

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: G. Fritschle/D. Allen
 FROM: S. Sherman Date: 12-26-07
 SUBJ: Receipt No. C085575 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Barker Rosholt & Simpson LLP
 Address PO Box 485
Twin Falls ID 83303

Claimant(s) if NOT Payor Clyde L. & Peggy G. Marchbanks Family Trust
 Refund Amount \$ 200.- Claim Location (Region/Claimant) strategic
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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 Paid	Correct Fee	Rec't #
<u>63-8413</u>	<u>01</u>	<u>\$200.-</u>	<u>418.-</u>	<u>C085575</u>
		<u>\$618.-</u>		
Total		<u>\$618.-</u>	<u>\$418.-</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 Spvsnr. Approval — S.O. AJ Spvsnr. Approval —
 G. Fritschle Approval — Hold — To Fiscal 12-27-07
 Data Base Modified? Y/N NA A &/or R Records By — on —
 Logged 12-26-07