

REFUND REQUEST

RECEIVED

SEP 26 2006

TO: S. Sherman to Log In
 FOR: CF ~~D. Shaff~~/D. Allen
 FROM: Western Date: 9-22-06
 SUBJ: Receipt No. W034714 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Kastera LLC
 Address 372 S Eagle Rd Jte 375
Eagle ID 83616

Claimant(s) if NOT Payor DBSI Lake Howell 160 LLC
 Refund Amount \$^{300.00}100 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>63-3237</u>	<u>Irrigation</u>	<u>\$400.00</u>	<u>\$300.00</u>	<u>W034714</u>
		\$	~~\$400.00~~	
		\$		
		\$		
		\$		
		\$		
Total		<u>\$400.00</u>	<u>\$300.00 / 00.</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 (X)
see memo re fees to be refunded.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval
 Don Shaff Approval CF Hold To Fiscal 10-6-06
Carla Fritschle Logged 9-28-06
 Data Base Modified? Y/N (NA) A &/or R Records By on