



P.O. Box 85 / 602 W. University
Edinburg, TX 78540
(956) 383-4974

RECEIVED

DEC 09 2009

COUNTY JUDGE

December 7, 2009

Honorable Judge Rene Ramirez
Hidalgo County Courthouse
100 E. Cano
Edinburg, TX 78539

Dear Judge Ramirez:

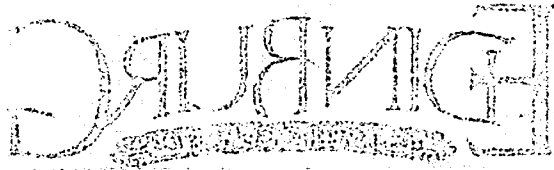
On behalf of the Edinburg Chamber of Commerce, I would like to request permission to use the county square for the 42nd Annual Fiesta Edinburg Celebrations on Saturday, February 27, 2010 at 10:00 a.m. The parade is scheduled to begin at the county square and South on Closner ending at Cats Stadium on East Palm Drive.

Thank you in advance for your cooperation. If you have any questions, please call me at 383-4974.

Sincerely,

A handwritten signature in cursive script that reads "Letty Gonzalez".

Letty Gonzalez
President



P.O. Box 827007, W. Unit 8412
Edinburg, TX 78540
(956) 383-4374

Edinburg Chamber of Commerce
P.O. Box 827007

Edinburg Chamber of Commerce

Honorable Judge Rene Ramirez
Magalo County Courthouse
100 E. Cano
Edinburg, TX 78539

Dear Judge Ramirez:

In behalf of the Edinburg Chamber of Commerce, I would like to request permission to use the court-ordered for the 42nd Annual Hispanic Edinburg Celebrations on Saturday, February 27, 2010 at 10:00 a.m. The parade is scheduled to begin at the court square and finish on Channel Street at Gate Stadium on East Palm Drive.

Thank you in advance for your consideration. If you have any questions, please call me at 359-6577.

Sincerely,

John Gonzalez
President

Certificate of Insurance



This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **Edinburg Chamber of Commerce**
 Address of policyholder **P.O. Box 85, Edinburg, TX 78539**
 Location of operations **602 W University, Edinburg, TX 78539**
 Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	
90-KK-5536-8 L	Comprehensive Business Liability	11-17-2009	11-17-2010	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Medical \$5000		Each Occurrence	\$ 1,000,000.00
				General Aggregate	\$ 2,000,000.00
				Product - Completed Operations Aggregate	\$ 2,000,000.00
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella			Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
Policy Number	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

County of Hidalgo
 100 E Cano St
 Edinburg, Texas 78539

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 15 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Sam Saldivar
 Signature of Authorized Representative

Agent/ Customer Service Rep **12/01/09**
 Title Date

Sam Saldivar
 Agent Name

Telephone Number **(956) 383-4312**

Agent's Code Stamp
 Agent Code **8259**
 AFO Code **F116**