

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman via Ken Knoblock Date: 5-11-10
 SUBJ: Receipt No. N023165
 (Please attach receipt copy immediately behind form)

RE: PayOR TIMBER RIDGE INVESTMENTS, LLC
 Address ATTN TODD STAMM
 4547 W SELTICE WAY
 COEUR D ALENE ID 83814

Claimant(s) if NOT Payor

Refund Amount \$ 25.00 Claim Location: Region ☒ Claimant
 Extension Filed? Y ☐ N ☐ NA ☒ Copy Attached? Y ☐ N ☐ NA ☒
 Late Fees Paid? Y ☐ N ☐ NA ☒ Late Fee Receipt # NA
 S.O. Verified Ext. by on D.B. Query by N/A
 Refund Generated by: Agent ☒ Claimant
 Refund Category:

O-pmt

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
95-8150	DOMESTIC	\$ 25.00	\$ -0-	N023165
95-8150	DOMESTIC	\$ 25.00	\$ 25.00	N021460
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$	\$	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded.

Detailed Reason(s) for Refund Attached: Y ☐ N ☒
 See attached email

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal 5-12-10 - *ss*
 Logged 5-11-10
 Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09