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Form No.42-1409-1 (Internet 3/12)

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IDWR / NORTH

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

ID Number: 94-9448

Date Received: 11-12-10

Receipt No: A231532B

Amount: By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

CARTRI_94_2

Please type or print clearly

- 1. Name of claimant(s) Carmona Tristar, LLC Phone 208-762-6641
Mailing address 654 N. State Street Jackson MS ZIP 39202
2. Date of priority (only one (1) per claim) 03/01/1968
3. Source of water supply (check one) Ground Water () or Other (x) (a) Swinnerton Gulch
which is tributary to (b) Montgomery Gulch
4. a. Location of point of diversion is: Township 49N, Range 3E, Section 28
SW 1/4 of NW 1/4, or Govt. Lot, B.M., County of Shoshone (MAP ID 1302)
Parcel (PIN) no.
Additional points of diversion if any: T 49N, R 3E, S. 33, NW4NE4 (Shoshone MAP ID #1311)
If available, GPS coordinates:
b. If instream flow, beginning point of claimed instream flow is: Township, Range, Section, 1/4 of, or Govt. Lot, B.M., County of
ending point is: Township, Range, Section, 1/4 of, or Govt. Lot, B.M., County of
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.), including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Portable pump (5 hp), truck mounted pump or helicopter bucket.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For Industrial purposes from 03-01 to 12-01 amount 0.2 or 0.2 af/day

For Fire Protection purposes from 03-01 to 12-01 amount 0.2 or 0.2 af/day

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.2 (cfs) and/or (b) 0.2 af per day (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): chemical application, dust abatement, fire suppression, truck washing (weed control)

9. Description of place of use: **SEE ATTACHED MAP**

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE													
49N	3E	26									I/F	I/F	I/F	I/F					
49N	3E	27	I/F																
49N	3E	34	I/F																

Parcel (PIN) no(s) _____ Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? Shoshone

11. Do you own the property listed above as place of use? Yes (x) No ()
 If your answer is no, describe in remarks below the authority you have to claim this water right.

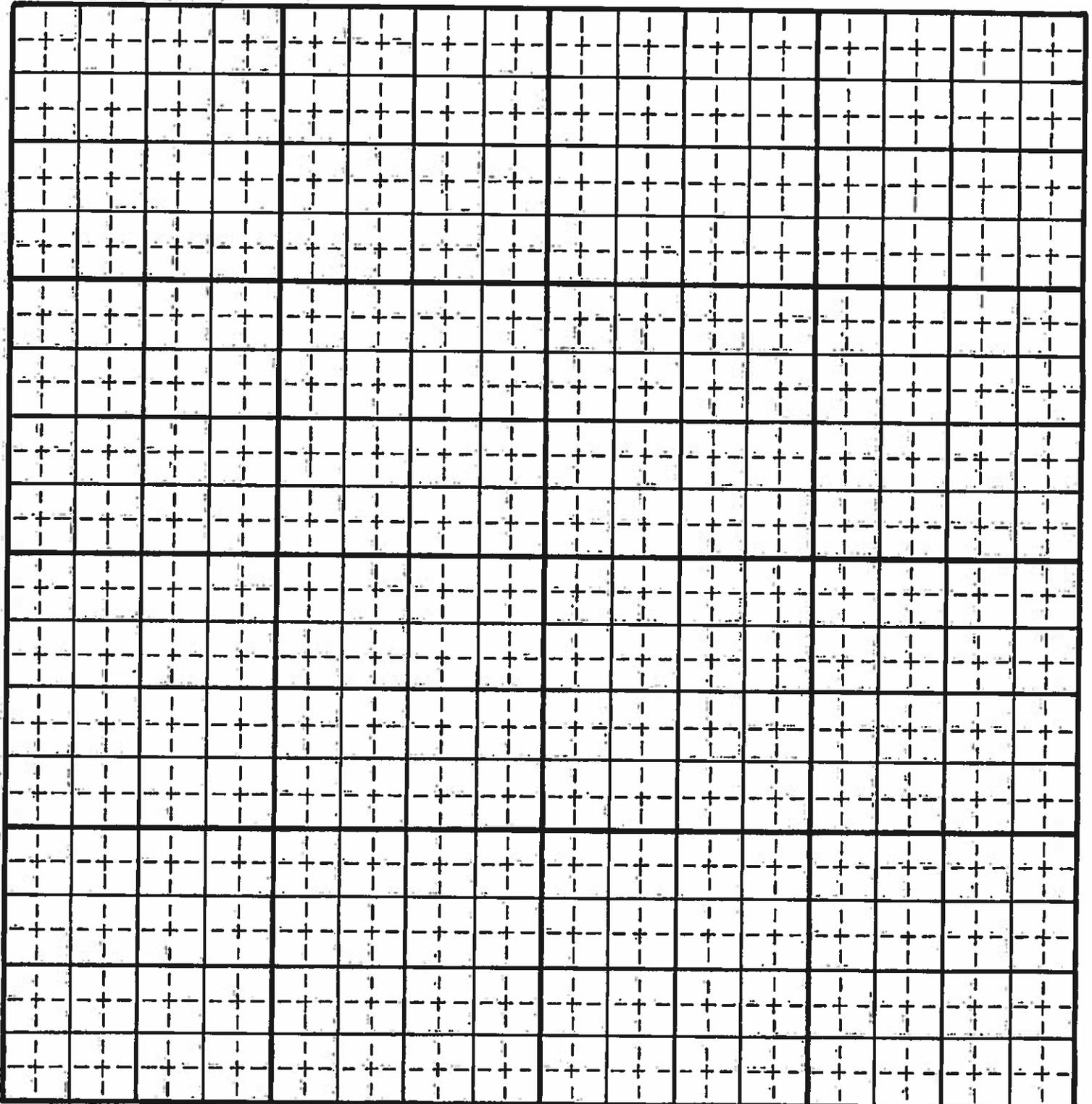
12. Describe any other water rights used at the same place and for the same purposes as described above.
 _____ or None (x)

13. Remarks:
See attached map for location of point of diversion and place of use.

Last name Carmona Tristar, LLC Identification no. _____

Map of project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile



Last name Carmona Tristar, LLC Identification no. _____

14. Basis of claim (check one) Beneficial Use (x) Posted Notice () License () Permit () Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number _____

15. Signature(s)

- a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane 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: 1 map

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

Chief Operating Officer _____ of The Molpus Woodlands Group, LLC
Title Organization

that I have signed the foregoing document in the space below as

authorized agent and property manager _____ of Carmona Tristar, LLC
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent  Date 11/10/15

Title and organization Chief Operating Officer of The Molpus Woodlands Group, LLC

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____
