

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 5-8-07
 SUBJ: Receipt No. C083974 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Judith A Smith
 Address c/o Walter B. Whitson
P.O. Box 22
Lemhi ID 83465-0022

Claimant(s) if NOT Payor Walter B. Whitson
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (State of ID)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C083974
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (S)
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>74-1117</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>C083974</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		\$ _____	\$ _____	

*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)

claim not deeded yet. & fee due.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 5-9-07
 Logged 5-8-07
 Data Base Modified? Y/N NA A &/or R Records By — on —