

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 KOOTENAI RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 89576
Ident. Number 98-2083
Date Received: 3/19/2026
Receipt No:

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
IDAHO FOREST GROUP, LLC	687 CANFIELD AVE STE 100	COEUR D'ALENE	ID	UNITED STATES	83815-5335

2. Date of Priority:

Date	Explanation
1/4/1946	

3. Source:

Source	Tributary
MOYIE SPRINGS	SINKS

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
62N	02E	15		NW	NE	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Description
FIRE PROTECTION			
INDUSTRIAL			

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
FIRE PROTECTION	1/1	12/31
INDUSTRIAL	1/1	12/31

7. Quantity:

Water Use	CFS	AF	KW
FIRE PROTECTION	0.40		
INDUSTRIAL	0.40	34.00	

Totals

CFS	AF	KW
0.80	34.00	

8. Place of Use:

Water Use	Total Claimed Acreage
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FIRE PROTECTION							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	02E	15	NW	NE	BOUNDARY		
62N	02E	15	SW	NE	BOUNDARY		
62N	02E	15	NE	NW	BOUNDARY		
62N	02E	15	SW	NW	BOUNDARY		
62N	02E	15	SE	NW	BOUNDARY		
INDUSTRIAL							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	02E	15	NW	NE	BOUNDARY		
62N	02E	15	SW	NE	BOUNDARY		
62N	02E	15	NE	NW	BOUNDARY		
62N	02E	15	SW	NW	BOUNDARY		
62N	02E	15	SE	NW	BOUNDARY		



9. **Remarks:**

10. **Other Water Rights:**

98-4122 and 98-7997 are also used for industrial and fire protection purposes.

11. **Basis:**

Basis
License

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 Kootenai 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