

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 12-28-06
 SUBJ: Receipt No. C082890 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Lonnie Leavell
 Address PO Box 54
Gooding ID 83330

Claimant(s) if NOT Payor —
 Refund Amount \$ 75.- Claim Location (Region/Claimant) (State of CA)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C082890
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (v) Sal
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (d-pmt)

Date of Last Correspondence (copy attached) —

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>2-10276</u>	<u>—</u>	<u>\$25</u>	<u>—</u>	<u>C082890</u>
<u>2-10278</u>	<u>—</u>	<u>\$25</u>	<u>—</u>	<u>—</u>
<u>2-10280</u>	<u>—</u>	<u>\$25</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
Total		<u>\$75</u>	<u>\$2</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)
claims still pending B4 SRBA- & fees neg'd.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 12-28-06
 Data Base Modified? Y/N (NA) A &/or R Records By — on —
 Logged 12-28-06

SCANNED

DEC 28 2006