

**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

RECEIVED

SEP 24 2026

IDWR / NORTH

Ident. Number: 98-7871
Date Received: 9/24/2026
Receipt No:
Claim Fee: \$70.00
Received By: No46639

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

1. Name of Claimant(s)

BECKER 1990 REVOCABLE TRUST
891 WALLEN RD
BONNERS FERRY ID 83805

Phone: (208) 867-7743

2. Date of Priority: 12/29/1975

3. Source:

MISSION CREEK

Trib. to:

KOOTENAI RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
64N	01E	8	SE SE		BOUNDARY	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	10/15	0.27		60

7. Total Quantity Appropriated is:

0.27 C.F.S. and/or 60 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
64N	01E	8	SE		SE		20

Total Acres = 20

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:

Rights 98-7871 and 98-8469 when combined shall not exceed a total diversion rate of 0.69 cfs, a total annual maximum diversion volume of 153 af at the field headgate, and the irrigation of 51 acres.

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 KOOTENAI 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

Trustee of Becher 1990 Rescuable Trust
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 Dr Marty Becher Date 9/24/26

Printed Name of Authorized Agent Dr Marty Becher