

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-14-08
 SUBJ: Receipt No. C085911 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR D.C. Evans Bank
 Address P.O. Box 87
Twin Falls ID 83303

Claimant(s) if NOT Payor Michael & Tami Perry
 Refund Amount \$50.- 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 () Claimant

Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) n/a

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>67-7333</u>	<u>AI</u>	<u>\$25.</u>	<u>0</u>	<u>C085911</u>
<u>67-7130</u>	<u>AI</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

Claims not decreed yet.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 2-15-08
 Logged 2-14-08
 Data Base Modified? Y/N NA A &/or R Records By — on —