

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 10-29-07
 SUBJ: Receipt No C085176 + 177 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Holden Kidwell Hahn + Grap, LLC
 Address PO Box 50130
Idaho Falls ID 83405

Claimant(s) if NOT Payor Eagle Ridge Ranch LLC

Refund Amount \$ 248.89 Claim Location (Region/Claimant) (state of)

Extension Filed? Y/N NA Copy Attached? Y/N NA

Late Fees Paid? Y/N NA Late Fee Receipt # _____

S.O. Verified Ext. by _____ on _____ D.B. Query by _____

Refund Generated By (✓) Agent () Claimant

Refund Category:

insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees		Correct Fee	Rec't #
		Paid			
<u>21-2024</u>	<u>01</u>	<u>\$150.-</u>		<u>300.00</u>	<u>C085176</u>
<u>21-13064</u>	<u>47</u>	<u>\$600.-</u>		<u>201.20</u>	<u>C085177</u>
		\$			
		\$			
		\$			
		\$			
Total		<u>\$750.-</u>		<u>\$501.20</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 CS
 C. Fritschle Approval Critch Hold _____ To Fiscal 11-1-07
 Logged 10-29-07
 Data Base Modified? Y/N (NA) A &/or R Records By _____ on _____

SCANNED

NOV - 1 2007