

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 1-28-08
 SUBJ: Receipt No. C085740 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Robert or Nola Barningham
 Address 10 Beehive Ln.
Salmon ID 83467

Claimant(s) if NOT Payor —

Refund Amount \$ 50.- Claim Location (Region/Claimant) (state dc)

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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>74-15794</u>	<u>01</u>	<u>\$50.-</u>	<u>0</u>	<u>C085740</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$50.-</u>	<u>\$0</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 06
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 1-28-08
 Logged 1-28-08
 Data Base Modified? Y/N NA A &/or R Records By — on —

0 in ownership query