

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-12-07
 SUBJ: Receipt No. CO83171 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR David B. Shaw
 Address ERO Resources Corp
3314 Grace St.
Boise ID 83703-5836

Claimant(s) if NOT Payor Gloria Camille McCray 1965 Trust
 Refund Amount \$/00. — Claim Location (Region/Claimant) (state of c)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # CO83171
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (c) Sal
 Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) N/A

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>37-1201B</u>	<u>53, 16, 52</u>	<u>\$100. —</u>	<u>0</u>	<u>CO83171</u>
		<u>\$202. —</u>	<u>102. —</u>	
		\$		
		\$		
		\$		
Total		<u>202. \$100. —</u>	<u>\$ 102. —</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 (N)
B.37 Pt. III no D.R. yet, 50 no late fee is due.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval —
 C. Fritschle Approval [Signature] Hold — To Fiscal 2-12-07
D. Shatt Logged 2-12-07
 Data Base Modified? Y/N NA A &/or R Records By — on —