

**Alder, Kara**

---

**To:** Allen, Debbie  
**Subject:** Refund Request

Hi Debbie  
Please arrange for a \$25.00 refund from receipt C079355 to be sent to:

M DUANE JONES  
3711 SILVERWOOD CIRCLE  
IDAHO FALLS ID 83406

The filling fee was over paid.

Thank you,

Kara Alder  
11/21/2005