

REFUND REQUEST

TO: S. Sherman to Log In  
 FOR: D. Shaff/D. Allen  
 FROM: S. Sherman Date: 6-6-05  
 SUBJ: Receipt No. C078152 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR The Nature Conservancy  
 Address 116 1st Ave N.  
Hailey ID 83333

Claimant(s) if NOT Payor —  
 Refund Amount \$ 25.- Claim Location (Region/Claimant) IWC  
 Extension Filed? Y/N NA Copy Attached? Y/N NA  
 Late Fees Paid? Y/N NA Late Fee Receipt # C078152  
 S.O. Verified Ext. by — on — D.B. Query by —  
 Refund Generated By ( ) Agent ( ) Claimant (r) S. Sherman  
 Refund Category:  
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) —

| Claim No.         | Use*        | Fees           | Correct     | Rec't #        |
|-------------------|-------------|----------------|-------------|----------------|
|                   |             | Paid           | Fee         |                |
| <u>73-75-2067</u> | <u>irr.</u> | \$ <u>25.-</u> | <u>0</u>    | <u>C078152</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)  
No fee due on a/change no + decreed yet.

Region AJ Spvsn. Approval — S.O. AJ Spvsn. Approval —  
 Don Shaff Approval 6-7-05 Hold — To Fiscal 6-7-05  
 Logged 6-6-05  
 Data Base Modified? Y/N NA A &/or R Records By — on —