

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 10-26-07
 SUBJ: Receipt No. C085182 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Michael F. Myers
 Address 19752 Kdrcher Rd.
Caldwell ID 83607

Claimant(s) if NOT Payor —
 Refund Amount \$100.— Claim Location (Region/Claimant) (state ofc)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C085182
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (C. Shaff)
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) —

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>6332700</u>	<u>43</u>	<u>\$200.—</u>	<u>100.—</u>	<u>C085182</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$200.—</u>	<u>\$100.—</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

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 10-29-07
 Logged 10-26-07
 Data Base Modified? Y/N NA A &/or R Records By — on —