

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-23-08
 SUBJ: Receipt No. C087310 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Two Rivers LLC
 Address 23 W. 450 N.
Blackfoot ID 83221

Claimant(s) if NOT Payor
 Refund Amount \$410.- Claim Location (Region/Claimant) (state)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C087310
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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) email

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>1-131 B</u>	<u>el</u>	<u>\$310.-</u>	<u>100.-</u>	<u>C087310</u>
<u>1-132 B</u>	<u>el</u>	<u>\$200.-</u>	<u>100.-</u>	<u>✓</u>
<u>1-133 B</u>	<u>el</u>	<u>\$200.-</u>	<u>100.-</u>	<u>✓</u>
		\$		
		\$		
Total		<u>\$710.-</u>	<u>\$300.-</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

see Craig memo.

Region AJ Spvsr. Approval S.O. AJ Spvsr. Approval
 C. Fritschle Approval C. Fritschle Hold To Fiscal 7-23-08
 Logged 7-23-08
 Data Base Modified? Y/N NA A &/or R Records By on