

REFUND REQUEST

TO: *Don Shafer* S. Sherman to Log In  
 FOR: ~~C. Fritschle~~/D. Allen  
 FROM: S. Sherman Date: 12-16-06  
 SUBJ: Receipt No. C082845 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Alan & Connie Davis  
 Address 507 Mourning Dove Way  
Marsing ID 83639

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 # C08245  
 S.O. Verified Ext. by — on — D.B. Query by —  
 Refund Generated By ( ) Agent ( ) Claimant (✓) Sally  
 Refund Category:  
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) n/a

| Claim No.      | Use*      | Fees Paid     | Correct Fee | Rec't #        |
|----------------|-----------|---------------|-------------|----------------|
| <u>2-10311</u> | <u>61</u> | <u>\$25.-</u> | <u>0</u>    | <u>C082845</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 reg'd on ownership change before  
the SCBA Court

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval —  
 C. Fritschle Approval [Signature] Hold — To Fiscal 12-18-06, NS  
 Logged 12-16-06  
 Data Base Modified? Y/N NA A &/or R Records By — on —