

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 11-25-05
 SUBJ: Receipt No. 0079720 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Little Valley Elk Ranch
 Address c/o James R. Martell
643 N. Elk Ranch Dr.
Glenns Ferry ID 83623

Claimant(s) if NOT Payor _____
 Refund Amount \$25.- Claim Location (Region/Claimant) (State of)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # 0079720
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>2-10206</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>0079720</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 for ownership change.

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