

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-22-08
 SUBJ: Receipt No. C087301 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Fredericksen, Williams, Meservy & Lothspaich
 Address PO Box 168
Jerome ID 83338 LLP

Claimant(s) if NOT Payor Rock Creek, LLC
 Refund Amount \$108.- Claim Location (Region/Claimant) (State)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C087301
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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) 4-15-08 email

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>37-22264</u>	<u>81</u>	<u>\$217</u>	<u>109</u>	<u>C087301</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$217.-</u>	<u>\$109.-</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

Charge email

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 7-22-08 1-10
 Logged 7-22-08
 Data Base Modified? Y/N NA A &/or R Records By — on —