

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman per MVB Date: 1-22-08
 SUBJ: Receipt No. W036066 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Holland & Hart
 Address PO Box 2527
Boise ID 83701-2527

Claimant(s) if NOT Payor Agua Caliente LLC
 Refund Amount \$ 75.- Claim Location (Region/Claimant)
 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 MVB) () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / ☒ o-pmt

Date of Last Correspondence (copy attached) 1-4-08

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>67-6466A</u>	<u>81</u>	<u>\$25</u>	<u>0</u>	<u>W036066</u>
<u>67-4077</u>	<u>81, 84</u>	<u>\$25</u>	<u>0</u>	<u>"</u>
<u>67-14702</u>	<u>81, 84</u>	<u>\$25</u>	<u>0</u>	<u>"</u>
		\$		
		\$		
Total		\$	\$	

*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

Rights not decreed yet.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 1-23-08
 Logged 1-22-08
 Data Base Modified? Y/N ☒ NA A &/or R Records By — on —