

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: ~~C. Fritschle~~/D. Allen
 FROM: S. Sherman Date: 7-27-07
 SUBJ: Receipt No. C084625 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Beeman + Associates
 Address 409 W. Jefferson St.
Boise ID 83702

Claimant(s) if NOT Payor Conagra Foods Packaged Foods Inc.
 Refund Amount \$100.- Claim Location (Region/Claimant) State Office
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C084625
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (✓) Don Shaff
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) Ø

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>47-17438</u>	<u>Ø</u>	<u>\$375.-</u>	<u>275.-</u>	<u>C084625</u>
Total		<u>\$375.-</u>	<u>\$275.-</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)
Received incorrect fee info from IDWR.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
~~C. Fritschle~~ Approval 7-27-07 Hold — To Fiscal 7-27-07
D. Shaff Logged 7-27-07
 Data Base Modified? Y/N (NA) A &/or R Records By — on —