

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-14-09
 SUBJ: Receipt No. CO 88967 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Racine Olson Nye Budge & Bailey, Chtd.
 Address Po Box 1391
Pocatello ID 83204-1391

Claimant(s) if NOT Payor Rowland's, Inc.
 Refund Amount \$ 75.- Claim Location (Region/Claimant) (State of c)
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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) —

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>29-4445</u>	<u>Industrial</u>	<u>\$ 125.-</u>	<u>50.-</u>	<u>CO 88967</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)

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval Chadwick Hold — To Fiscal 7-15-09
 Logged 7-14-09
 Data Base Modified? Y/N NA A &/or R Records By — on —