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JUN 26 2002

REFUND REQUEST

Department of Water Resources

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region Date: 6-24-02
 SUBJ: Receipt No. W029279 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Hawley Joxell Ennis + Hawley
 Address 817 Main St. Suite 1000
P.O. Box 1617
Bosse, Id 83701-1617

Claimant(s) if NOT Payor JP Property Idaho City LLC
 Refund Amount \$ 75- Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt #
 S.O. Verified Ext. by on D.B. Query by
 Refund Generated By (X) 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 insufficient fees / claim incomplete / withdrawn (o-pmt)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>A63-15360</u>	<u>Comm + Dom.</u>	<u>\$25-</u>	<u>0</u>	<u>W029279</u>
<u>A63-15361</u>	<u>Irrigation</u>	<u>\$25-</u>	<u>0</u>	<u>W029279</u>
<u>A63-15362</u>	<u>Comm, Dom, Irr, Heating</u>	<u>\$25-</u>	<u>0</u>	<u>W029279</u>
		\$		
		\$		
Total		\$	\$	

*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
No fee necessary for ownership change. Claims still pending in SRBA.

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

SCANNED

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Receipt Details for ID W029279

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
6/5/2002 12:20:06 PM	6/5/2002 2:28:53 PM	WESTERN	\$75.00	Check
Payer		HAWLEY TROXELL ENNIS AND HAWLEY LLP		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
76528			
Card Expiration Date	Credit Card Transaction #		

Comment CHANGE IN WATER RIGHT OWNERSHIP 63-15360, 63-15361 AND 63-15362

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$75.00	OWNERSHIP CHANGES/SECURITY INTERESTS	62140	0229	21		1155

Refund(s):

Amount	Payee	Date	Document Number
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