

REFUND REQUEST

TO: S. Sherman to Log In  
 FOR: C. Fritschle/D. Allen  
 FROM: S. Sherman Date: 7-17-08  
 SUBJ: Receipt No. C087268 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Armacost Investments, LLP  
 Address PO Box 219  
New Meadows ID 83654

Claimant(s) if NOT Payor —  
 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 # C087268  
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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) 7-16-08

| Claim No.      | Use*      | Fees Paid      | Correct Fee         | Rec't #        |
|----------------|-----------|----------------|---------------------|----------------|
| <u>78-4288</u> | <u>01</u> | <u>\$175.-</u> | <u>75.-</u>         | <u>C087268</u> |
|                |           |                | <u>100.-</u>        |                |
|                |           |                |                     |                |
|                |           |                |                     |                |
|                |           |                |                     |                |
|                |           |                |                     |                |
| Total .....    |           | <u>\$175.-</u> | <u>\$75.-/100.-</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 7-18-08  
 Logged 7-17-08. NS  
 Data Base Modified? Y/N (NA) A &/or R Records By — on —