

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: C. Saxton Date: 7-30-09
 SUBJ: Receipt No. C089052 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Racing Olson Nye Badge? Basley Chtd.
 Address P.O. Box 139
Pocatello ID 83204-1391

Claimant(s) if NOT Payor Chesterfield Land & Livestock
 Refund Amount \$ 15.100 Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C089052
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>27-12193</u>	<u>04</u>	<u>\$223.-</u>	<u>\$123.-</u>	<u>C089052</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total		<u>\$223.-</u>	<u>\$123.-</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 64
 G. Fritschle Approval C. Fritschle Hold — To Fiscal 8-3-09-10
 Logged 7-30-09
 Data Base Modified? Y/N NA A &/or R Records By — on —