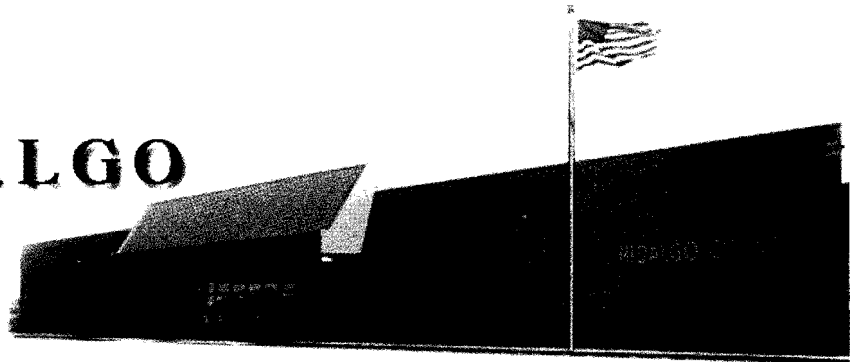


Office of Tax Assessor-Collector

COUNTY of HIDALGO



*Armando Barrera, Jr., RTA*  
March 28, 2012  
Assessor and Collector

P.O. Box 178  
Edinburg, Texas 78540-0178  
(956) 318-2157 • Fax (956) 318-2733

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

As per Section 31.11 of the Property Tax Code, the governing body of each taxing unit must authorize refunds of overpayments or erroneous payments over \$ 2500.00 dollars.

I respectfully request that the Commissioner's Court approve the enclosed application for a tax refund based on an adjustment approved by the Hidalgo County Appraisal District Office.

An application for a refund must be made within three years after the date of the payment or the taxpayer waives the right to the refund. The governing body of the taxing unit may extend the deadline provided by Subsection (c) for a single period not to exceed two years on a showing of good cause by the taxpayer.

When completed, please return the attached to this office.

Thanking you for your assistance in this matter, I remain.

Very truly yours,

Armando Barrera, Jr. RTA

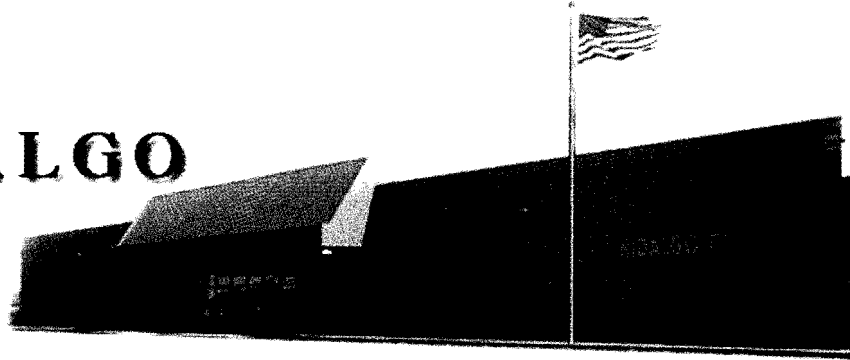
Abj: mm

Enclosure

Xc: Hidalgo County Auditor  
Raymundo Eufrazio, CPA

Office of Tax Assessor-Collector

**COUNTY of HIDALGO**



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ACCOUNT NUMBER	PAYER	AMOUNT
1.U4050.00.000.000B.00	L,G,B&S LLP	\$ 12,175.00

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

<b>Step 1:</b> Owner's name and address	Owner's name <b>HILMY FAMILY LIMITED PARTNERSHIP PAID BY: L,G,B &amp; S LLP</b>
	Present mailing address (number and street) <b>PO BOX 656</b>
	City, town or post office, state, ZIP code <b>WESLACO, TX 78599-0656</b>
	<b>Phone (area code and number)</b> <b>383-4500</b>

Legal description (or attach copy of the tax bill or tax receipt): **UTAH MEDICAL PLAZA CONDOMINIUM UT B**

<b>Step 2:</b> Describe the property	Address or location of property: <b>666776</b>
	Account number of property: <b>U4050.00.000.000B.00</b>
	Tax receipt number: <b>OR 14261060</b>

<b>Step 3:</b> Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2007	6/2	/ 09	\$ 3440.61
2. ALL ENTITIES	2006	6/2	/ 09	\$ 4104.21	\$ 4104.21
3. ALL ENTITIES	2005	6/2	/ 09	\$ 4630.18	\$ 4630.18
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 12,175.00

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR. REFUND BACK TO**

**PAYER, DUE TO ORDER OF VACATING JUDGMENT. T-178-07-B**

**HF**

<b>Step 4:</b> sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature <b>[Signature]</b>	Date of application for tax refund <b>2/24/12</b>
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>3-26-12</b>
	Authorized officer <b>[Signature]</b>	Date <b>3/28/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) <b>[Signature]</b>	Date <b>3/29/12</b>