

DISTRICT COURT - CFPRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

JUN 05 2026
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By _____ Clerk
 lodgord. _____ Deputy Clerk

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

Ident. Number: 97-7631
 Date Received: 9/17/2021
 Receipt No: C110945
 Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

JEROLD OIEN
 202 W ROLLAND AVE
 520 HOLLAND AVE. APT W218
 SPOKANE WA 99218

2. Date of Priority: 12/31/1945

3. Source: GROUND-WATER PRIEST LAKE Tributary to: PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
59N	04W	3	SE NW	3	BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.04	

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes: 1	Water Use	Type Of Stock	Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
59N	04W	3	SE NW	3	DOMESTIC	
Section Acres						
Total Acres						

10. Place of use in counties: BONNER

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: Bonner County parcel data shows built date as 1945.
 97-7631 5/28/2026

Description of use: Water Use

Description

DOMESTIC

14. Basis of Claim: Beneficial Use

15. Signature(s)

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): X Jerold E. Quinn Date: 6/1/26
Date: _____

For Organizations: I do solemnly swear or affirm under penalty or 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

AMENDED