

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 3-22-01
 SUBJ: Receipt No. C083145 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR B Bar B, Inc./Horseshoe S Ranch, Inc.
 Address PO Box 685
Picabo ID 83348

Claimant(s) if NOT Payor —
 Refund Amount \$50.⁰⁰ Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C083145
 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 insufficient fees / claim incomplete / withdrawn (o-pmt)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) N/A

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>37-1558</u>	<u>04</u>	<u>\$25.-</u>	<u>0</u>	<u>C083145</u>
<u>37-13108</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>"</u>
		\$		
		\$		
		\$		
Total		<u>\$50.-</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 due for o/c - still B4 Court.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 3-23-01
 Logged 3-22-01
 Data Base Modified? Y/N NA A &/or R Records By — on —