

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 11-6-06
 SUBJ: Receipt No. C082445 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Half Moon LLC
 Address 6874 Fairview
Boise ID 83704

Claimant(s) if NOT Payor —
 Refund Amount \$25.- 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 () Agent () Claimant (✓) S. Sherman

Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) ✓

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
37-13242	43, 01, 04	\$25.-	✓	C082445
		\$		
		\$		
		\$		
		\$		
Total		\$25.-	\$ ✓	

*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 - not decreed yet.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 Don Shaff Approval ✓ Hold — To Fiscal 11-6-06
Carter Fritschle Logged 11-6-06
 Data Base Modified? Y/N NA A &/or R Records By — on —