

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 11-1-07
 SUBJ: Receipt No. C085170 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR David B. Shaw
 Address ERo Resources
3314 Grace St.
Boise ID 83703

Claimant(s) if NOT Payor Russell Ruff

Refund Amount \$ 48.- Claim Location (Region/Claimant)

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

Late Fees Paid? Y/N (NA) Late Fee Receipt # C085170

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insufficient fees / claim incomplete / withdrawn / (o-pmt)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 Paid	Correct Fee	Rec't #
<u>63-2870</u>	<u>43</u>	<u>\$150.-</u>	<u>\$50.-</u>	<u>C085170</u>
<u>63-32800</u>	<u>01, 03, 16, 52</u>	<u>\$154.-</u>	<u>\$206.-</u>	<u>"</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$</u>	<u>—</u>	<u>—</u>
Total		<u>\$304.-</u>	<u>\$256.-</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 —

Data Base Modified? Y/N (NA) A &/or R Records By — on 10-30-07