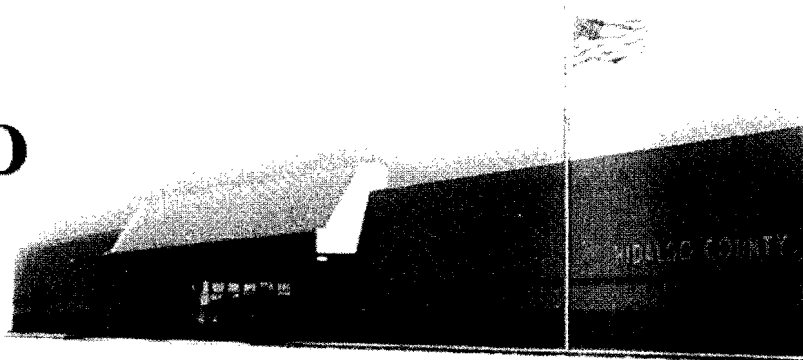


Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



June 17, 2014

P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

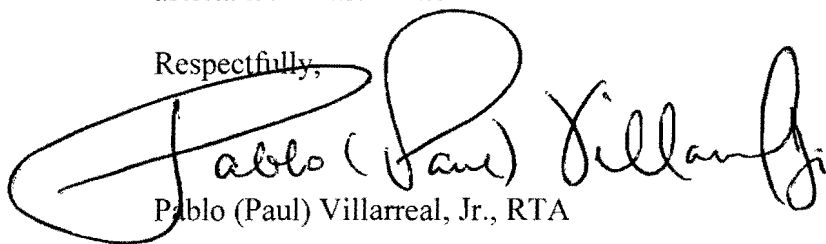
Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as recommended by the County Auditor.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,


Pablo (Paul) Villarreal, Jr., RTA

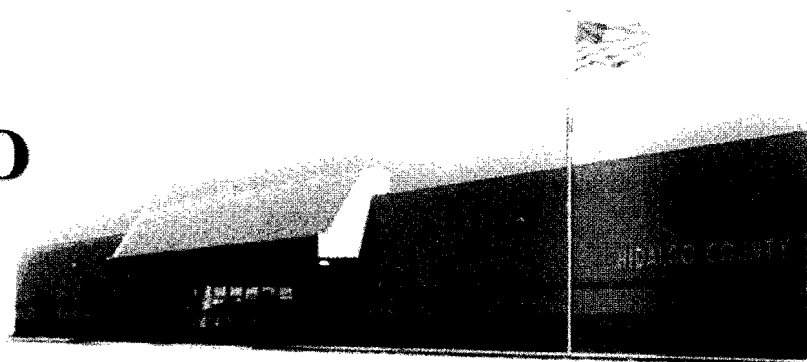
nlr

Enclosure



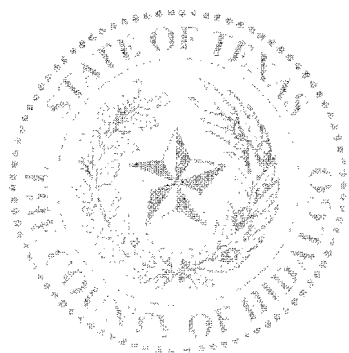
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|--------------------------------|-------------|
| A5525.00.000.000A.00 | ULTIMATE INVESTMENTS INC | \$8,201.14 |
| A6150.81.000.6260.00 | PHARR ORATORY OF ST. PHILIP | \$6,747.51 |
| C9040.99.000.0001.02 | FLOOR COVERING SPECIALIST INC | \$3,049.80 |
| G7400.05.000.0049.00 | WELLS FARGO | \$3,427.93 |
| H3850.00.000.0014.00 | C/P VALLEY DEVELOPMENT LLC | \$9,663.28 |
| K3353.00.000.0017.00 | EL ROSAL COLD STORAGE LLC | \$11,477.05 |
| L2620.00.000.0001.00 | E & R CONSTRUCTION | \$3,876.99 |
| L6228.02.000.0052.00 | ARNESON EARL A REVOCABEL TRUST | \$10,484.22 |
| P2810.00.000.0001.00 | INTER NATIONAL BANK | \$15,839.83 |
| S7682.00.000.0001.00 | J & M VALLEY INVESTMENT LLC | \$2,731.85 |



APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |


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



| | | |
|--|--|------------------------------|
| Step 1: Owner's name and address | Owner's name ULTIMATE INVESTMENTS, INC. d | |
| | Present mailing address (number and street) 1201 E ELIZABETH ST | |
| | City, town or post office, state, ZIP code BROWNSVILLE, TX 78520 | Phone (area code and number) |
| | | |

Legal description (or attach copy of the tax bill or tax receipt): **ARAPAHO LOT A**

| | | |
|---|--|---|
| Step 2: Describe the property | Address or location of property: | |
| | 556622 d | |
| | Account number of property: A5525.00.000.000A.00 d | Tax receipt number: OR 25540755 |
| | | |

| Step 3: 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 | 2013 | 01/31 / 2014 | \$ 51,541.40 d | \$ 8,201.14 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 8,201.14 d |
| Taxpayer's reason for refund (attach supporting documentation): SUPP# 8 d | | | | | |
| CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE. SEC 41.4111 | | | | | |
| NR | | | | | |

| | | |
|--|--|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |
| 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. | | |

| | | | | |
|--|--|------|--|--|
| Step 5: 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: 6/6/14 D.C. 4/14 | |
| | Authorized officer sign here  | Date | 6/1/2014 SCANNED | |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.41, tax code) sign here  | Date | 5/27/14 INITIALS | |

5/28

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | |
|---|--|
| Step 1: Owner's name and address | Owner's name PHARR ORATORY DE SAN FELIPE (PAID BY: PHARR ORATORY OF ST. PHILIP) |
| | Present mailing address (number and street) 1407 W MOORE RD |
| | City, town or post office, state, ZIP code PHARR, TX 78577 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **A 6150 BALES GAS UNIT, OXY USA INC.,**


| | |
|--|--|
| Step 2: Describe the property | RI,..003987 |
| | Address or location of property: 850185 d |
| | Account number of property: A6150.81.000.6260.00 d |
| | Tax receipt number: OR 26029918 |

| Step 3: 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 | 2010 | 03/19 | / 2014 | \$ 7,497.28 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 6,747.51 d |

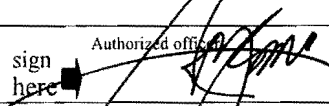
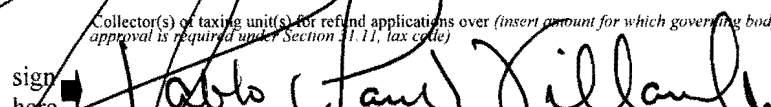
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 44 d**

SUBMITTED / ENTERED WRONG

NR

| | | |
|----------------------------------|--|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |

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.

| | | |
|---|---|--|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| | Authorized officer sign here  | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 6/19/14 J.C. 6/19/14 |
| | 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) sign here  | Date 5/27/14 JUN 1 2014 |

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | | |
|---|---|------------------------------|
| Step 1: Owner's name and address | Owner's name FLOOR COVERING SPECIALIST INC. | |
| | Present mailing address (number and street) 3522 N STEWART RD | |
| | City, town or post office, state, ZIP code MISSION, TX 78573 | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY SUPPLIES FURNITURE FIXTURES**


| | | |
|--|--|---|
| Step 2: Describe the property | MACHINERY EQUIPMENT TRAILERS & VEHICLES AT 3522 N STEWART RD/ NEW ACCT 2004 | |
| | Address or location of property: 665112 d | |
| | Account number of property: C9040.99.000.0001.02 d | Tax receipt number: OR 25277436 |
| | | |

| Step 3: 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 | 2013 | 01/23 / 2014 | \$ 4,638.42 | \$ 3,049.80 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 3,049.80 d |

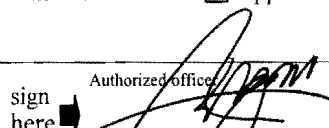
Taxpayer's reason for refund (attach supporting documentation): **SUPP#8 d**

CORRECTION OF NON-CLERICAL ERROR [SEC 25.25(D)] LATE CORRECTION PENALTY

(APPLY \$158.87 TO ACCOUNT REFUND \$2,890.93 TO TAXPAYER) NR

| | | |
|----------------------------------|--|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |

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.

| | | | |
|---|--|------|---|
| Step 5: 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 6/9/14 d.c.c. 9/14 |
| | Authorized office sign here  | Date | 6/11/14 SCANNED 5/JUN 12 2014 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under section 31.17, tax code) Jabbs (Paul) Killaly d | Date | 5/22/14 INITIALS |

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | |
|---|---|
| Step 1: Owner's name and address | Owner's name PERKINS VINCENT E (PAID BY: WELLS FARGO) |
| | Present mailing address (number and street) 316 S 8TH ST |
| | City, town or post office, state, ZIP code HIDALGO, TX 78557 |

Legal description (or attach copy of the tax bill or tax receipt): **GRAY RECIO # 5 LOT 49**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 182397 d |
| | Account number of property: G7400.05.000.0049.00 d OR 24739874 |
| | Tax receipt number: |

| Step 3: 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 | 2013 | 12/30 / 2013 | \$ 3,427.93 | \$ 3,427.93 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 3,427.93 d |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 8 d**

GRANT HS/DVHS FILED LATE Q/Y 2013

NR

| | | |
|----------------------------------|--|------------------------------------|
| Step 4: 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 sign here | Date of application for tax refund |

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.

| | | |
|---|--|--|
| Step 5: 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: 6/19/14 6/19/14 |
| | Authorized officer sign here | Date |
| | 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) sign here | Date |

5/28

SCANNED

5/27/14

INITIALS

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | | |
|--|---|------------------------------|
| Step 1: Owner's name and address | Owner's name C/P VALLEY DEVELOPMENT LLC | |
| | Present mailing address (number and street) 4300 GREENVILLE AVE 3RD FL | |
| | City, town or post office, state, ZIP code DALLAS, TX 75206 | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **HOIT (LA LOMITA) LOT 14 40AC GR 38.80 AC**

| | | |
|---|--|---|
| Step 2: Describe the property | NET | |
| | Address or location of property: 193764 | |
| | Account number of property: H3850.00.000.0014.00 | Tax receipt number: OR 25011095 |
| | | |

| Step 3: 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 | 2013 | 01/15 / 2014 | \$ 35,789.90 | \$ 9,663.28 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 9,663.28 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP#8 | | | | | |
| THIS IS A NON-CLERICAL ERROR FOR 2013 YEAR. SECTION 25.25(D) LATE CORRECTION PENALTY | | | | | |
| (APPLY \$2,612.67 TO ACCOUNT REFUND \$7,050.61 TO TAXPAYER) NR | | | | | |

| | | |
|--|--|------------------------------------|
| Step 4: 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 sign here | Date of application for tax refund |
| 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. | | |

| | | | |
|--|--|------------------------|---|
| Step 5: 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: 6/10/14 J.C. 6/9/14 |
| | Authorized officer sign here | Date 6/10/14 | SCANNED JUL 12 2014 INITIALS: JMK |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code) sign here | Date 5/27/14 | |

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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


| | |
|---|--|
| Step 1: Owner's name and address | Owner's name EL ROSAL COLD STORAGE LLC d |
| | Present mailing address (number and street) 10201 S JACKSON RD |
| | City, town or post office, state, ZIP code PHARR, TX 78577 |
| | Phone (area code and number) |



Legal description (or attach copy of the tax bill or tax receipt): **KEYSTONE BUSINESS CENTER LOT 17**

| | |
|--|---|
| Step 2: Describe the property | Address or location of property: 711188 d |
| | Account number of property: K3353.00.000.0017.00 d |
| | Tax receipt number: OR 25499808 |
| | |

| Step 3: 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 | 2013 | 01/31 | / 2014 | \$ 55,672.94 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 11,477.05 d |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 8 d**
CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE.SEC 41.411
NR

| | | |
|----------------------------------|---|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |
| | 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. | |

| | | |
|---|---|---|
| Step 5: 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: 6/16/14 J.C. 6/9/14 |
| | Authorized officer sign here  | Date 6/16/14 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14 tax code) sign here  | Date 5/27/14 |

5/28

SCANNED
JUN 11 9 50 14
INTELS: **CDZ**

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | |
|---|---|
| Step 1: Owner's name and address | Owner's name VILLARREAL EVERARDO (PAID BY: E & R CONSTRUCTION) |
| | Present mailing address (number and street) 2407 N SHARY RD STE A |
| | City, town or post office, state, ZIP code MISSION, TX 78574 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LAKEVIEW PLAZA LOT 1**


| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 685259 d |
| | Account number of property: L2620.00.000.0001.00 d |
| | Tax receipt number: OR 25312650 |
| | |

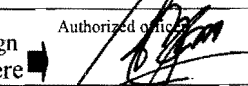
| Step 3: Give the tax payment information | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| | 1. ALL ENTITIES | 2013 | 01/27 | / 2014 | \$ 7,753.96 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 3,876.99 d |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 8 d**

WRONG LAND RATE APPLIED

NR

| | | |
|----------------------------------|---|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |
| | 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. | |

| | | |
|---|---|--------------------------|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| | Authorized official sign here  | Date 6/10/14 |
| | 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) Ables (Jane) Villarreal d | Date 5/27/14 d |

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **PE 6/9/14**

5/28

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | |
|---|--|
| Step 1: Owner's name and address | Owner's name ARNESON EARL A REVOCABLE TRUST & |
| | Present mailing address (number and street) 1902 S LILI DR |
| | City, town or post office, state, ZIP code PHARR, TX 78577 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LOS LAURELES PH 2 LOT 52**


| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 662366 & |
| | Account number of property: L6228.02.000.0052.00 & |
| | Tax receipt number: OR 25290513 |

| Step 3: 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 | 2013 | 01/27 | / 2014 | \$ 10,484.22 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 10,484.22 & |

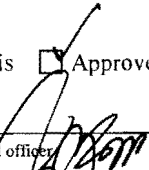
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 8 &**

GRANT DVHS FILED LATE Q/Y 2013

NR

| | | |
|----------------------------------|--|------------------------------------|
| Step 4: 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 sign here  | Date of application for tax refund |

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.

| | | |
|---|--|------------------------------|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| | Authorized officer sign here  | Date 6/16/14 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 17.11, tax code) Jablon (Paul) Villanueva & | Date 5/27/14 & |

RECEIVED BY THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **6/16/14**
J.C. Villanueva

6 SCANNED
JUN 18 2014
INITIALS: JCV

5/28

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | | |
|--|---|------------------------------|
| Step 1: Owner's name and address | Owner's name PALMVIEW CROSSING LTD (PAID BY: INTERNATIONAL BANK) | |
| | Present mailing address (number and street) 2712 E MILE 5 RD | |
| | City, town or post office, state, ZIP code MISSION, TX 78573 | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **PALMVIEW CROSSING LOT 1-14**

| | | |
|---|----------------------------------|---------------------|
| Step 2: Describe the property | Address or location of property: | |
| | 699935 | |
| | Account number of property: | Tax receipt number: |
| | P2810.00.000.0001.00 | OR 24437602 |

| Step 3: 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 | 2013 | 12/17 / 2013 | \$ 84,847.76 | \$ 15,839.83 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ | \$ 15,839.83 |
| Taxpayer's reason for refund (attach supporting documentation): SUPP# 8 | | | | | |
| CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE. SEC 41.411 | | | | | |
| NR | | | | | |

| | | |
|--|--|------------------------------------|
| Step 4: 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 sign here | Date of application for tax refund |
| 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. | | |

| | | | |
|--|---|------|--|
| Step 5: 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: 5/14/14 J.C.G. 5/14/14 |
| | Authorized sign here | Date | 6/10/14 |
| | Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.11 (tax code) | Date | 5/27/14 SCANNED INITIALS |

5/28

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | 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) P O BOX 178 | |
| City, town or post office, state, ZIP code EDINBURG TX 78540-0178 | Phone (area code and number) (956) 318-2157 |

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

| | | |
|--|---|------------------------------|
| Step 1: Owner's name and address | Owner's name J & M VALLEY INVESTMENT LLC <i>4</i> | |
| | Present mailing address (number and street) 1704 SUGAR RD | |
| | City, town or post office, state, ZIP code EDINBURG, TX 78539 | Phone (area code and number) |
| | | |

Legal description (or attach copy of the tax bill or tax receipt): **SUPERIOR OIL EXPRESS LOT 1**

| | | |
|---|--------------------------------------|------------------------------|
| Step 2: Describe the property | Address or location of property: | |
| | 818962 <i>2</i> | |
| | Account number of property: | Tax receipt number: |
| | S7682.00.000.0001.00 <i>2</i> | OR 26052108 /26165413 |

| Step 3: 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 | 2013 | 03/24 | / 2014 | \$ 11,745.08 |
| 2. | | 04/22 | / 2014 | \$ 25,000.00 | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ | \$ 2,731.85 <i>4</i> |

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 8** *2*

CORRECTION DUE TO FAILURE TO SEND REQUIRED NOTICE. SEC 41.411

(MONEY NEED TO BE APPLY TO ACCOUNT RB) NR

| | | |
|---------------------------------|--|------------------------------------|
| Step 4: 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 sign here <i>[Signature]</i> | Date of application for tax refund |
| | 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. | |

| | | | |
|--|---|------------------------|---|
| Step 5: 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: <i>[Signature]</i> 6/10/14 |
| | Authorized officer sign here <i>[Signature]</i> | Date 6/10/14 | |
| | 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) sign here <i>[Signature]</i> | Date 5/27/14 | SCANNED JUN 10 2014 INITIALS: <i>[Signature]</i> |