

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 11-18-05
 SUBJ: Receipt No. C079653 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Don Schlachter Trucking
 Address 5429 Hwy. 95
New Meadows ID 83654

Claimant(s) if NOT Payor Don + Nancy Schlachter
 Refund Amount \$ 50.- Claim Location (Region/Claimant) (State)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C079653
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant () Sal
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) 11-21-05

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>78-258A</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>C079653</u>
<u>78-10058</u>	<u>43</u>	<u>\$25.-</u>	<u>0</u>	<u>✓</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 on ownership changes.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval Let
 Don Shaff Approval Let 11-25-05 Hold — To Fiscal 11-25-05
 Logged 11-18-05
 Data Base Modified? Y/N (NA) A &/or R Records By — on —

Don - See ltr. attached p/s.