

**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  
COEUR D'ALENE-SPOKANE RIVER  
BASIN WATER SYSTEM**

**CIVIL CASE NUMBER: 49576**  
**Ident. Number: 94-4179**  
**Date Received: 12/14/2011 dm**  
**Receipt No.: N028859**

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

**1. Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
PRICHARD TAVERN	PO BOX 425	MURRAY	ID	USA	83874

**2. Date of Priority:**

Date	Explanation
1/1/1903	ORIGINAL WELL REPLACED WITH NEW WELL D00054440 COMPLETED 2.21.2008 ON PROPERTY TAX PARCEL RP50N04E290425.

**3. Source:**

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

**4. Point Of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County
50N	04E	29		NE	NE	SHOSHONE

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

Water Use	Number Of Homes	Stock	Description
COMMERCIAL	-	-	PRICHARD TAVERN ONE BUILDING.
DOMESTIC	1	-	

**6. Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
COMMERCIAL	1 / 1	12 / 31
DOMESTIC	1 / 1	12 / 31

**7. Quantity:**

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Water Use	CFS	AF	KW
COMMERCIAL	0.040	0.00	0.0
DOMESTIC	0.040	0.00	0.0

**Totals:**

CFS	AF	KW
0.080	0.00	

**8. Place of Use:**

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
COMMERCIAL	50N	04E	29	NE	NE	SHOSHONE	-	-
DOMESTIC	50N	04E	29	NE	NE	SHOSHONE	-	-

**9. Basis of Claim:**

Basis	WaterRight
Statutory Claim	94-4179

**10. 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 Coeur d'Alene-Spokane River Basin 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

Owner of Prichard Tavern  
 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 Ingrid Neidig Date 12/14/11  
 Title and Organization \_\_\_\_\_

Please print name INGRID NEIDIG