 2/12/2025

Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CX HOLDINGS INC	1034 KIMBALL LN	BANCROFT	ID	USA	83217-5155

2. Date of Priority:

Date	Explanation
12/13/1977	

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
09S	40E	28		NE	NE	CARIBOU		

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION			Irrigation

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	04/15	10/15

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.95	175.80	

Totals

CFS	AF	KW
0.95	175.80	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	159.80

IRRIGATION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
09S	40E	21	SW	NE	CARIBOU		0.20
09S	40E	21	NW	SW	CARIBOU		0.20
09S	40E	21	NW	NW	CARIBOU		39.00
09S	40E	21	NE	NW	CARIBOU		40.00
09S	40E	21	NE	SW	CARIBOU		0.20
09S	40E	21	SW	NW	CARIBOU		40.00
09S	40E	21	SE	NW	CARIBOU		40.00
09S	40E	21	NW	NE	CARIBOU		0.20



9. **Remarks:**

10. **Other Water Rights:**

11. **Basis:**

Basis
Decreed

12. **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 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