

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: ~~C. Fritschle~~/D. Allen
 FROM: S. Sherman Date: 8-10-07
 SUBJ: Receipt No. C084706 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Stuart or Martha Carty
 Address c/o Jim or Rachel Rupp
HC 01, Box 1
Lucile ID 83542

Claimant(s) if NOT Payor Jim or Rachel Rupp
 Refund Amount \$25.- Claim Location (Region/Claimant)

Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C084706

S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (v) Sal

Refund Category:
 insufficient fees / claim incomplete / withdrawn / e-pmt

Date of Last Correspondence (copy attached) N/A

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>79-14116</u>	<u>PA</u>	<u>\$25.-</u>	<u>0</u>	<u>C084706</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$25.-</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 on ownership change; still before the court.

Region AJ Spvsnr. Approval — S.O. AJ Spvsnr. Approval —
~~C. Fritschle~~ Approval 8-10-07 Hold — To Fiscal 8-10-07
D. Shatt Logged 8-10-07
 Data Base Modified? Y/N NA A &/or R Records By — on —