

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 10-5-04
 SUBJ: Receipt No. 2074681 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Steel River LLP
 Address Attn Zulma Velazquez
101 S. Capitol Blvd. Ste. 1900
Boise ID 83702

Claimant(s) if NOT Payor Main Trust of Frank H. Porter
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (S.O.)

Extension Filed? Y/N NA Copy Attached? Y/N NA

Late Fees Paid? Y/N NA Late Fee Receipt # 2074681

S.O. Verified Ext. by n/a on n/a D.B. Query by n/a

Refund Generated By (☒) Agent () Claimant

Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>75-4309</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>2074681</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$25.-</u>	<u>\$0</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N NA
No fee due for ownership change.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 Don Shaff Approval [Signature] 10/5/04 Hold _____ To Fiscal 10-5-04
 Logged 10-5-04
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____