

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-24-08
 SUBJ: Receipt No. C087300 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Holden Kidwell Hahn & Cogo PLLC
 Address P.O. Box 50130
Idaho Falls ID 83405

Claimant(s) if NOT Payor William & Ronda Brennan
 Refund Amount \$ 125.- Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C087300
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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	Correct	Rec't #
		Paid	Fee	
<u>29-13931</u>	<u>43</u>	<u>\$150.-</u>	<u>25.-</u>	<u>C087300</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$150.-</u>	<u>\$25.-</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 NA

Motion approved after 7-1-08 - old fees apply.
& late fee on domestic.

Region AJ Spvsr. Approval S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold To Fiscal 7-25-08
 Logged 7-24-08
 Data Base Modified? Y/N NA A &/or R Records By on