

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 11-2098

Date Received: 10/20/2023

Receipt No: T117208

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
RIVERENCE PROVISIONS LLC	PO BOX 712	BUHL	ID	USA	83316-0712
KAREN HENDERSON	PO BOX 9877	BOISE	ID	UNITED STATES	83707

2. Date of Priority:

Date	Explanation
8/8/1940	Priority date from license originally numbered 19086.

3. Source:

Source	Tributary
SPRINGS	BEAR RIVER

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
09S	42E	18	1	NW	NW	CARIBOU		Point marked is the spring collection box that collects the spring flow and sends it to a pipeline to the brood facility.

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

Water Use	Number Of Homes	Stock	Description
FISH PROPAGATION			Fish propagation at fish brood facility.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
FISH PROPAGATION	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
FISH PROPAGATION	30.00		

Totals

CFS	AF	KW
30.00		

8. Place of Use:

Water Use	Total Claimed Acreage
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FISH PROPAGATION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
09S	41E	12	SE	SE	CARIBOU			
09S	41E	13	NE	NE	CARIBOU			
09S	42E	18	NW	NW	CARIBOU	1		
09S	42E	7	SW	SW	CARIBOU	4		

 Place of Use Map

9. Remarks:

Riverence Provisions LLC was formerly known as Clear Springs Foods, Inc (1991-2020) and prior to that was known as Clear Springs Trout Co. (1966-1991). The property was acquired in 1985, so Caribou County still shows the property as being owned by the former name - Clear Springs Trout Co.

10. Other Water Rights:

11-2153 - fish propagation storage

11. Basis:

Basis

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