Form No. 42-1409-2 (Internet 5/17)

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

OCT 10 2025

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICTOR TO 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
RECEIVED

BA	_
CIVIL CASE NUMBER: 49576	Clerk
Claim ID:	J .
Date Received: 9.15.25	Deputy Clerk
Receipt No: NØ4545	
Claim Fee: \$2500 By: NC	

SEP 1 5 2025

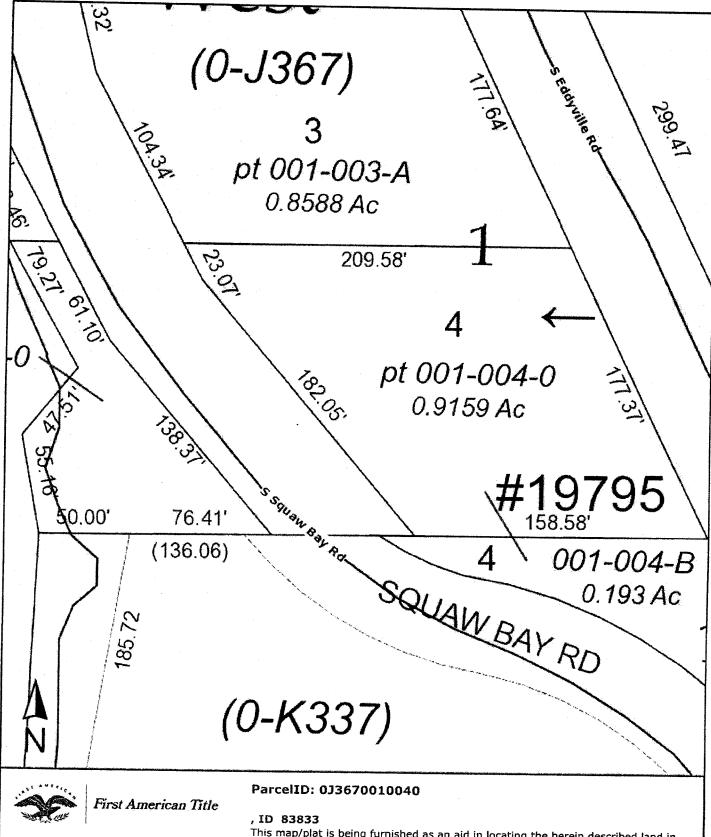
NOTICE OF CLAIM TO A WATER RIGHT

IDWR/NORTH

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

	· · · · · · · · · · · · · · · · · · ·						
Pl	ease type or print clearly						
1.	Name of claimant(s) BNL Real Estate Holdings, LLC Phone (208) 819-8016						
	Mailing address 10272 S Caribou Ridge Road Harrison 1D zip 83833 Street or Box Box Becky bertsch Gity yahoo. Com						
	Email address (optional) becky bertschary anoo. com						
2.	Date of priority: (Only one per claim) Way 0\ 2002 (Explain priority date selected in Remarks)						
3.							
	which is tributary to (b)						
4.							
	NW 1/4 of SW 1/4, or Govt. Lot BM, County of Kooteval ;						
	Parcel no						
	Additional points of diversion, if any:						
	If available, GPS coordinates:						
5 .	Description of diverting works (wells, pumps, spring boxes, pipelines, 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.						
	well drilled 05/01/2002						
6.	Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)						
	Month/Day Month/Day						
	For domestic purposes from 0101 to 1231 amount 0.04						
	For purposes from to amount						
7.	Total quantity claimed <u>0.04</u> cfs X) or AFY ()						
8.	Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) domeStic: 1 RV 10+ + boa+ dock						

9.	Location of place of use is: Township 49 N, Range 3W, Section 4				
	NW 1/4 of SW 1/4, Govt. Lot BM, Parcel no				
	for (check one) Domestic () Stock () Domestic and Stock ()				
	Additional places of use, if any				
10	In which county(ies) are lands listed above as place of use located? <u>Kootenai</u>				
11	11. Do you own the property listed above as place of use? Yes \(\infty \) No () If the 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 💥				
13	Remarks (include an explanation of the priority date selected):				
	well drilled 05/01/2002; property purchased by BNL Real Estate Holdings, LLC				
	2019 owned by Kai & Rebecoa Bertsch Steven + Kim Liss				
14.	Basis of claim (check one) Beneficial Use 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 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: 3: parce 1 map, well driller's report, LLC certificate				
	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, and that I have signed the foregoing document in the space below as the				
	Manager of BNL Real Estate Holdings, LLC, Agent's 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 Roberts & Beach Date Ag 108 1 2025				
	Printed Name of Authorized Agent Rebecca J Bertsch				
	Notice of Appearance:				
Notice is hereby given that I, (please print), will be acting as attorney at law of behalf on 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				
	ne of claimant(s)Claim ID				



This map/plat is being furnished as an aid in locating the herein described land in relation to adjoining streets, natural boundaries and other land, and is not a survey of the land depicted. Except to the extent a policy of title insurance is expressly modified by endorsement, if any, the company does not insure dimensions, distances, location of easements, acreage or other matters shown thereon.

MAY 0 3 2002 WELL DRILLEDIS	A	:				
MAY 0 3 2002 WELL DRILLER'S	AIER F	IESO(JRCES	Office Use C)nlv	
Use Typewriter or Reli	Incine Da)K I		inspected by	-	
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		ELL TE	STS:	1/41/4	1/4	
2. OWNER:	-	□ Pump	□ Bailer L	Lat: : : Long: XAir □ Flowing A	: :	
Name STAN CHAPPEL		gal./min. - 2.	Drawdown	Pumping Level	Tin	70
MACAMA TOO	1	2.	9	220	. 7	r,
City SEQUIM State NA Zip 98382			+			
3. LOCATION OF WELL	Water T	emo	cas			
Sketch map location must agree with written location.	Water Q	uality tes	it or comments: _	Bottom ho	le temp.	
Sketch map location must agree with written location.						
10.1	12. LIT	HOLO	GIC LOG: (Des	Depth first Water Encountries Depth	untered _	75
Twp. 49N North or South	Bore Dia. Fro					Water
W East □ or West □	100	+	T/I	logy, Water Quality & Temper	rature y	Y N
1/4 MW 1/4 SW/ 1/A		- '-	101	BOIL		$\exists X$
County Kod (Play) 180 Scres	101	20	SANDY	BROWN CL	202	
s Long:				ASACT COBBL	7	X
	1710	0 - 0			-	+-
O'Started to Fold of Landmark)	6 20	232	SMADY	OROWN CL	140	V
LtBlkSub. Name	 		w/ B.	ASACT COBBLE		+~
	6 32	52	0000	_ 87.7		1
4. USE: ☆ Domestic ☐ Municipal ☐ Manites ☐	1	700	BLAC	T Bloken		V
Thermal District Unigation			Blown	V CLAN		
5. TYPE OF WORK about the				- 0017		-
	6 32	15	BASAL	T BLACK HAR	1	1
o. DHILL METHOD	6 75	1=,				+
Air Rotary 🛘 Cable 🗎 Mud Rotary 🗖 Other	100	81	BASACA	BLACK ME	DX	十一
7. SEALING PROCEDURES		1	FICHE	where h		口
SEAL/FILTER PACK	6 81	117	BASACT	BLACE MED		1
Material From To Sacks or			w/ FA	ears me		K
BENTONITE O 20 1 Sads POUR NEW	6 100	-				+
1 John Del	6 117	120	BASACT	- Black Blow	X	+
			FRAC.	SOFT WINDS	_	
Was drive shoe used? ♥Y □ N Shoe Depth(s) 38 Was drive shoe seal tested? □Y MN How?			1.0 Q.	pm !		
8. CASING/LINER:	6 120	218	BASAIST	BLACK MED		
Diameter From 1-70 Io			FRA	105	\dashv	X
6 +2 24 25 cto	1 3.6				\dashv	-
4 -10 SEO PUC 0 8 0 0	6 218	120	ceny o	ARK Blown	11	X
			1-64	Alux Ox		
Length of HeadpipeLength of Tailpipe			7.6	OKUE SHOE	+	\Box
9. PERFORATIONS/SCREENS A Perforations Method SKILL SAW			SHALE TH	AP 6 60'	+	_
Perforations Method SKILL SAW Screens Screen Type				W 60	+	
	Completed	Depth	220) (easurable	<u>.</u>
Material Casing Lines	Date: Starte	ed	5/1/02	Completed 5//	102	"
200172016 140144 142	3. DRILL	FR'S C	ERTIFICATIO			二
	Ne certify th	at all mir	nimum wall accose	IN uction standards were com		
O STATIO MARTIN Fir	m Name T	-041)	ERIMO &	SUPPLY, INCFIRM NO	~~ -	4
0. STATIC WATER LEVEL OR ARTESIAN PRESSURE: 6.5 ft. below ground Artesian pressure			1/11/2	- INCFirm N	o. <u>55</u>	
in below ground Artesian pressure in	m Official	≤ 7	Lella	Date 5-	1-0	7
epth flow encounteredft. Describe access port or and	_	Λ_{-}	11	W/ Dale 3	· <u> </u>	
49N 3W 4	pervisor or	Operator		King Date 5	-/-0	72
FORWARD WHITE COPY TO W	NATED DE	:Ouro-	(Sign once it Firm O	ifficial & Operator)		
	···· ru uri	うしていた	:o			







STATE OF IDAHO Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003572618

07/18/2019

Date

Date Filed: 7/18/2019 3:51:56 PM

Certificate of Organization Limited Liability Company							
Select one: Standard, Expedited or Same Day descriptions below)	Service (see	Expedited (+\$40; filing fee \$140)					
Standard service filings are processed in the	order received.						
Expedited service filings are processed within	n 8 working hours	of receipt.					
Same Day Service filings must be received b							
Please select carefully as expedite fees ar							
1. Limited Liability Company Name	e non-retundable).					
Type of Limited Liability Company		Limited Liability Company					
Entity name		BNL Real Estate Holdings, LLC					
2. The complete street address of the principal office is:							
Principal Office Address		STEVEN M. LISS					
		14121 S. HIGHWAY 97					
The wall and the		HARRISON, ID 83833					
The mailing address of the principal office is: Mailing Address							
Maning Madi 655		STEVEN M. LISS 14121 S HIGHWAY 97					
		HARRISON, ID 83833-8740					
. Registered Agent Name and Address							
Registered Agent		BRENT SCHLOTTAUER					
		Registered Agent					
		Physical Address					
		409 COEUR D ALENE AVE					
		COEUR D ALENE, ID 83814 Mailing Address					
Governors							
Name	Address						
Steven M. Liss	14121 S. HIGHWAY 97						
	HARRISON, ID 83833						
Kim M. Liss	14121 S. HIGHWAY 97 HARRISON, ID 83833						
Kai D. Bertsch							
	10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833						
Rebecca J. Bertsch	10272 S. CARIBO HARRISON, ID 83	OU RIDGE ROAD 3833					
	<u> </u>						

Signature of Organizer:

Sign Here

Brent G. Schlotthauer