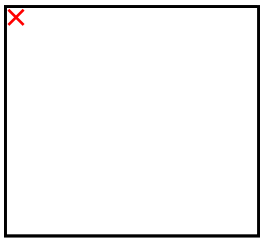

CONSENT AGENDA
HIDALGO COUNTY
COMMISSIONERS COURT
MEETING
July 6, 2016
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners Court will be held in the Commissioners Courtroom of the Administration Building, 100 E. Cano, 1st floor, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

1. AI-55303 **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Check Fraud Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2016 Intradepartmental transfers:**

   A. AI-55296 2016 - Fire Marshal (1100)

   B. AI-55288 2016 - Facilities Management CO Wide (1100)

   C. AI-55286 2016 - PCT3 (1200)

   D. AI-55250 2016 - Pct.1 R&B (1200)

   E. AI-55249 2016 - Pct 2 Rd Maint (1200)

F. AI-55229 2016 - Health & Human Services Dept. / H.D. Adm (1293)

G. AI-55244 2016 - WIC (1292)

H. AI-55233 2016 - WIC Lactation Services (1292)

I. AI-55230 2016 - Pct. 3 Sanitation (1100)

J. AI-55214 2016 - Imm Div Local (1293)

K. AI-55213 2016 - HIDTA (1252)

L. AI-55211 2016 - District Attorney (1223)

M. AI-55206 2016 - DBM Budget Div. (1100)

N. AI-55190 2016 - Planning Dept. (1100)

O. AI-55183 2016 - HIDTA Task Force (1291)

P. AI-55180 2016 - Pct 2 Rd Maint (1200)

Q. AI-55179 2016 - CW Mech Shop (1200)

R. AI-55178 2016 - Pct 2 Admin (1200)

S. AI-54934 2016 - CC Rec Mgmt. (1237)

T. AI-55189 2016 - 430th District Court (1100)

U. AI-55187 2016 - Pct 3 Rd Maint. (1200)

V. AI-55185 2016 - Pct 3 Parks (1100)

W. AI-55184 2016 - Pct 3 Sanitation (1100)

X. AI-55181 2016 - Health Clinics (1100)

Y. AI-55175 2016 - Health & Human Services Dept. / H.D. Adm (1293)

Z. AI-55160 2016 - District Attorney's Office (1100)

AA. AI-55174 2016 - District Attorney's Office (1281)

BB. AI-55166 2016 - IT Countywide (1100)

CC. AI-55157 2016 - 206th District Court (1100)

DD. AI-55158 2016 - County Judge (1100)

EE. AI-55156 2016 - Pct 4 Road Maint. (1200)

FF. AI-55155 2016 - Elections Dept (1100)

GG. AI-55278 2016 - PCT. 4 (1200)

HH. AI-55154 2016 - Pct. 4 Road Maint. (1200)

II. AI-55143 2016 - Constable Precinct 4 (1100)

JJ. AI-55142 2016 - Health & Human Services Dept. / Clinics (1100)

KK. AI-55145 2016 - Pct. 1 Parks (1100)

LL. AI-55096 2016 - County Clerk's (1237)

3. **2016 Interdepartmental transfers:**

A. AI-55294 Pct.4 (1200):
Approval of 2016 Interdepartmental Transfer from PCT4 RD MAINT (007) to PCT4 CRC SUNFLOWER/SH107 (123) in the amount of $1,620.41 in order to purchase supplies for the Sunflower CRC facility.

B. AI-55290 Fire Marshal (1100):
Approval of 2016 interdepartmental transfer from program(019) to program (010) in the amount of $2,000 to cover pending invoices from La Villa FD.

C. AI-55284 Various Accounts (1100):
Approval of 2016 interdepartmental transfer from Co Wide Adm-Contingency into various accounts.

D. AI-55254 Pct.1 CO's 2014 (1345):
Approval of 2016 interdepartmental transfer within Certificate of Obligations Series 2014 from program (201) to programs (194) and (210) in the amount of $4,260.13.

E. AI-55227 Pct 2 CO 2014 (1345):
Approval of 2016 interdepartmental transfer from Pct 2 Machinery & Equipment to Pct 2 Eldora Road project in the amount of $350.63 to fund Change Order No. 2.

F. AI-55150 Pct. 4 Adm-Registration Fees (1200):
Approval of 2016 interdepartmental transfer from Pct. 4 Road Maint-General Supplies to Pct. 4 Adm-Registration Fees in the amount of $1,440.00 to fund 2016 Certified Public Manager Registration Fees & 2016 Texas County & District Retirement System Conference Registration Fees.

G. AI-55279 PCT4 (1200):
Approval of 2016 interdepartmental transfer from PCT4 RD MAINT-REPAIR & MAINT SRV(430) to PCT4 ICA MCALLEN-RUSSELL(CANAL-WARE)-AID (841) in the amount of $1,617.58.

H. AI-55280 PCT4 (1200): Approval of 2016 interdepartmental transfer from PCT4 RD MAINT- GENERAL SUPPLIES (610) to PCT4 ICA MCALLEN-RUSSELL(CANAL-WARE)-RD (721) in the amount of $7,733.81.

4. **Interfund transfers:**

A. AI-55188 Pct 4 Doolittle Recovery Prj Improvement (1100):
Approval of 2016 interfund transfer from Pct 4 Rd Maint- Other (1200) to Pct 4 Doolittle Recovery Prj- Improvements (1100) in the amount of $30,000.00 to cover anticipated expenditures related to the Doolittle Recovery Project.

5. **County Clerk:**

A. AI-55228 Approval to rescind action taken on Agenda Item #54385 (intradepartmental transfer) approved by Commissioners' Court on May 10, 2016.

6. **Planning Department:**

A. AI-55234 1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)
2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

7. **Executive Office:**

A. AI-55177 Approval of Right of Way Permits:
TX Relay Transmission Networks, LLC: A 120' utility pole to be erected on S Tower Rd. 175 feet south of the intersection of Rene St. on S Tower Rd., to be placed on the west side of ROW.

8. **Tax Refunds:**

A. AI-55163

ACCOUNT NUMBER	PAYER	AMOUNT
B2644.00.000.0002.00	K.E. ANDREWS & CO	$19,840.72
L3190.00.005.0006.00	MCALLEN LEVCAL LLC	$25,000.00
M1950.99.000.0005.77	ACCOUNT SERVICES PROCESSING CENTER	$2,773.19
P5672.00.000.0064.00	1511 CORELOGIC TAX SERVICES LLC	$5,989.72
P5672.00.000.0097.00	FUNK ROBERT N & KERRI S	$5,116.85
R3000.99.030.0011.00	WONDERFUL CITRUS PACKING LLC	$8,256.62
R3100.99.001.0001.00	WONDERFUL CITRUS PACKING LLC	$7,337.39

W3800.99.040.0000.54	GOWAN USA LLC	$33,903.15

B. AI-55161

ACCOUNT NUMBER	PAYER	AMOUNT
S3003.00.000.005A.00	KOHL'S	$47,286.65
T6835.2C.000.0001.00	KOHL'S	$24,752.49
T6835.2C.000.0001.00	KOHL'S	$23,740.40

9. **Membership Dues:**

A. AI-55276 Urban County:
Request approval to renew 2016-2017 membership dues in the amount of $2000.00 to the National Community Development Association for Hidalgo County Urban County Program. (Membership dues covering the period July 1, 2016 through June 30, 2017)

B. AI-55275 Urban County:
Request approval to renew 2016-2017 membership dues in the amount of $50.00 to the National Community Development Association, Region VI for Hidalgo County Urban County Program. (Membership dues covering the period July 1, 2016 through June 30, 2017)

C. AI-55283 Public Defender's (1100):
Requesting approval to pay Texas Criminal Defense Lawyers Association membership dues in the total amount of $120.00 ($60.00 each) Requisition #301622, for Jose Luis Bravo, First Assistant Public Defender and Sofia Kamal, Public Defender III, with authority for the County Treasurer to issue payment after review, audit, and processing procedures are completed by County Auditor.

D. AI-55164 Fire Marshal (1100):
Approval to pay membership dues for Tommy Ureste to the International Association of Arson Investigators Inc. for $135.00 (Requisition #00301039) with authority for county treasurer to issue payment after review and auditing procedures are completed.

10. **Auditor's Office:**

A. AI-55151 Discussion, consideration and approval to process the City of Mission 2015-2016 TIRZ payment, in the amount of $2,407,788.18 pursuant to the interlocal agreement between the City of Mission, Hidalgo County, and the Reinvestment Zone No. 1, City of Mission.

11. **Budget & Management:**

A. AI-55176 2016 Salary Sweep (1100):
Approval to transfer lapsed salaries from various departments into Countywide Administration-Contingency.

B. AI-55193 Self-Insured (2202)
Requesting approval of reimbursement of the Hidalgo County Workers' Comp. Claims paying account for claims paid by Tristar Risk Management for the period of June 16-30, 2016 in the amount of $36,902.18 and requesting approval of wire transfer.

C. AI-54941 1. Approval of reimbursement in the amount of $1,022,526.06 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 06/04/16 to 06/17/16.

06/04-10/16	$ 448,501.25
06/11-17/16	$ 574,024.81
TOTAL	$1,022,526.06

2. Approval of wire transfer to cover claims paid.

12. **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. AI-55287 Ratification of fully executed Change Order No. 2 (increase in the amount $25,650.00) for the "Eldora Road Improvements," to awarded vendor 2GS, LLC dba Earthworks Enterprise, and as submitted by project engineer, Jose N. Saldivar, P.E.-HCDD #1.

B. AI-55247 **APPROVAL FOR INFORMATION AND DOCUMENTATION PURPOSES ONLY IN AS MUCH AS SOLE SOURCE VENDOR:** As of April 1, 2016, Verizon business services moved to the Frontier network changing the name to Frontier Communications. Frontier Communications continues to own proprietary exclusive/specific service areas which will affect the following land line numbers:

1. Pct 1 = 956-968-3423 - Shop; 956-969-1417 - Fax - Fire Alarm L1 = 956-968-9320 - Fire Alarm L2 = 956-968-9783;
2. Planning = 956-447-8612;
3. Juvenile Boot Camp = 956-969-3317- 956-969-4908 - 956-969-2574;
4. WIC - Rio Grande City = 956-488-0500; 956-488-8356; 956-488-8320; 956-488-8391; 956-488-8324; 956-488-9352;
5. WIC - Roma = 956-849-1459; 956-849-1460 - 956-849-1453 - 956-849-1470;
6. WIC - Weslaco #1 = 956-968-0594 - 956-968-0595 - 956-969-2534 - 956-969-4433 - 956-447-8496;
7. WIC - Weslaco #2 = 956-968-3516 - 956-968-8321; 956-968-3548 - 956-968-3744 - 956-968-5835 - 956-AB5-0773 09016 -210-026-5414-011609-5 (Access Line)

C. AI-55285 Executive Office - Traffic Engineering:
Acceptance and approval of Invoice #11325722 dated 6/30/16 in the amount of $7,681.76 for the month of June 2016 from L&G Consulting Engineers, Inc. contracted engineer for HCMPO Policy Meeting and HCMPO Technical Meeting. (PO#733569).

D. AI-55262 Approval of the following for 2GS, LLC, dba Earthworks Enterprise for the Pct. 2 Eldora Road project, as submitted and recommended by project engineer, Jose N. Saldivar, PE for contract # C-16-061-01-19: 1. Application for Final Payment in the amount of $58,983.36; 2. Acceptance of Certificate of Substantial Completion reflecting the date of June 20,2016;

E. AI-55271 Requesting authority to exercise the second (2nd) of two (2) one (1) year extensions as provided in benefit agreement #C-14-054-08-12 for “Pre-Paid (Post Tax) Voluntary Legal Services Program” for Hidalgo County under the same rates, terms, and conditions renewal/extension effective August 20, 2016 through August 19, 2017.

F. AI-55243 Approval of Application for Payment No. 3 in the amount of $132,658.48 for 2GS, LLC, contracted vendor for Heidelberg Subdivision (Pct. 1) as submitted by project engineer LeFevre Engineering & Management Consulting, LLC (C-CAP-15-257-10-06).

G. AI-55241 Approval of the following for 2GS, LLC, contracted vendor for Tijerina Estates Subdivision (Pct. 1) as submitted by project engineer Hidalgo County Drainage District No. 1:
1.) Application for Payment No. 3 Release of Retainage in the amount of $20,361.10; &
2.) Certificate of Completion dated 05-26-16.

H. AI-55200 Requesting authority to advertise and approval of procurement packet drafted and developed by project engineer, LeFevre Engineering [i.e. plans, specifications, with legal notices supplied by Purchasing Dept. as approved by HC, etc.] as attached hereto for: "Goolie Rd Paving Improvements" including the authority to re-advertise the project in the event that not bids are received and/or are rejected and project is still required.

I. AI-55222 Approval of payment for Invoice #001 in the amount of $14,574.00 for professional services, submitted by project architect, The Warren Group Architects Inc. through Contract C-15-159-09-15 for the Pct. #2 Countywide Mechanic Shop Facility Project.

J. AI-55221 Requesting authority to purchase and enter into a (36) monthly subscription agreement for the (Online Services) with Thomson Reuters-West Publishing Corporation and authority to execute required agreement for the District Attorney's Office through the following requisition #301487 at $532.00 per month. Starting as per Commissioners Court approval through the following accounts: (6-1100-412-00-080-013-0-340 & 6-1100-412-00-080-002-0-340) and subject to compliance to HB23 &/or HB1295 when and if applicable.

K. AI-55238 Approval of payment of Invoice# 20162764-$140,110.00 as submitted by TEDSI Infrastructure Group for the provision of professional engineering services from April 13 through May 31, 2016 in connection to Contract# C-08-227-02-09-PO# 741616 amid Work Authorization No. 3.

L. AI-55235 Approval of payment of Invoice# 20162763-$58,940.82 as submitted by TEDSI Infrastructure Group for the provision of professional engineering services from May 1 through May 31, 2016 in connection to Contract #C-08-227-02-09-PO# 617534 amid Work Authorization No. 1.

M. AI-55217 Approval of payment of Invoice# 1618 in the amount of $48,346.50 as submitted by Aranda and Associates for the provision of professional engineering services in connection to Contract# C-16-164-04-26 - PO# 743893 amid Work Authorization No. 1.

N. AI-55215 Approval of payment of Invoice# 1622 in the amount of $44,790.00 as submitted by Aranda and Associates, Inc. for the provision of professional engineering services in connection to Contract# C-16-164-04-26 - PO# 743894 amid Work Authorization No. 2.

O. AI-55144 Approval to exercise the one (1) year extension as provided in contract #C-14-280-08-12 for “Service & Maintenance of Generator Located at Jail & Law Enforcement Center Facilities" under the same terms, and conditions effective August 12, 2016 to August 11, 2017.

P. AI-54965 1. Requesting authority to exercise the Sixth (6th) Year of the additional nine (9)-one (1) year options to extend/renew as provided in the current agreement for the:"LEASE OF TOWER SPACE" in connection to Lease Agreements (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, (subject to compliance with HB1295 and/or HB23 when and if applicable), effective 08/03/16.

A) SBA TOWERS IV, LLC - (LA JOYA TOWER SITE)
B) O.E. INVESTMENTS, LTD - (WESLACO TOWER SITE)

2. Authority to exercise the Second (2nd & FINAL) Year of the additional two (2) one (1) year options to extend/renew provided in the current contract for:"COMMISSARY SUPPLIES" in connection to Contracts (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, (subject to compliance with HB1295 and/or HB23 when and if applicable), effective 08/19/16.

A) KEEFE COMMISSARY NETWORK, LLC
B) RENE LUCIO d/b/a R & R DISTRIBUTING
C) ICS JAIL SUPPLIES, INC.

Q. AI-55191 Hidalgo County – Planning, Health, & ROW for all 4 Precincts:
1. Requesting authority to enter into a new 36-month lease with Carson Map Lease Agreement for departments stated above to utilize online services with Carson Maps Co, Inc. Effective date 6-01-2016 to be paid on start of annual term.

Departments	Annual Fee
Planning	$1,790.00
Row 1	$590.00
Row 2	$590.00
Row 3	$590.00
Row 4	$590.00
Health	$590.00

2. Acceptance and approval of the continuation of the services with CARSON MAP Co. Inc. for "Online Data Services Agreement" through the assigned departments by requisitions to be created by department for the amount stated above, followed by an approved purchase order.

3. Approval to pay the continuation annual renewal fees including the signing of required documents by County Judge or Court Member.

R. AI-55173 Approval of Invoice #1 (Project # 05-196 (B2)) in the amount of $12,725.00 submitted by contracted engineer, Hinojosa Engineering, Inc., in connection with professional services rendered for: "Penitas Landfill Survey."

S. AI-55057 Authority to advertise and approval of procurement packet [i.e. specifications/requirements, legal notice, draft requirement agreement, etc.] as attached hereto for: Hidalgo County-"Printing and Mailing of Post Cards [Warrants and/or Reminders]"-RFB No.:2016-236-SMA including the re-advertising of project in the event no bids received and/or are rejected and project is still required.

T. AI-54836 1. Approval of the sixty (60) day grace period extension [as provided under E-13-264-08-27] with Value Added Communications [VACI] for the provision of "Inmate Pay Telephone Services", under the same rates, terms and conditions, so as to have no lapse in services while the procurement process is completed and subject to compliance with insurance, HB23 and/or HB1295 when and if required;

2. Requesting authority to advertise and approval of procurement packet as drafted and developed through Sheriff's Office [w/their final approval of packet just received] and Purchasing Dept. [i.e., specifications

-requirements, legal notice, draft service contract etc.] as attached hereto for: Hidalgo County - Sheriff's Office - "Inmate Pay Telephone Services". RFP 2016-097-07-27-YZV including the re-advertising of project in the event no Proposals are received and/or are rejected and project is still required

U. AI-54680 Authority to exercise the final one (1) year extension option for Hidalgo County - "Off Premises Record Storage-Pick-up Retrieval-Delivery" under same rates, terms and conditions with: CTC Distributing, Ltd.

V. AI-55138 Regina Moreno-Court Coordinator at 449th District Court, on behalf on Honorable Judge Jesse Contreras, is formally requesting to remove a fixed asset from their inventory list with detailed description of said fixed asset attached as "Exhibit A" inventory.

AI-55303 1.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Monica Badillo, EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

Approval of check register and payment of claims and bills - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Check Fraud Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

BACKGROUND

Fiscal Impact

Attachments

ck reg

Form Review

Form Started By: Monica Badillo Started On: 07/05/2016 04:39 PM

Final Approval Date: 07/05/2016

Hidalgo County Auditor's Office

July 6th, 2016

Bank Account	Fund	Start Ck #	End Ck #		Amount
01	General Fund	436287	436926		3,966,263.95
02	Special Revenue	412927	413249		589,417.52
04	Capital Projects	16888	16902		229,444.96
05	Trust & Agency	25232	25266		2,255,650.39
07	Proprietary	6215	6221		18,043.06
15	Urban County	31053	31082		215,211.17
			Total checks		**7,274,031.05**

Ach Withdrawals for:			
General Fund	ITEMS:	3	1,290,779.51
Special Revenue Fund	ITEMS:	1	550,000.00
Trust & Agency Funds	ITEMS:	7	1,295,445.39
Payroll Fund	ITEMS:	4	3,473,209.24
Proprietary Funds	ITEMS:	1	46,562.28
Waiver 1115	ITEMS:	1	13,014,491.05
	Total withdrawals:		19,670,487.47
Bank Internal Transfer for:			
General Fund	ITEMS:	8	6,101,012.47
Special Revenue Funds	ITEMS:	8	15,007,079.39
Payroll Fund	ITEMS:	1	56.43
Proprietary Funds	ITEMS:	2	43,524.25
	Total transfers:		21,151,672.54
	Total electronic payments:		40,822,160.01
	Grand Total:		**48,096,191.06**

ACH Withdrawals

Date	To	For	From	Amount
05/27/16	Lone Star Bank	Analysis charges	General Fund	8,595.73
06/24/16	Texas Class Investment Pool	Tax Office Motor Vehicle	Gerneral Fund	643,080.98
06/29/16	Texas Class Investment Pool	Tax Office Motor Vehicle	Gerneral Fund	639,102.80
			Total General	1,290,779.51
07/01/16	Texas Class Investment	Special Inventory	Special Revenue Fund	550,000.00
			Total Special	550,000.00
06/27/16	IRS Tax Payment	Regular PP13	Trust & Agency Fund	1,137,694.30
06/27/16	IRS Tax Payment	Urban County PP13	Trust & Agency Fund	9,457.88
07/01/16	IRS Tax Payment	Elected Officials PP12	Trust & Agency Fund	53,769.92
06/28/16	Esimpkins	457 Reg. & Urban	Trust & Agency Fund	9,331.91
06/24/16	TXSDU	Tx Dept of Criminal Just.	Trust & Agency Fund	33,323.42
06/30/16	TXSDU	Child Support (E. Officials)	Trust & Agency Fund	1,100.00
06/24/16	TXSDU	Child Support(Reg. & Ur.)	Trust & Agency Fund	50,767.96
			Total Trust & Agency	1,295,445.39
06/24/16	County Employees	Regular Payroll PP13	Payroll Fund	3,343,140.45
06/24/16	Urban Co. Employees	Urban Co. Payroll PP13	Payroll Fund	27,586.40
06/30/16	Elected Officials	Elected Official PP12	Payroll Fund	101,675.58
07/01/16	Election Expense	E. Expense	Payroll Fund	806.81
			Total Payroll	3,473,209.24
07/01/16	Texas State Comptroller	Year 5 uncompensated care	1115 Waiver Fund	13,014,491.05
			Total 1115 Waiver	13,014,491.05
06/24/16	TriStar Risk Mgnt	Workers Compensation	Proprietary Fund	46,562.28
			Total Proprietary	46,562.28
			Total ACH Withdrawal	19,670,487.47

Bank Internal Transfers

Date	To	For	From	Amount
06/22/16	Payroll Fund	Regular PP13	General Fund	2,319,766.77
06/24/16	Trust & Agency Fund	Regular PP13	General Fund	2,237,011.34
06/28/16	Payroll Fund	Elected Officials PP12	General Fund	117,420.10
06/29/16	Trust & Agency Fund	Elected Officials PP12	General Fund	104,068.12
06/30/16	Trust & Agency Fund	Election Expense	General Fund	2,395.03
06/30/16	Payroll Fund	Election Expense	General Fund	15,166.98
06/24/16	Tax Office Motor Vehicle	Return of Principal Investment	General Fund	621,914.12
06/30/16	Tax Office Motor Vehicle	Return of Principal Investment	General Fund	683,270.01
			Total General	6,101,012.47
06/22/16	Payroll Fund	Regular PP13	Special Revenue Fund	1,000,373.46
06/24/16	Trust & Agency Fund	Regular PP13	Special Revenue Fund	905,207.60
06/22/16	Payroll Fund	Urban County PP12	Special Revenue Fund	27,586.40
06/24/16	Trust & Agency Fund	Urban County PP12	Special Revenue Fund	27,039.51
06/27/16	General Fund	Deposit Correction	Special Revenue Fund	6,766.04
06/27/16	General Fund	Deposit Correction	Special Revenue Fund	20,623.33
06/30/16	General Fund	Deposit Correction	Special Revenue Fund	2,860.00
07/05/16	General Fund	Deposit Correction	Special Revenue Fund	2,132.00
06/29/16	1115 Waiver	Year 5 uncompensated care	Special Revenue Fund	13,014,491.05
			Total Special Revenue	15,007,079.39
06/24/16	General Fund	Clear Due/to	Payroll Fund	56.43
			Total Payroll Fund	56.43
06/22/16	Payroll Fund	Regular PP13	Proprietary	23,000.22
06/24/16	Trust & Agency Fund	Regular PP13	Proprietary	20,524.03
	Special Revenue Fund	Correct check bank error	Proprietary	
			Total Proprietary	43,524.25
			Total Bank Transfers	21,151,672.54
			Grand Total	40,822,160.01

Bank	Check No	Amount	Date	Vendor	Type
01	00436287	10.95	06/28/16	381608 PINA, OMAR	C
01	00436288	583.83	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436289	1,617.29	06/28/16	343277 CITIBANK	C
01	00436290	14,008.09	06/28/16	343277 CITIBANK	C
01	00436291	309.09	06/28/16	275875 EAN HOLDINGS, LLC	C
01	00436292	297.20	06/28/16	216437 ECHO TRAVEL AGENCY	C
01	00436293	1,942.42	06/28/16	316288 EUFRACIO, RAYMUNDO	C
01	00436294	532.34	06/28/16	313289 FLORES, J.R. "BOBBY" JUDGE	C
01	00436295	512.45	06/28/16	210307 GARZA, FEDERICO	C
01	00436296	186.00	06/28/16	437174 GARZA, MICHAEL JAMES	C
01	00436297	990.00	06/28/16	259071 JOHNSON, KATHY	C
01	00436298	155.25	06/28/16	159247 HCD AUSTIN CORPORATION	C
01	00436299	108.57	06/28/16	126152 RAMIREZ, MARIO E. JR. JUDGE	C
01	00436300	44.64	06/28/16	363804 RAMON, YVONNE	C
01	00436301	381.97	06/28/16	284718 VILLARREAL, ROBERTO J.	C
01	00436302	12.00	06/28/16	284718 VILLARREAL, ROBERTO J.	C
01	00436303	187.50	06/28/16	368954 LAW OFFICE OF DIANA FUENTES AGUILAR	C
01	00436304	1,865.00	06/28/16	375454 ALEXANDER, PAMELA S.	C
01	00436305	700.00	06/28/16	305464 ALVAREZ, JUAN R.	C
01	00436306	4,190.00	06/28/16	66702 ARIZPE, SOFIA	C
01	00436307	440.00	06/28/16	442070 BALLESTEROS, ALEJANDRO	C
01	00436308	300.00	06/28/16	329134 BARBOSA, ALBERTO	C
01	00436309	300.00	06/28/16	299375 LAURA MARTINEZ BARBOSA	C
01	00436310	340.00	06/28/16	91456 LAW OFFICE OF MAURO BARREIRO	C
01	00436311	600.00	06/28/16	371262 BARRERA, JOSE OSCAR JR.	C
01	00436312	860.00	06/28/16	319104 CHRISTOPHER RYAN BRASURE	C
01	00436313	500.00	06/28/16	400467 BUSTOS, HECTOR	C
01	00436314	300.00	06/28/16	330752 CANALES, MELISA LARES	C
01	00436315	595.00	06/28/16	330639 LAW OFFICES OF TERRY CANALES II	C
01	00436316	730.00	06/28/16	441732 CANTU, DAVID REYMUNDO	C
01	00436317	1,270.00	06/28/16	341746 CANTU, JUDITH ANN	C
01	00436318	2,815.00	06/28/16	367028 CANTU-DELBOSQUE & ASSOCIATES, P.C.	C
01	00436319	3,417.50	06/28/16	205028 LAW OFFICE OF ROBERT M. CAPELLO JR. P.C.	C
01	00436320	2,725.00	06/28/16	315532 CARLOS E. ORTEGON, P.C.	C
01	00436321	310.00	06/28/16	188921 DAVID E CAZARES P.C.	C
01	00436322	3,727.50	06/28/16	348147 EDNA ESCANAME CEDILLO	C
01	00436323	892.50	06/28/16	170127 CONNET, SALLY M.	C
01	00436324	2,697.50	06/28/16	222232 LAW OFFICE OF M. TERESA CORONADO	C
01	00436325	720.00	06/28/16	410896 DE LA FUENTE, ARTEMIO JR.	C
01	00436326	270.00	06/28/16	402761 DE OCHOA, SONIA	C
01	00436327	350.00	06/28/16	213837 DIAZ, MELINDA	C
01	00436328	680.00	06/28/16	208809 ESQUIVEL, ROEL	C
01	00436329	1,070.00	06/28/16	345571 FLORES, ALFONSO RICARDO	C
01	00436330	18,427.50	06/28/16	249378 OSCAR RENE FLORES, P.C.	C
01	00436331	1,682.50	06/28/16	365041 RENE A. FLORES	C
01	00436332	3,905.00	06/28/16	362964 FLORES, SYLVIA VEGA	C
01	00436333	3,380.00	06/28/16	294772 GALVAN, MONICA M.	C
01	00436334	442.50	06/28/16	217743 LAW OFFICE OF DALINDA B. GARCIA	C
01	00436335	3,225.00	06/28/16	241873 JAIME ROEL GARCIA	C
01	00436336	387.50	06/28/16	406864 GARZA GARCIA, PLLC	C
01	00436337	720.00	06/28/16	145882 ABEL GARZA ATTORNEY AT LAW	C
01	00436338	1,135.00	06/28/16	434183 GARZA, DORA ALICIA	C
01	00436339	3,152.50	06/28/16	425028 GARZA, FRANCISCO J.	C
01	00436340	205.00	06/28/16	395641 GARZA, JOSE M.	C
01	00436341	1,440.00	06/28/16	287989 LAW OFFICE OF MELINDA D. GARZA	C

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01	00436342	700.00	06/28/16	396621 GARZA, MICHAEL LEE	C
01	00436343	3,270.00	06/28/16	159298 GARZA, ROGELIO	C
01	00436344	1,025.00	06/28/16	252743 GARZA, ROLANDO	C
01	00436345	610.00	06/28/16	19062 GOMEZ, JOSE ANTONIO	C
01	00436346	545.00	06/28/16	181188 GONZALES, FRANCISCO E. JR.	C
01	00436347	400.00	06/28/16	411400 THE LAW OFFICE OF RICHARD D. GONZALES PC	C
01	00436348	3,410.00	06/28/16	385158 ARMANDO M. GUERRA & ASSOCIATES, PLLC	C
01	00436349	815.00	06/28/16	400785 GUERRA, JUAN FRANCISCO	C
01	00436350	2,255.00	06/28/16	199788 GUERRA, VICTORIA	C
01	00436351	1,065.00	06/28/16	417564 GUERRERO, JOSE ROBERTO	C
01	00436352	2,360.00	06/28/16	376442 GUTIERREZ, ROEL	C
01	00436353	3,565.00	06/28/16	360953 HERNANDEZ, HECTOR JR.	C
01	00436354	2,202.50	06/28/16	274046 HINOJOSA, ANNETTE C.	C
01	00436355	750.00	06/28/16	442364 HINOJOSA, ISMAEL HUGO	C
01	00436356	6,832.50	06/28/16	179094 JEANNE E. HOLMES, P.C.	C
01	00436357	800.00	06/28/16	378682 JARVIS LAW FIRM	C
01	00436358	150.00	06/28/16	426164 LAW OFFICE OF CHRIS SANCHEZ P.C.	C
01	00436359	1,240.00	06/28/16	123307 LAW OFFICE OF ELBA ROCHA, PLLC	C
01	00436360	7,440.00	06/28/16	92096 SEPULVEDA, ELOY	C
01	00436361	1,475.00	06/28/16	27359 LAW OFFICE OF OSCAR ALVAREZ	C
01	00436362	2,500.00	06/28/16	319309 LAW OFFICE OF TRACI LYNN EVANS	C
01	00436363	697.50	06/28/16	114383 LONGORIA, DANIEL Q.	C
01	00436364	700.00	06/28/16	353582 LOPEZ, TEODULO L. JR.	C
01	00436365	1,190.00	06/28/16	442135 LUNA, RUBEN J	C
01	00436366	600.00	06/28/16	428736 MALDONADO, ARNOLD ANDRE	C
01	00436367	205.00	06/28/16	396648 THE MANGI LAW OFFICE, P.C.	C
01	00436368	1,090.00	06/28/16	380725 MARROQUIN, ARMANDO JAMIL	C
01	00436369	650.00	06/28/16	307742 MARTINEZ, ARMANDO P.	C
01	00436370	905.00	06/28/16	444103 MARTINEZ, CONSUELITO	C
01	00436371	300.00	06/28/16	385174 MCGEE, DAVID LEE	C
01	00436372	600.00	06/28/16	354538 MEADOWS, SIDNEY	C
01	00436373	930.00	06/28/16	375462 MOLINA, EFRAIN JR.	C
01	00436374	2,057.50	06/28/16	159336 LAW OFFICE OF VERONICA MONCIVAIS	C
01	00436375	1,700.00	06/28/16	251127 LAW OFFICE OF MELISSA RIOS MONTES	C
01	00436376	350.00	06/28/16	265543 LAW OFFICE OF DANIEL MORA, III	C
01	00436377	3,035.00	06/28/16	107743 MORALES, ALFREDO JR.	C
01	00436378	550.00	06/28/16	226297 MORALES-MARTINEZ, NEREYDA	C
01	00436379	662.50	06/28/16	382647 MUNOZ, JORGE	C
01	00436380	2,630.00	06/28/16	253871 OSORIO, ALBERTO	C
01	00436381	2,652.50	06/28/16	425630 OZUNA, JOSE DANIEL	C
01	00436382	710.00	06/28/16	411167 PABLO GARZA III, P.C.	C
01	00436383	755.00	06/28/16	156434 PALACIOS, TORIBIO	C
01	00436384	600.00	06/28/16	428744 PALACIOS-LOVE LAW PLLC	C
01	00436385	205.00	06/28/16	143456 LAW OFFICE OF GEORGE PITCHFORD	C
01	00436386	1,535.00	06/28/16	325805 LAW OFFICE OF ROBERTO D. PUENTE	C
01	00436387	3,160.00	06/28/16	209783 RAMIREZ, CARMEN B.	C
01	00436388	1,000.00	06/28/16	291749 RAMIREZ, JOSE ALBINO	C
01	00436389	1,180.00	06/28/16	95982 RAMIREZ, MARIO	C
01	00436390	400.00	06/28/16	145246 LAW OFFICE OF RUBEN RAMIREZ	C
01	00436391	880.00	06/28/16	434450 REYES, RENE	C
01	00436392	817.50	06/28/16	360279 THE LAW OFFICE OF SAMUEL REYES	C
01	00436393	1,790.00	06/28/16	217026 REYNA, JOSE J.	C
01	00436394	350.00	06/28/16	98655 RICHARD GARZA, ATTORNEY AT LAW	C
01	00436395	2,085.00	06/28/16	297615 LAW OFFICE OF REGINA RICHARDSON	C
01	00436396	300.00	06/28/16	439797 RIGNEY, JOHN A.	C

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01	00436397	300.00	06/28/16	430897 ROCHA, BRITNY	C
01	00436398	815.00	06/28/16	255599 RODRIGUEZ, BERTHA ISABEL	C
01	00436399	1,510.00	06/28/16	256463 RODRIGUEZ, JOHN J.	C
01	00436400	400.00	06/28/16	173061 JULIAN RODRIGUEZ, JR. & ASSOCIATES, P.C.	C
01	00436401	1,035.00	06/28/16	248614 SAENZ, DAVID	C
01	00436402	645.00	06/28/16	353477 SAHADI, JAMES M.	C
01	00436403	600.00	06/28/16	433969 SALINAS, DEREK I	C
01	00436404	1,800.00	06/28/16	444138 SALINAS, JACOB LEE	C
01	00436405	1,830.00	06/28/16	311553 THE SANCHEZ LAW FIRM	C
01	00436406	667.50	06/28/16	212725 SOLIS, JAVIER E.	C
01	00436407	1,200.00	06/28/16	436607 SOLIS, JOSE ANTONIO	C
01	00436408	1,200.00	06/28/16	400335 SOLIS, ROGELIO	C
01	00436409	765.00	06/28/16	436542 LAW OFFICE OF CHRIS SULLY	C
01	00436410	1,740.00	06/28/16	349844 THE MANGI LAW OFFICE, P.C.	C
01	00436411	240.00	06/28/16	320102 LAW OFFICE OF LAURO B. TREJO III	C
01	00436412	500.00	06/28/16	222518 LAW OFFICE OF GREGORIO TREVINO	C
01	00436413	2,580.00	06/28/16	383678 THE VARGAS LAW FIRM	C
01	00436414	6,435.00	06/28/16	204927 VASQUEZ, LIBRADO KENO	C
01	00436415	470.00	06/28/16	326798 VILLALOBOS, JESUS	C
01	00436416	475.00	06/28/16	295973 LAW OFFICE OF LENNARD K WHITTAKER	C
01	00436417	5,035.85	06/28/16	357359 4IMPRINT, INC.	C
01	00436418	75.98	06/28/16	89885 ACTION HYDRAULIC HOSES, ETC.	C
01	00436419	2,143.60	06/28/16	401374 AIM MEDIA TEXAS OPERATING, LLC	C
01	00436420	132.00	06/28/16	1007 AIR-FLO FILTER CO.	C
01	00436421	12.96	06/28/16	369152 ALANIZ, DINA	C
01	00436422	945.82	06/28/16	322806 ALLIED FIRE PROTECTION SA, LP	C
01	00436423	2,199.40	06/28/16	322806 ALLIED FIRE PROTECTION SA, LP	C
01	00436424	99.95	06/28/16	230332 AMERICA HOSPITAL ASSOCIATION	C
01	00436425	675.00	06/28/16	444685 QUIROZ, ROBERTO	C
01	00436426	540.00	06/28/16	400700 AMERICAN SURVEILLANCE COMPANY, INC.	C
01	00436427	68.00	06/28/16	314927 AMIGO BOLT & SUPPLY	C
01	00436428	1,237.88	06/28/16	302465 ARGUINDEGUI OIL CO II LTD	C
01	00436429	67.29	06/28/16	328626 AT&T	C
01	00436430	271.60	06/28/16	328626 AT&T	C
01	00436431	6,431.93	06/28/16	328626 AT&T	C
01	00436432	16.60	06/28/16	151521 AT&T TELECONFERENCE SERVICES	C
01	00436433	899.97	06/28/16	278378 AT&T LONG DISTANCE	C
01	00436434	1,495.70	06/28/16	337412 AUTOZONE	C
01	00436435	240.00	06/28/16	385778 BIO-OPS, LLC.	C
01	00436436	444.58	06/28/16	4537 BURTON AUTO SUPPLY, INC	C
01	00436437	119.25	06/28/16	124346 C & S SAFETY SUPPLY	C
01	00436438	100.78	06/28/16	172219 CANO PRODUCE CO., INC.	C
01	00436439	184.77	06/28/16	179272 CANON FINANCIAL SERVICES INC.	C
01	00436440	190.08	06/28/16	443875 CARTER, ALMA	C
01	00436441	2,500.00	06/28/16	101575 CASTRO, DAVID M.	C
01	00436442	370.53	06/28/16	153915 CDW GOVERNMENT INC.	C
01	00436443	1,353.75	06/28/16	153915 CDW GOVERNMENT INC.	C
01	00436444	5,746.80	06/28/16	153915 CDW GOVERNMENT INC.	C
01	00436445	994.00	06/28/16	5762 CENTRAL PLUMBING & ELECTRIC SUPPLY CO.	C
01	00436446	750.00	06/28/16	444448 CISNEROS, RODOLFO	C
01	00436447	66,654.75	06/28/16	6513 CITY OF EDINBURG	C
01	00436448	17.87	06/28/16	6513 CITY OF EDINBURG	C
01	00436449	476.29	06/28/16	6696 CITY OF PHARR	C
01	00436450	1,280.00	06/28/16	426032 CMA ACCOUNTING AND CONSULTING, INC.	C
01	00436451	8,354.75	06/28/16	436410 COMMUNITY HEALTHCARE TRUST SERVICES, INC	C

Bank	Check No	Amount	Date	Vendor		Type
01	00436452	344.96	06/28/16	441180	CRAWFORD ELECTRIC SUPPLY CO., INC.	C
01	00436453	408.00	06/28/16	355372	CTC DISTRIBUTING, LTD	C
01	00436454	408.00	06/28/16	86525	DELTA SPECIALTIES SUPPLY	C
01	00436455	472.32	06/28/16	86525	DELTA SPECIALTIES SUPPLY	C
01	00436456	30,596.17	06/28/16	315354	DEPARTMENT OF INFORMATION RESOURCES	C
01	00436457	257.98	06/28/16	228389	DIRECTV	C
01	00436458	62.99	06/28/16	228389	DIRECTV	C
01	00436459	669.05	06/28/16	324493	DOGGETT HEAVY MACHINERY SERVICES	C
01	00436460	833.33	06/28/16	337994	DONNA HOOKS FLETCHER MUSEUM INC.	C
01	00436461	1,400.00	06/28/16	94986	ELISA G. SANCHEZ, M.D.	C
01	00436462	3,000.00	06/28/16	306703	ESRI	C
01	00436463	710.04	06/28/16	444863	ESPERICUETA, FERNANDO	C
01	00436464	34.79	06/28/16	297496	EWING IRRIGATION PRODUCTS INC.	C
01	00436465	136.14	06/28/16	11908	FEDEX	C
01	00436466	89.93	06/28/16	11908	FEDEX	C
01	00436467	64.98	06/28/16	332852	FERGUSON ENTERPRISES, INC #61	C
01	00436468	24.00	06/28/16	188158	FILTERS FIRST D/B/A AIR FILTER COMPANY	C
01	00436469	187.50	06/28/16	321826	G & K SERVICE INC.	C
01	00436470	2,760.46	06/28/16	77402	G.T. DISTRIBUTORS, INC.	C
01	00436471	35.10	06/28/16	378925	GARCIA, AMBER	C
01	00436472	34.56	06/28/16	192988	GARCIA, RAMIRO	C
01	00436473	16.20	06/28/16	434566	GARCIA, SHARON	C
01	00436474	11.88	06/28/16	376108	GARZA, DIANNA	C
01	00436475	71.50	06/28/16	444790	GARZA, RAQUEL	C
01	00436476	5,014.82	06/28/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
01	00436477	1,112.43	06/28/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
01	00436478	159.00	06/28/16	169242	GCR TIRES CENTERS	C
01	00436479	295.42	06/28/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436480	276.32	06/28/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436481	1,358.95	06/28/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436482	2,305.84	06/28/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436483	299.05	06/28/16	329851	GEMAIRE DISTRIBUTORS	C
01	00436484	724.00	06/28/16	232955	GIGATRON SOFTWARE CORPORATION	C
01	00436485	43.20	06/28/16	143782	GONZALEZ, JOSEFINA	C
01	00436486	581.70	06/28/16	444600	GRACE, MICHAEL	C
01	00436487	252.80	06/28/16	15253	GULF COAST PAPER CO.	C
01	00436488	179.00	06/28/16	15261	GULF DATA PRODUCTS	C
01	00436489	215.00	06/28/16	201367	H & H GOLF CARTS, INC.	C
01	00436490	648.80	06/28/16	337277	HD SUPPLY WATERWORKS LTD	C
01	00436491	300.00	06/28/16	444812	HERNANDEZ, CELIA	C
01	00436492	7.50	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436493	7.50	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436494	7.50	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436495	22.00	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436496	7.50	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436497	16.75	06/28/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436498	3,256.30	06/28/16	291374	HOME DEPOT CREDIT SERVICES	C
01	00436499	140.00	06/28/16	444804	HOOFNAGLE, GLORIA JEAN	C
01	00436500	184.29	06/28/16	405078	INDUSTRIAL DISTRIBUTION GROUP	C
01	00436501	242.46	06/28/16	245216	INSCO DISTRIBUTING, INC.	C
01	00436502	48,005.33	06/28/16	379093	INSIGHT PUBLIC SECTOR, INC.	C
01	00436503	7,000.00	06/28/16	207055	IVAN G. MELENDEZ, M.D.	C
01	00436504	32.19	06/28/16	254576	J.L. CAZARES, D.D.S. P.A.	C
01	00436505	104.45	06/28/16	262447	JOHNSON SUPPLY	C
01	00436506	621.92	06/28/16	253324	JOHNSTONE SUPPLY-PHARR	C

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01	00436507	172.82	06/28/16	253324 JOHNSTONE SUPPLY-PHARR	C
01	00436508	280.00	06/28/16	286508 LAB SERVICES, INC.	C
01	00436509	72.59	06/28/16	143731 LONE STAR OVERNIGHT	C
01	00436510	1.50	06/28/16	444839 LOPEZ, TERESA	C
01	00436511	318.38	06/28/16	22438 MAGIC VALLEY ELECTRIC CO-OP	C
01	00436512	415.80	06/28/16	22438 MAGIC VALLEY ELECTRIC CO-OP, INC.	C
01	00436513	25.88	06/28/16	22438 MAGIC VALLEY ELECTRIC CO-OP, INC.	C
01	00436514	73.99	06/28/16	22438 MAGIC VALLEY ELECTRIC CO-OP, INC.	C
01	00436515	10,349.50	06/28/16	203602 MCALLEN ISD FOOD SERVICE DEPARTMENT	C
01	00436516	52.41	06/28/16	23825 MCALLEN PUBLIC UTILITY	C
01	00436517	514.90	06/28/16	23825 MCALLEN PUBLIC UTILITY	C
01	00436518	493.44	06/28/16	23825 MCALLEN PUBLIC UTILITY	C
01	00436519	72.19	06/28/16	224529 MCCOY'S BUILDING SUPPLY	C
01	00436520	180.00	06/28/16	114154 MCM SPORTING GOODS, INC.	C
01	00436521	525.00	06/28/16	300675 MEMORIAL FUNERAL HOME	C
01	00436522	1,713.76	06/28/16	190454 MICHELIN NORTH AMERICA, INC.	C
01	00436523	1,289.26	06/28/16	251518 MIKE'S PLUMBING & ELECTRICAL, INC.	C
01	00436524	1,974.43	06/28/16	125334 MINGO'S CAR KLINIC & DETAILING	C
01	00436525	131.20	06/28/16	24996 MISSION AUTO ELECTRIC, INC.	C
01	00436526	847.90	06/28/16	275506 MOBILE RELAYS PARTNERS, LTD.	C
01	00436527	288.26	06/28/16	388467 MODEL LAUNDRY, LLC	C
01	00436528	1,855.75	06/28/16	312436 MORRISON SUPPLY COMPANY	C
01	00436529	292.00	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
01	00436530	96.00	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
01	00436531	214.00	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
01	00436532	30,000.00	06/28/16	286648 MUSEUM OF SOUTH TEXAS HISTORY	C
01	00436533	142.00	06/28/16	217433 NATIONAL NOTARY ASSOCIATION	C
01	00436534	921.64	06/28/16	441481 NATIONAL TIRE WHEEL & ACCESSORIES	C
01	00436535	467.80	06/28/16	153842 NICHO PRODUCE CO, INC	C
01	00436536	353.37	06/28/16	25895 NORTH ALAMO WATER SUPPLY CORP	C
01	00436537	141.47	06/28/16	25895 NORTH ALAMO WATER SUPPLY CORP	C
01	00436538	18.71	06/28/16	25895 NORTH ALAMO WATER SUPPLY CORP	C
01	00436539	918.24	06/28/16	221945 O'REILLY AUTOMOTIVE STORES, INC.	C
01	00436540	3,446.00	06/28/16	255165 O. E. INVESTMENTS, LTD	C
01	00436541	18.90	06/28/16	367796 OCHOA, ROSE MARY	C
01	00436542	176.37	06/28/16	312231 OFFICE DEPOT	C
01	00436543	133.91	06/28/16	347418 OMNICARE SAN ANTONIO	C
01	00436544	44,188.00	06/28/16	99953 PALM VALLEY ANIMAL CENTER	C
01	00436545	278.00	06/28/16	342408 PERDUE, BRANDON FIELDER, COLLINS & MOTT	C
01	00436546	15.12	06/28/16	431567 PEREZ, MARIA	C
01	00436547	864.00	06/28/16	332755 PRECISION DELTA CORP	C
01	00436548	323.40	06/28/16	231193 PROTECTION ONE ALARM MONITORING, INC.	C
01	00436549	85.92	06/28/16	91987 PUEBLO TIRES LTD	C
01	00436550	191.00	06/28/16	43192 R.E. FRIEDRICHS CO	C
01	00436551	948.00	06/28/16	43192 R.E. FRIEDRICHS CO	C
01	00436552	41.04	06/28/16	304719 REDDY ICE CORPORATION	C
01	00436553	723.42	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436554	1,260.21	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436555	755.40	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436556	458.92	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436557	175.85	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436558	428.28	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436559	144.36	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436560	19.17	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436561	37.45	06/28/16	277223 RELIANT, DEPT 0954	C

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01	00436562	9.32	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436563	36.99	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436564	75.58	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436565	25.18	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436566	36.99	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436567	137.91	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436568	1,157.41	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436569	16.08	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436570	111.07	06/28/16	277223 RELIANT, DEPT 0954	C
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01	00436575	718.86	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436576	1,708.94	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436577	1,017.22	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436578	946.25	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436579	906.05	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436580	73.94	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436581	36.70	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436582	36.70	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436583	18.34	06/28/16	277223 RELIANT, DEPT 0954	C
01	00436584	20.52	06/28/16	393339 REYES, LAURA PATRICIA	C
01	00436585	960.90	06/28/16	31003 RIO GRANDE PLUMBING SUPPLY INC.	C
01	00436586	17,500.00	06/28/16	364967 RIO SOUTH TEXAS ECONOMIC COUNCIL	C
01	00436587	632.11	06/28/16	31259 RISICA & SONS INC	C
01	00436588	30.00	06/28/16	442852 RODRIGUEZ, HERMELINDA	C
01	00436589	2,125.00	06/28/16	349127 ROY E. CAIN, PHD	C
01	00436590	6,000.00	06/28/16	415030 RT LAWRENCE CORPORATION	C
01	00436591	12.00	06/28/16	304131 SAENZ HARDWARE	C
01	00436592	463.60	06/28/16	376574 SAFARILAND, LLC	C
01	00436593	175.00	06/28/16	444820 SALINAS, FABIOLA	C
01	00436594	372.25	06/28/16	34274 SHERWIN WILLIAMS COMPANY	C
01	00436595	602.12	06/28/16	34274 SHERWIN WILLIAMS COMPANY	C
01	00436596	105.86	06/28/16	442267 SITEONE LANDSCAPE SUPPLY, LLC	C
01	00436597	105.86	06/28/16	442267 SITEONE LANDSCAPE SUPPLY, LLC	C
01	00436598	4,502.85	06/28/16	34797 SOUTH TEXAS COMMUNICATIONS, INC.	C
01	00436599	522.00	06/28/16	328804 SOUTHERN TIRE MART	C
01	00436600	12,630.26	06/28/16	210501 SPRINT	C
01	00436601	185.54	06/28/16	356689 STANLEY ACCESS TECH LLC	C
01	00436602	3,212.12	06/28/16	319449 STAPLES ADVANTAGE	C
01	00436603	8,447.22	06/28/16	319449 STAPLES ADVANTAGE	C
01	00436604	265.00	06/28/16	133655 SUPERIOR ALARMS	C
01	00436605	2.00	06/28/16	264474 TEXAS DEPARTMENT OF PUBLIC SAFETY	C
01	00436606	38.40	06/28/16	288888 TEXAS GAS SERVICE	C
01	00436607	2,700.00	06/28/16	226475 TEXAS WILDLIFE DAMAGE MANAGEMENT FUND	C
01	00436608	4,999.98	06/28/16	407585 THE MISSION HISTORICAL MUSEUM, INC.	C
01	00436609	317.00	06/28/16	258598 THE PRODUCTIVITY CENTER	C
01	00436610	2,600.00	06/28/16	237205 THYSSENKRUPP ELEVATOR CORPORATION	C
01	00436611	6,112.84	06/28/16	231924 TIME WARNER CABLE	C
01	00436612	206.09	06/28/16	231924 TIME WARNER CABLE	C
01	00436613	123.90	06/28/16	302007 TIRE CENTERS, LLC	C
01	00436614	62.90	06/28/16	302007 TIRE CENTERS, LLC	C
01	00436615	328.09	06/28/16	213934 TRANE U.S. INC.	C
01	00436616	349.65	06/28/16	213934 TRANE U.S. INC.	C

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01	00436617	3,279.99	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436618	1,130.39	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436619	2,460.44	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436620	2,106.52	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436621	215.48	06/28/16	36927 UNIFIRST HOLDINGS, INC	C
01	00436622	39.25	06/28/16	36927 UNIFIRST HOLDINGS, INC	C
01	00436623	7,312.36	06/28/16	217182 UPPER VALLEY MAIL SERVICES	C
01	00436624	1,800.00	06/28/16	262625 VAL VERDE MEMORIAL GARDENS	C
01	00436625	67.85	06/28/16	415898 VALDEZ, ANDREA ANNE	C
01	00436626	15,583.33	06/28/16	370789 VALLEY INITIATIVE FOR DEVELOPMENT &	C
01	00436627	1,173.00	06/28/16	332216 VALLEY METRO SECURITY LLC	C
01	00436628	769.77	06/28/16	40363 CED - SAN ANTONIO	C
01	00436629	43.20	06/28/16	422894 VARGAS, ALMA	C
01	00436630	92.02	06/28/16	251577 FRONTIER	C
01	00436631	366.46	06/28/16	287024 VERIZON WIRELESS	C
01	00436632	1,154.88	06/28/16	287024 VERIZON WIRELESS	C
01	00436633	8,325.94	06/28/16	287024 VERIZON WIRELESS	C
01	00436634	412.00	06/28/16	287024 VERIZON WIRELESS	C
01	00436635	37.99	06/28/16	287024 VERIZON WIRELESS	C
01	00436636	839.26	06/28/16	40991 GRAINGER	C
01	00436637	597.28	06/28/16	40991 GRAINGER	C
01	00436638	483.28	06/28/16	40991 W. W. GRAINGER INC.	C
01	00436639	73.10	06/28/16	179337 WASTE MANAGEMENT OF TEXAS, INC.	C
01	00436640	1,145.88	06/28/16	41289 WAUKESHA-PEARCE INDUSTRIES, INC.	C
01	00436641	2,983.00	06/28/16	41351 WESLACO GLASS CO.	C
01	00436642	1,960.23	06/28/16	42129 XEROX CORPORATION	C
01	00436643	540.00	07/06/16	277096 DIRT DEPOT & SUPPLIES, INC.	C
01	00436644	300.00	07/06/16	368954 LAW OFFICE OF DIANA FUENTES AGUILAR	C
01	00436645	1,510.00	07/06/16	23019 ALEXANDER, MARK	C
01	00436646	1,500.00	07/06/16	305464 ALVAREZ, JUAN R.	C
01	00436647	790.00	07/06/16	419397 ANAYA LAW FIRM PLLC	C
01	00436648	1,032.50	07/06/16	442070 BALLESTEROS, ALEJANDRO	C
01	00436649	1,217.50	07/06/16	299375 LAURA MARTINEZ BARBOSA	C
01	00436650	940.00	07/06/16	91456 LAW OFFICE OF MAURO BARREIRO	C
01	00436651	700.00	07/06/16	330752 CANALES, MELISA LARES	C
01	00436652	822.50	07/06/16	341746 CANTU, JUDITH ANN	C
01	00436653	910.00	07/06/16	367028 CANTU-DELBOSQUE & ASSOCIATES, P.C.	C
01	00436654	802.50	07/06/16	205028 LAW OFFICE OF ROBERT M. CAPELLO JR. P.C.	C
01	00436655	2,627.50	07/06/16	170127 CONNET, SALLY M.	C
01	00436656	2,290.00	07/06/16	222232 LAW OFFICE OF M. TERESA CORONADO	C
01	00436657	300.00	07/06/16	391948 LAW OFFICE OF MARLA CUELLAR	C
01	00436658	300.00	07/06/16	410896 DE LA FUENTE, ARTEMIO JR.	C
01	00436659	350.00	07/06/16	370428 DE LUNA, MARCO A.	C
01	00436660	600.00	07/06/16	402761 DE OCHOA, SONIA	C
01	00436661	700.00	07/06/16	322555 ESPINOSA, PILAR V.	C
01	00436662	1,000.00	07/06/16	345571 FLORES, ALFONSO RICARDO	C
01	00436663	300.00	07/06/16	30791 FLORES, RICARDO	C
01	00436664	757.50	07/06/16	427853 FLORES, ROBERT R.	C
01	00436665	300.00	07/06/16	362964 FLORES, SYLVIA VEGA	C
01	00436666	300.00	07/06/16	443921 GALVAN, AARON	C
01	00436667	910.00	07/06/16	241873 JAIME ROEL GARCIA	C
01	00436668	615.00	07/06/16	145882 GARZA, ABEL	C
01	00436669	350.00	07/06/16	371432 GARZA, AURELIO	C
01	00436670	1,182.50	07/06/16	287989 LAW OFFICE OF MELINDA D. GARZA	C
01	00436671	300.00	07/06/16	396621 GARZA, MICHAEL LEE	C

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01	00436672	540.00	07/06/16	159298 GARZA, ROGELIO	C
01	00436673	1,435.00	07/06/16	252743 GARZA, ROLANDO	C
01	00436674	820.00	07/06/16	19062 GOMEZ, JOSE ANTONIO	C
01	00436675	1,750.00	07/06/16	181188 GONZALES, FRANCISCO E. JR.	C
01	00436676	700.00	07/06/16	411400 THE LAW OFFICE OF RICHARD D. GONZALES PC	C
01	00436677	350.00	07/06/16	251607 LAW OFFICE OF NOEL GONZALEZ	C
01	00436678	300.00	07/06/16	385158 ARMANDO M. GUERRA & ASSOCIATES, PLLC	C
01	00436679	1,622.50	07/06/16	417564 GUERRERO, JOSE ROBERTO	C
01	00436680	1,850.00	07/06/16	317055 LAW OFFICE OF LILLY A GUTIERREZ	C
01	00436681	700.00	07/06/16	376442 GUTIERREZ, ROEL	C
01	00436682	350.00	07/06/16	350095 HERNANDEZ, AGUSTIN JR	C
01	00436683	650.00	07/06/16	427217 D.M. HERNANDEZ LAW FIRM, PLL	C
01	00436684	4,165.00	07/06/16	360953 HERNANDEZ, HECTOR JR.	C
01	00436685	650.00	07/06/16	179094 JEANNE E. HOLMES, P.C.	C
01	00436686	650.00	07/06/16	390232 LAW OFFICE OF CARLOS R. GALVAN	C
01	00436687	650.00	07/06/16	426164 LAW OFFICE OF CHRIS SANCHEZ P.C.	C
01	00436688	410.00	07/06/16	123307 LAW OFFICE OF ELBA ROCHA, PLLC	C
01	00436689	680.00	07/06/16	92096 SEPULVEDA, ELOY	C
01	00436690	270.00	07/06/16	27359 LAW OFFICE OF OSCAR ALVAREZ	C
01	00436691	350.00	07/06/16	319309 LAW OFFICE OF TRACI LYNN EVANS	C
01	00436692	705.00	07/06/16	114383 LONGORIA, DANIEL Q.	C
01	00436693	500.00	07/06/16	442135 LUNA, RUBEN J	C
01	00436694	350.00	07/06/16	396648 THE MANGI LAW OFFICE, P.C.	C
01	00436695	700.00	07/06/16	385174 MCGEE, DAVID LEE	C
01	00436696	750.00	07/06/16	282669 LAW OFFICE OF ROBERTO MEZA, JR.	C
01	00436697	3,395.00	07/06/16	251127 LAW OFFICE OF MELISSA RIOS MONTES	C
01	00436698	2,000.00	07/06/16	107743 MORALES, ALFREDO JR.	C
01	00436699	400.00	07/06/16	322652 MORALES, JAIME M.	C
01	00436700	600.00	07/06/16	382647 MUNOZ, JORGE	C
01	00436701	860.00	07/06/16	245364 NITSCH, PATRICK A.	C
01	00436702	545.00	07/06/16	234257 THE LAW OFFICE OF DAMIAN OROZCO	C
01	00436703	422.50	07/06/16	411167 PABLO GARZA III, P.C.	C
01	00436704	5,512.50	07/06/16	207748 PENA, FIDEL LUIS III	C
01	00436705	205.00	07/06/16	143456 LAW OFFICE OF GEORGE PITCHFORD	C
01	00436706	350.00	07/06/16	325805 LAW OFFICE OF ROBERTO D. PUENTE	C
01	00436707	2,642.50	07/06/16	209783 RAMIREZ, CARMEN B.	C
01	00436708	710.00	07/06/16	159328 RAMIREZ, LUIS R.	C
01	00436709	400.00	07/06/16	182273 REYES, DANIEL R.	C
01	00436710	580.00	07/06/16	434450 REYES, RENE	C
01	00436711	770.00	07/06/16	217026 REYNA, JOSE J.	C
01	00436712	2,462.50	07/06/16	98655 RICHARD GARZA, ATTORNEY AT LAW	C
01	00436713	2,085.00	07/06/16	297615 LAW OFFICE OF REGINA RICHARDSON	C
01	00436714	480.00	07/06/16	430897 ROCHA, BRITNY	C
01	00436715	700.00	07/06/16	353477 SAHADI, JAMES M.	C
01	00436716	300.00	07/06/16	433969 SALINAS, DEREK I	C
01	00436717	300.00	07/06/16	444138 SALINAS, JACOB LEE	C
01	00436718	1,320.00	07/06/16	204919 SALINAS, MARK ANTHONY	C
01	00436719	645.00	07/06/16	400335 SOLIS, ROGELIO	C
01	00436720	1,750.00	07/06/16	436542 LAW OFFICE OF CHRIS SULLY	C
01	00436721	290.00	07/06/16	204927 VASQUEZ, LIBRADO KENO	C
01	00436722	1,477.50	07/06/16	194905 LAW OFFICE OF JAVIER VILLALOBOS, P. C.	C
01	00436723	655.00	07/06/16	404381 WIESEHAN, ERIC	C
01	00436724	29.35	07/06/16	289299 HOME DEPOT	C
01	00436725	368.00	07/06/16	407852 LIFELOC TECHNOLOGIES, INC.	C
01	00436726	38.16	07/06/16	210463 HOLLON OIL CO D/B/A OIL CAN HARRY'S	C

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01	00436727	262.33	07/06/16	91987	PUEBLO TIRES LTD	C
01	00436728	5,123.50	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436729	4,833.44	07/06/16	237299	TDCJ-CASHIER'S OFFICE	C
01	00436730	510.04	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436731	433.84	07/06/16	90077	ALDERETTE, JULIAN G.	C
01	00436732	138.00	07/06/16	444057	ALMANZA, JONATHAN L.	C
01	00436733	177.00	07/06/16	304638	ALVAREZ, MELISSA	C
01	00436734	358.94	07/06/16	431524	ARELLANO, VELMA A.	C
01	00436735	468.79	07/06/16	99287	CAPSTAR AUSTIN PARTNERS LP	C
01	00436736	577.92	07/06/16	363561	GRAND HYATT SAN ANTONIO	C
01	00436737	577.91	07/06/16	363561	GRAND HYATT SAN ANTONIO	C
01	00436738	425.00	07/06/16	409472	LEITA HART-FANTA	C
01	00436739	672.75	07/06/16	223786	CAPITOL OF TEXAS INSURANCE GROUP, INC.	C
01	00436740	672.75	07/06/16	223786	CAPITOL OF TEXAS INSURANCE GROUP, INC.	C
01	00436741	960.25	07/06/16	223786	CAPITOL OF TEXAS INSURANCE GROUP, INC.	C
01	00436742	177.00	07/06/16	363804	RAMON, YVONNE	C
01	00436743	621.00	07/06/16	337234	RENAISSANCE AUSTIN HOTEL	C
01	00436744	621.00	07/06/16	337234	RENAISSANCE AUSTIN HOTEL	C
01	00436745	621.00	07/06/16	337234	RENAISSANCE AUSTIN HOTEL	C
01	00436746	621.00	07/06/16	337234	RENAISSANCE AUSTIN HOTEL	C
01	00436747	621.00	07/06/16	337234	RENAISSANCE AUSTIN HOTEL	C
01	00436748	177.00	07/06/16	387762	RENTERIA, BRENDA	C
01	00436749	556.90	07/06/16	336645	RESIDENCE INN	C
01	00436750	556.90	07/06/16	336645	RESIDENCE INN	C
01	00436751	420.30	07/06/16	336645	RESIDENCE INN	C
01	00436752	373.94	07/06/16	225843	ROBLEDO, DAHLIA	C
01	00436753	361.62	07/06/16	184381	SALAZAR, JESSIE	C
01	00436754	177.00	07/06/16	410063	SALINAS, HILDA ANN	C
01	00436755	373.94	07/06/16	404357	SILVA, GABRIELA MARIE S. DA	C
01	00436756	450.00	07/06/16	404357	SILVA, GABRIELA MARIE S. DA	C
01	00436757	177.00	07/06/16	401625	SOSA, MICHAEL	C
01	00436758	250.00	07/06/16	96385	TEXAS CENTER FOR THE JUDICIARY, INC.	C
01	00436759	450.00	07/06/16	217581	TEXAS COURT REPORTERS ASSOCIATION	C
01	00436760	325.00	07/06/16	217581	TEXAS COURT REPORTERS ASSOCIATION	C
01	00436761	450.00	07/06/16	217581	TEXAS COURT REPORTERS ASSOCIATION	C
01	00436762	325.00	07/06/16	217581	TEXAS COURT REPORTERS ASSOCIATION	C
01	00436763	310.50	07/06/16	439290	GVM TPS AUSTIN, LLC	C
01	00436764	4,986.71	07/06/16	315761	4M YOUTH SERVICES INC	C
01	00436765	527.17	07/06/16	444871	ACOSTA, DAVID	C
01	00436766	24.54	07/06/16	332674	ADVANCE STORES COMPANY, INC.	C
01	00436767	600.52	07/06/16	363588	AGUA SPECIAL UTILITY DISTRICT	C
01	00436768	800.16	07/06/16	401374	AIM MEDIA TEXAS OPERATING, LLC	C
01	00436769	540.00	07/06/16	400700	AMERICAN SURVEILLANCE COMPANY, INC.	C
01	00436770	100.00	07/06/16	199362	ANRIGE, INC.	C
01	00436771	656.12	07/06/16	302465	ARGUINDEGUI OIL CO II LTD	C
01	00436772	40.23	07/06/16	328626	AT&T	C
01	00436773	1,349.81	07/06/16	328626	AT&T	C
01	00436774	67.03	07/06/16	328626	AT&T	C
01	00436775	351.46	07/06/16	2666	ATLAS, HALL & RODRIGUEZ, L.L.P	C
01	00436776	7,850.00	07/06/16	342009	AUTOPSY SVCS & EXPERT TESTIMONY, PLLC	C
01	00436777	100.00	07/06/16	337412	AUTOZONE	C
01	00436778	1,168.04	07/06/16	102962	BANALES, J. MANUEL JUDGE	C
01	00436779	1,996.40	07/06/16	442119	BANKNOTE CORPORATION OF AMERICA, INC.	C
01	00436780	77.34	07/06/16	3816	BILL BUNTON AUTO SUPPLY & MACHINE INC.	C
01	00436781	75.74	07/06/16	4081	BORDERLAND HARDWARE OF MERCEDES, INC.	C

Bank	Check No	Amount	Date	Vendor		Type
01	00436782	405.16	07/06/16	4537	BURTON AUTO SUPPLY, INC	C
01	00436783	233.26	07/06/16	4537	BURTON AUTO SUPPLY, INC	C
01	00436784	40,000.00	07/06/16	189324	BURTON MCCUMBER & CORTEZ, LLP	C
01	00436785	5,700.00	07/06/16	323667	AMADOR R. RODRIGUEZ JUVENILE BOOTCAMP	C
01	00436786	27.83	07/06/16	172219	CANO PRODUCE CO., INC.	C
01	00436787	26.46	07/06/16	425761	CANTU, REYNALDO III	C
01	00436788	154.00	07/06/16	445002	CARDENAS, LAZARO	C
01	00436789	527.70	07/06/16	266353	CASIANO, GLORIA YANEZ	C
01	00436790	113.19	07/06/16	153915	CDW GOVERNMENT INC.	C
01	00436791	380.73	07/06/16	195332	CHIEF SUPPLY CORPORATION	C
01	00436792	28,175.59	07/06/16	6513	CITY OF EDINBURG	C
01	00436793	216.51	07/06/16	6637	CITY OF MISSION	C
01	00436794	2,407,788.18	07/06/16	6637	CITY OF MISSION	C
01	00436795	660.02	07/06/16	6696	CITY OF PHARR	C
01	00436796	389.31	07/06/16	76554	CITY OF SAN JUAN	C
01	00436797	181.87	07/06/16	169447	CITY OF WESLACO	C
01	00436798	675.15	07/06/16	373095	CONFIRMDELIVERY.COM, INC.	C
01	00436799	295.00	07/06/16	355372	CTC DISTRIBUTING, LTD	C
01	00436800	504.31	07/06/16	255742	CUMMINS-ALLISON CORPORATION	C
01	00436801	700.00	07/06/16	195294	DAVILA & ASSOCIATES, INC	C
01	00436802	22.70	07/06/16	367044	DE ALBA TORTILLA FACTORY & BAKERY	C
01	00436803	169.50	07/06/16	86525	DELTA SPECIALTIES SUPPLY	C
01	00436804	25.51	07/06/16	258385	DISH	C
01	00436805	176.20	07/06/16	227463	DORSEY, J. BONNER	C
01	00436806	866.50	07/06/16	326577	E.R. PAINT SHOP	C
01	00436807	2,028.35	07/06/16	275875	EAN HOLDINGS, LLC	C
01	00436808	270.00	07/06/16	227153	ECONOMY TIRES & WHEELS	C
01	00436809	13.20	07/06/16	248444	EL FENIX BAKERY	C
01	00436810	1,385.76	07/06/16	219541	ELECTION SYSTEMS & SOFTWARE, INC.	C
01	00436811	100.00	07/06/16	442828	EVERLY, JASON	C
01	00436812	278.40	07/06/16	216526	EVIDENT, INC.	C
01	00436813	9,960.00	07/06/16	436623	FAMILY FOCUS PSYCHOLOGICAL SERVICES, PLL	C
01	00436814	60.79	07/06/16	11908	FEDEX	C
01	00436815	5.55	07/06/16	11908	FEDEX	C
01	00436816	9.05	07/06/16	11908	FEDEX	C
01	00436817	469.36	07/06/16	99775	FLORES, ROMEO M. JUDGE	C
01	00436818	586.57	07/06/16	321826	G & K SERVICE INC.	C
01	00436819	89.70	07/06/16	321826	G & K SERVICE INC.	C
01	00436820	337.00	07/06/16	231266	G & S GLASS LLC	C
01	00436821	945.65	07/06/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
01	00436822	1,300.00	07/06/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
01	00436823	3,173.97	07/06/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436824	286.42	07/06/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
01	00436825	294.00	07/06/16	261335	GRAFIX SHOPPE	C
01	00436826	456.30	07/06/16	433136	GREGORY, ASHLEY	C
01	00436827	42.07	07/06/16	380423	GUERRA, JOSE EDUARDO	C
01	00436828	479.82	07/06/16	15253	GULF COAST PAPER CO.	C
01	00436829	2,716.00	07/06/16	15261	GULF DATA PRODUCTS	C
01	00436830	32.40	07/06/16	252468	HACIENDA FORD	C
01	00436831	130.12	07/06/16	252468	HACIENDA FORD	C
01	00436832	777.75	07/06/16	120626	HART INTERCIVIC, INC.	C
01	00436833	474,565.75	07/06/16	16306	HIDALGO COUNTY APPRAISAL DISTRICT	C
01	00436834	22.00	07/06/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436835	7.50	07/06/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436836	22.00	07/06/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C

Bank	Check No	Amount	Date	Vendor		Type
01	00436837	7.50	07/06/16	432644	HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
01	00436838	194.91	07/06/16	94366	BD HOLT CO	C
01	00436839	1,496.47	07/06/16	305545	HOME DEPOT CREDIT SERVICES	C
01	00436840	1,181.00	07/06/16	305545	THE HOME DEPOT	C
01	00436841	149.80	07/06/16	291374	HOME DEPOT CREDIT SERVICES	C
01	00436842	2,041.39	07/06/16	379247	HUTCHISON, JOHN A. III	C
01	00436843	300.00	07/06/16	265152	IDOCKET.COM	C
01	00436844	472.17	07/06/16	179442	IVAN'S AUTOMOTIVE	C
01	00436845	10,766.70	07/06/16	404578	KOFILE PRESERVATION, INC.	C
01	00436846	200.00	07/06/16	404403	L. V. MOBILE IMAGING, LLC	C
01	00436847	100.00	07/06/16	445029	LARA, MATHEW A.	C
01	00436848	155.00	07/06/16	237507	LEXISNEXIS RISK SOLUTIONS	C
01	00436849	825.00	07/06/16	404462	LOPEZ, CATALINA	C
01	00436850	122.23	07/06/16	349798	LOWE'S	C
01	00436851	518.88	07/06/16	22438	MAGIC VALLEY ELECTRIC CO-OP, INC.	C
01	00436852	3,300.00	07/06/16	152951	MARIN GARZA M.D.	C
01	00436853	159.76	07/06/16	23825	MCALLEN PUBLIC UTILITY	C
01	00436854	197.45	07/06/16	114154	MCM SPORTING GOODS, INC.	C
01	00436855	1,083.08	07/06/16	441686	MID VALLEY TRAILER REPAIR, INC.	C
01	00436856	203.97	07/06/16	275506	MOBILE RELAYS PARTNERS, LTD.	C
01	00436857	762.93	07/06/16	414492	MOUNTAIN GLACIER, LLC	C
01	00436858	27.00	07/06/16	414492	MOUNTAIN GLACIER, LLC	C
01	00436859	30.00	07/06/16	414492	MOUNTAIN GLACIER, LLC	C
01	00436860	8,350.00	07/06/16	346837	NETWORK SCIENCES, INC	C
01	00436861	381.86	07/06/16	25895	NORTH ALAMO WATER SUPPLY CORP	C
01	00436862	94.50	07/06/16	25895	NORTH ALAMO WATER SUPPLY CORP	C
01	00436863	497.66	07/06/16	221945	O'REILLY AUTO PARTS	C
01	00436864	492.33	07/06/16	221945	O'REILLY AUTOMOTIVE STORES, INC.	C
01	00436865	215.46	07/06/16	221945	O'REILLY AUTOMOTIVE STORES, INC.	C
01	00436866	2,684.79	07/06/16	221945	O'REILLY AUTOMOTIVE STORES, INC.	C
01	00436867	820.38	07/06/16	312231	OFFICE DEPOT	C
01	00436868	1,517.00	07/06/16	344478	PITNEY BOWES INC.	C
01	00436869	215.00	07/06/16	28894	POSTMASTER	C
01	00436870	240.00	07/06/16	28894	POSTMASTER	C
01	00436871	32.74	07/06/16	231193	PROTECTION 1 ALARM MONITORING INC.	C
01	00436872	52.42	07/06/16	91987	PUEBLO TIRES LTD	C
01	00436873	6,000.00	07/06/16	406538	MBTV TEXAS VALLEY LLC	C
01	00436874	7,725.00	07/06/16	29815	RAMIREZ, RAMIRO R. PHD.	C
01	00436875	286.30	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436876	12.85	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436877	11.07	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436878	759.74	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436879	654.09	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436880	11.30	07/06/16	277223	RELIANT, DEPT 0954	C
01	00436881	31,163.15	07/06/16	401854	REPUBLIC SERVICES, INC.	C
01	00436882	22,458.41	07/06/16	401854	REPUBLIC SERVICES, INC.	C
01	00436883	82.00	07/06/16	291463	RGV PIZZA HUT, LLC	C
01	00436884	906.21	07/06/16	311332	RIO GRANDE CONCRETE ACCESSORIES & SUPPLI	C
01	00436885	20.00	07/06/16	382663	RIVERA, EDUARDO J	C
01	00436886	449.41	07/06/16	269123	RUSH TRUCK CENTERS OF TEXAS, LP	C
01	00436887	37.50	07/06/16	304131	SAENZ HARDWARE	C
01	00436888	360.00	07/06/16	211109	SAFEGUARD UNIVERSAL LLC	C
01	00436889	27.04	07/06/16	171158	SANTA CRUZ IRRIGATION DIST. #15	C
01	00436890	3,499.38	07/06/16	356182	SMITH SYSTEM DRIVER IMPROVEMENT	C
01	00436891	18.50	07/06/16	34797	SOUTH TEXAS COMMUNICATIONS, INC.	C

Bank	Check No	Amount	Date	Vendor		Type
01	00436892	1,718.70	07/06/16	34797	SOUTH TEXAS COMMUNICATIONS, INC.	C
01	00436893	1,026.15	07/06/16	210501	SPRINT	C
01	00436894	11,922.46	07/06/16	319449	STAPLES ADVANTAGE	C
01	00436895	131.94	07/06/16	319449	STAPLES ADVANTAGE	C
01	00436896	3,626.46	07/06/16	319449	STAPLES ADVANTAGE	C
01	00436897	150.91	07/06/16	319449	STAPLES BUSINESS ADVANTAGE	C
01	00436898	52.50	07/06/16	218723	SUBWAY	C
01	00436899	170.00	07/06/16	133655	SUPERIOR ALARMS	C
01	00436900	60.00	07/06/16	244171	TDCAA	C
01	00436901	2.00	07/06/16	264474	TEXAS DEPARTMENT OF PUBLIC SAFETY	C
01	00436902	3,333.33	07/06/16	430668	ROBERT PENA JR.	C
01	00436903	1,832.00	07/06/16	369039	TEXAS LAND RECLAMATION LLC	C
01	00436904	18.00	07/06/16	158925	TEXAS MONTHLY	C
01	00436905	13.97	07/06/16	433063	THE PROGRESSIVE INC.	C
01	00436906	50.03	07/06/16	231924	TIME WARNER CABLE	C
01	00436907	103.45	07/06/16	231924	TIME WARNER CABLE	C
01	00436908	312.00	07/06/16	302007	TIRE CENTERS, LLC	C
01	00436909	32.60	07/06/16	329061	TORRES, NIDIA	C
01	00436910	172.80	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436911	2,729.93	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436912	1,436.65	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
01	00436913	86.37	07/06/16	36927	UNIFIRST HOLDINGS, INC	C
01	00436914	2,362.36	07/06/16	217182	UPPER VALLEY MAIL SERVICES	C
01	00436915	27.97	07/06/16	428094	URESTE, JOANNE	C
01	00436916	339.12	07/06/16	415898	VALDEZ, ANDREA ANNE	C
01	00436917	1,173.00	07/06/16	332216	VALLEY METRO SECURITY LLC	C
01	00436918	63.36	07/06/16	40363	CED - SAN ANTONIO	C
01	00436919	216.36	07/06/16	251577	FRONTIER	C
01	00436920	189.95	07/06/16	287024	VERIZON WIRELESS	C
01	00436921	466.11	07/06/16	287024	VERIZON WIRELESS	C
01	00436922	233.73	07/06/16	287024	VERIZON WIRELESS	C
01	00436923	807.58	07/06/16	40991	GRAINGER	C
01	00436924	73.42	07/06/16	179337	WASTE MANAGEMENT OF TEXAS, INC.	C
01	00436925	26,459.00	07/06/16	257559	WASTEQUIP MANUFACTURING COMPANY LLC	C
01	00436926	826.16	07/06/16	42129	XEROX CORPORATION	C
Total Bank No 01		**3,966,263.95**				
02	00412927	88.56	06/28/16	229962	AGUAYO, BLANCA	C
02	00412928	144.18	06/28/16	400718	ALFARO, MARIA TERESA	C
02	00412929	97.50	06/28/16	280437	JESSE GARCIA JR.	C
02	00412930	550.00	06/28/16	183911	AMERICAN PROBATION & PAROLE ASSOCIATION	C
02	00412931	180.00	06/28/16	400700	AMERICAN SURVEILLANCE COMPANY, INC.	C
02	00412932	2,125.00	06/28/16	250384	ANTONIO WONG M.D. & ASSOCIATES	C
02	00412933	1,700.00	06/28/16	250384	ANTONIO WONG M.D. & ASSOCIATES	C
02	00412934	340.20	06/28/16	237426	ARISPE, MARISSA M.	C
02	00412935	682.99	06/28/16	363502	ARREDONDO, ALIFONSO III	C
02	00412936	154.78	06/28/16	328626	AT&T	C
02	00412937	833.11	06/28/16	328626	AT&T	C
02	00412938	520.00	06/28/16	385778	BIO-OPS, LLC.	C
02	00412939	207.75	06/28/16	4561	BUSTER LIND PRODUCE	C
02	00412940	378.45	06/28/16	4561	BUSTER LIND PRODUCE	C
02	00412941	309.42	06/28/16	222054	CABRERA, FERNANDO	C
02	00412942	191.44	06/28/16	172219	CANO PRODUCE CO., INC.	C
02	00412943	427.80	06/28/16	172219	CANO PRODUCE CO., INC.	C
02	00412944	709.42	06/28/16	179272	CANON FINANCIAL SERVICES INC.	C

Bank	Check No	Amount	Date	Vendor	Type
02	00412945	33.48	06/28/16	212873 CARRANZA, ALICE	C
02	00412946	6,296.25	06/28/16	153915 CDW GOVERNMENT INC.	C
02	00412947	1,114.62	06/28/16	153915 CDW GOVERNMENT INC.	C
02	00412948	42.66	06/28/16	281131 CENTENO, ROSA I.	C
02	00412949	417.96	06/28/16	257192 CERVANTES, SARAH	C
02	00412950	171.81	06/28/16	161128 CITY OF ALAMO	C
02	00412951	65.47	06/28/16	6696 CITY OF PHARR	C
02	00412952	253.72	06/28/16	353256 CITY OF ROMA	C
02	00412953	899.58	06/28/16	169447 CITY OF WESLACO	C
02	00412954	50.31	06/28/16	169447 CITY OF WESLACO	C
02	00412955	125.00	06/28/16	255785 CLINICAL PATHOLOGY LABS, INC.	C
02	00412956	96.12	06/28/16	425087 CONTRERAS, ALICIA	C
02	00412957	392.53	06/28/16	338745 CORREA, LUIS	C
02	00412958	35.64	06/28/16	428299 DE HOYOS, ALVIN ALEJANDRO	C
02	00412959	29.70	06/28/16	442054 DE LA FUENTE, JESSICA	C
02	00412960	30.24	06/28/16	366382 DEL BOSQUE, ESTEBAN	C
02	00412961	1,267.88	06/28/16	258385 DISH	C
02	00412962	47.06	06/28/16	275875 EAN HOLDINGS, LLC	C
02	00412963	235.94	06/28/16	275875 EAN HOLDINGS, LLC	C
02	00412964	320.32	06/28/16	336459 EARTHGRAINS BAKING CO'S INC.	C
02	00412965	999.00	06/28/16	362557 EDINBURG EMERGENCY MEDICINE ASSOCIATES,	C
02	00412966	118.26	06/28/16	381365 ESPINOSA, RUBEN	C
02	00412967	98.75	06/28/16	322709 EXQUISITA DISTRIBUTORS, L.P.	C
02	00412968	8,648.66	06/28/16	367346 FLEET SAFETY EQUIPMENT, INC.	C
02	00412969	14,366.90	06/28/16	367346 FLEET SAFETY EQUIPMENT, INC.	C
02	00412970	113.94	06/28/16	419575 FLORES, MARK ANTHONY	C
02	00412971	38.50	06/28/16	438545 FORT BEND COUNTY TOLL ROAD AUTHORITY	C
02	00412972	348.84	06/28/16	349887 GARCIA, ANGELICA	C
02	00412973	60.48	06/28/16	272922 GARCIA, JOSE GUADALUPE	C
02	00412974	117.72	06/28/16	313157 GARCIA, NORMA A.	C
02	00412975	148.50	06/28/16	281158 GARCIA, REFUGIO III	C
02	00412976	13.50	06/28/16	398721 GARZA, YESICA	C
02	00412977	388.42	06/28/16	211567 GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
02	00412978	3,780.00	06/28/16	359211 GONZALEZ, AMANDO O.	C
02	00412979	87.08	06/28/16	198633 GONZALEZ, NORMA	C
02	00412980	54.57	06/28/16	14788 GOODYEAR AUTO SERVICE CENTER	C
02	00412981	18.36	06/28/16	437964 GUERRERO, AMANDA M.	C
02	00412982	17.82	06/28/16	371378 HERNANDEZ, MARICELA	C
02	00412983	362.84	06/28/16	270962 HIDALGO COUNTY CSCD	C
02	00412984	112.20	06/28/16	422770 JULCAR LLC	C
02	00412985	439.56	06/28/16	366323 KELLOGG, ANITA E.	C
02	00412986	118.80	06/28/16	421979 KELLOGG, DALILA	C
02	00412987	6,040.00	06/28/16	361321 KELLY, BLANCHE	C
02	00412988	438.00	06/28/16	20303 KNAPP MEDICAL CENTER	C
02	00412989	227.88	06/28/16	334723 LANDEZ, MARTIN	C
02	00412990	210.60	06/28/16	258881 LIMAS, ALBERTO Z.	C
02	00412991	11.34	06/28/16	333557 LOPEZ, SANDRA	C
02	00412992	10.26	06/28/16	444995 MAGANA, CLARISSA	C
02	00412993	25.38	06/28/16	422991 MENDEZ, DANILLA	C
02	00412994	33.48	06/28/16	404500 MICHELS, LINDA	C
02	00412995	928.50	06/28/16	24996 MISSION AUTO ELECTRIC, INC.	C
02	00412996	22.68	06/28/16	367427 MORADO, MARTHA ELENA	C
02	00412997	224.45	06/28/16	153842 NICHO PRODUCE CO, INC	C
02	00412998	380.29	06/28/16	296597 OLIVAREZ, EDUARDO	C
02	00412999	444.23	06/28/16	388017 PATRICK, ARNOLD K.	C

Bank	Check No	Amount	Date	Vendor	Type
02	00413000	36.00	06/28/16	383252 PEACHTREE EDUCATION INC.	C
02	00413001	109.08	06/28/16	381608 PINA, OMAR	C
02	00413002	144.72	06/28/16	390356 PRUITT-ORR, SHELIA ANN	C
02	00413003	37.91	06/28/16	126152 RAMIREZ, MARIO E. JR. JUDGE	C
02	00413004	425.63	06/28/16	277223 RELIANT, DEPT 0954	C
02	00413005	90.00	06/28/16	235571 REYNA, ROSE GUERRA	C
02	00413006	147.00	06/28/16	364576 RODRIGUEZ, VICTORIA	C
02	00413007	474.89	06/28/16	442933 SAENZ, VIRIDIANA	C
02	00413008	58.32	06/28/16	415200 SANCHEZ, GREGORIO	C
02	00413009	158.33	06/28/16	338907 SILVA, JOHN A	C
02	00413010	69.12	06/28/16	420360 SMITH, ROXANNE	C
02	00413011	2,149.30	06/28/16	129763 SOUTHERN FOODS GROUP, LLC	C
02	00413012	1,729.35	06/28/16	319449 STAPLES BUSINESS ADVANTAGE	C
02	00413013	169.70	06/28/16	319449 STAPLES BUSINESS ADVANTAGE	C
02	00413014	1,799.50	06/28/16	319449 STAPLES BUSINESS ADVANTAGE	C
02	00413015	838.23	06/28/16	319449 STAPLES BUSINESS ADVANTAGE	C
02	00413016	4,465.15	06/28/16	114243 SYSCO INC.	C
02	00413017	60.00	06/28/16	95907 TEXAS ASSOCIATION OF LOCAL WIC DIRECTORS	C
02	00413018	60.00	06/28/16	95907 TEXAS ASSOCIATION OF LOCAL WIC DIRECTORS	C
02	00413019	2,312.70	06/28/16	231924 TIME WARNER CABLE	C
02	00413020	563.88	06/28/16	263494 TORRES, FELIPA	C
02	00413021	1,500.00	06/28/16	430625 TREVINO, CHARLES E.	C
02	00413022	2,000.00	06/28/16	430625 TREVINO, CHARLES E.	C
02	00413023	1,170.82	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
02	00413024	575.41	06/28/16	251577 FRONTIER	C
02	00413025	352.97	06/28/16	287024 VERIZON WIRELESS	C
02	00413026	19.98	06/28/16	255017 VILLANUEVA, JOEL	C
02	00413027	429.24	06/28/16	40991 GRAINGER	C
02	00413028	100,467.00	06/28/16	407810 SAENZ BROTHERS CONSTRUCTION	C
02	00413029	42,742.00	06/28/16	184012 SOUTHWEST KEY PROGRAMS, INC.	C
02	00413030	1,145.98	06/28/16	343277 CITIBANK	C
02	00413031	1,190.00	06/28/16	291978 THE UNIVERSITY OF TEXAS RIO GRANDE VALLE	C
02	00413032	1,172.80	06/28/16	366307 ACT PIPE & SUPPLY, INC.	C
02	00413033	867.44	06/28/16	401374 AIM MEDIA TEXAS OPERATING, LLC	C
02	00413034	11,937.88	06/28/16	302465 ARGUINDEGUI OIL CO II LTD	C
02	00413035	193.65	06/28/16	328626 AT&T	C
02	00413036	2,166.12	06/28/16	328626 AT&T	C
02	00413037	4,422.94	06/28/16	366501 AT&T MOBILITY	C
02	00413038	499.51	06/28/16	3778 BEVERLY'S HARDWARE	C
02	00413039	54.39	06/28/16	3816 BILL BUNTON AUTO SUPPLY & MACHINE INC.	C
02	00413040	83.00	06/28/16	365432 BOGLE, RICK & ANNETTE	C
02	00413041	217.76	06/28/16	248894 BRIGGS EQUIPMENT	C
02	00413042	1,179.53	06/28/16	4537 BURTON AUTO SUPPLY, INC	C
02	00413043	6,261.56	06/28/16	315354 DEPARTMENT OF INFORMATION RESOURCES	C
02	00413044	3,242.68	06/28/16	324493 DOGGETT HEAVY MACHINERY SERVICES	C
02	00413045	3,619.54	06/28/16	324493 DOGGETT HEAVY MACHINERY SERVICES LLC	C
02	00413046	3,633.12	06/28/16	125717 FRONTERA MATERIALS, INC.	C
02	00413047	28.00	06/28/16	219061 GARZA, MARIVEL R.	C
02	00413048	293.86	06/28/16	337277 HD SUPPLY WATERWORKS LTD	C
02	00413049	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413050	22.00	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413051	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413052	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413053	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413054	22.00	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C

Bank	Check No	Amount	Date	Vendor	Type
02	00413055	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413056	22.00	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413057	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413058	7.50	06/28/16	432644 HIDALGO COUNTY TAX ASSESSOR-COLLECTOR	C
02	00413059	1,816.55	06/28/16	94366 BD HOLT CO	C
02	00413060	3,278.45	06/28/16	94366 BD HOLT CO	C
02	00413061	6.96	06/28/16	289299 HOME DEPOT CREDIT SERVICES	C
02	00413062	5,143.04	06/28/16	405078 INDUSTRIAL DISTRIBUTION GROUP	C
02	00413063	220.38	06/28/16	179442 IVAN'S AUTOMOTIVE	C
02	00413064	448.80	06/28/16	179442 IVAN'S AUTOMOTIVE	C
02	00413065	84.50	06/28/16	21067 LEGAL DIRECTORIES PUB. CO., INC.	C
02	00413066	893.04	06/28/16	205826 MCCOY'S BUILDING SUPPLY	C
02	00413067	9.50	06/28/16	24996 MISSION AUTO ELECTRIC, INC.	C
02	00413068	260.00	06/28/16	272736 MOBILE MINI I, INC.	C
02	00413069	1,491.74	06/28/16	275506 MOBILE RELAYS PARTNERS, LTD.	C
02	00413070	383.80	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
02	00413071	3.00	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
02	00413072	305.25	06/28/16	3166 NEUHAUS & COMPANY LTD	C
02	00413073	765.20	06/28/16	25895 NORTH ALAMO WATER SUPPLY CORP	C
02	00413074	130.00	06/28/16	165778 JMP INTERESTS LTD	C
02	00413075	1,773.96	06/28/16	221945 O'REILLY AUTOMOTIVE STORES, INC.	C
02	00413076	113.51	06/28/16	312231 OFFICE DEPOT	C
02	00413077	64.00	06/28/16	444561 PSI SERVICES LLC	C
02	00413078	64.00	06/28/16	444561 PSI SERVICES LLC	C
02	00413079	64.00	06/28/16	444561 PSI SERVICES LLC	C
02	00413080	776.44	06/28/16	277223 RELIANT, DEPT 0954	C
02	00413081	110.00	06/28/16	174343 REYES TARPS & TENTS	C
02	00413082	69.15	06/28/16	216607 RIO HYDRAULIC, LLC	C
02	00413083	221.45	06/28/16	283797 ROMCO EQUIPMENT CO.	C
02	00413084	743.03	06/28/16	42951 SOUTH TEXAS SUPPLY	C
02	00413085	706.42	06/28/16	319449 STAPLES ADVANTAGE	C
02	00413086	720.13	06/28/16	319449 STAPLES BUSINESS ADVANTAGE	C
02	00413087	1,500.00	06/28/16	441066 SUITEBRIAR, INC.	C
02	00413088	264.61	06/28/16	285927 THOMSON WEST	C
02	00413089	500.00	06/28/16	430625 TREVINO, CHARLES E.	C
02	00413090	2,500.00	06/28/16	430625 TREVINO, CHARLES E.	C
02	00413091	2,925.00	06/28/16	406465 UNITED STATES MARSHALS SERVICE	C
02	00413092	61.86	06/28/16	36927 UNIFIRST HOLDINGS, INC	C
02	00413093	275.50	06/28/16	251577 FRONTIER	C
02	00413094	1,716.67	06/28/16	287024 VERIZON WIRELESS	C
02	00413095	350.00	06/28/16	220833 WINDSHIELDS XPRESS	C
02	00413096	96,657.00	07/06/16	125717 FRONTERA MATERIALS, INC.	C
02	00413097	4,657.50	07/06/16	27987 PAVEMENT MARKINGS INC.	C
02	00413098	2,248.00	07/06/16	154024 QUINTANILLA, HEADLEY AND ASSOCIATES, INC	C
02	00413099	907.28	07/06/16	401374 AIM MEDIA TEXAS OPERATING, LLC	C
02	00413100	32.76	07/06/16	328626 AT&T	C
02	00413101	1,006.94	07/06/16	328626 AT&T	C
02	00413102	4,800.00	07/06/16	296945 BARBOZA, MIGUEL JR	C
02	00413103	5,040.00	07/06/16	399728 BIC DEVELOPMENT CORP.	C
02	00413104	402.80	07/06/16	445037 BIMBO BAKERIES USA, INC.	C
02	00413105	76.95	07/06/16	402559 BORDEN DAIRY COMPANY	C
02	00413106	1,556.10	07/06/16	4561 BUSTER LIND PRODUCE	C
02	00413107	182.30	07/06/16	172219 CANO PRODUCE CO., INC.	C
02	00413108	807.52	07/06/16	179272 CANON FINANCIAL SERVICES INC.	C
02	00413109	2,540.63	07/06/16	153915 CDW GOVERNMENT INC.	C

Bank	Check No	Amount	Date	Vendor		Type
02	00413110	181.36	07/06/16	134686	CITY OF MERCEDES	C
02	00413111	62.47	07/06/16	6696	CITY OF PHARR	C
02	00413112	3,967.19	07/06/16	403954	COLORADO BOXED BEEF CO.	C
02	00413113	1,391.98	07/06/16	258385	DISH	C
02	00413114	2,550.00	07/06/16	201065	DR. RALPH H. JACKSON	C
02	00413115	900.00	07/06/16	275875	EAN HOLDINGS, LLC	C
02	00413116	41.11	07/06/16	275875	EAN HOLDINGS, LLC	C
02	00413117	197.50	07/06/16	322709	EXQUISITA DISTRIBUTORS, L.P.	C
02	00413118	1,160.13	07/06/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
02	00413119	10,927.70	07/06/16	267066	GBB RENTALS	C
02	00413120	600.00	07/06/16	432580	GOVERLAN, INC.	C
02	00413121	645.40	07/06/16	15253	GULF COAST PAPER CO.	C
02	00413122	1,389.21	07/06/16	289299	HOME DEPOT CREDIT SERVICES	C
02	00413123	2,800.60	07/06/16	422770	JULCAR LLC	C
02	00413124	4,251.55	07/06/16	19941	KALIFA'S WESTERN WEAR, INC.	C
02	00413125	1,940.32	07/06/16	119784	LABATT FOOD SERVICE	C
02	00413126	243.26	07/06/16	407852	LIFELOC TECHNOLOGIES, INC.	C
02	00413127	110.16	07/06/16	388637	LOZANO, JO ANN	C
02	00413128	246.24	07/06/16	343471	MARMOLEJO, JOSE	C
02	00413129	158.22	07/06/16	364185	MARTINEZ, HECTOR	C
02	00413130	573.25	07/06/16	153842	NICHO PRODUCE CO, INC	C
02	00413131	486.97	07/06/16	312231	OFFICE DEPOT	C
02	00413132	159.56	07/06/16	210463	HOLLON OIL CO D/B/A OIL CAN HARRY'S	C
02	00413133	44.82	07/06/16	381608	PINA, OMAR	C
02	00413134	794.92	07/06/16	91987	PUEBLO TIRES LTD	C
02	00413135	2,311.40	07/06/16	424927	RAMIREZ, JOSE I.	C
02	00413136	62.10	07/06/16	441830	RAMIREZ, VICENTE HUMBERTO	C
02	00413137	162.50	07/06/16	444898	RECOGNITION SERVICES	C
02	00413138	4,246.50	07/06/16	384151	REDWOOD TOXICOLOGY LABORATORY INC.	C
02	00413139	972.91	07/06/16	371807	REGION 1 REPAIR, LLC	C
02	00413140	343.20	07/06/16	277223	RELIANT, DEPT 0954	C
02	00413141	4,975.00	07/06/16	439177	RREAL, LLC	C
02	00413142	10.80	07/06/16	246425	SAENZ, SUZANA RAMOS	C
02	00413143	4,927.60	07/06/16	190845	SALINAS, LAURA	C
02	00413144	179.82	07/06/16	354775	SOLIS, MARIA DEL JESUS	C
02	00413145	168.00	07/06/16	401269	SOUTH TEXAS INTERPRETERS FOR	C
02	00413146	605.00	07/06/16	129763	SOUTHERN FOODS GROUP, LLC	C
02	00413147	6,187.50	07/06/16	397806	SPI VENTURES, LLP	C
02	00413148	390.15	07/06/16	319449	STAPLES BUSINESS ADVANTAGE	C
02	00413149	216.51	07/06/16	319449	STAPLES BUSINESS ADVANTAGE	C
02	00413150	160.00	07/06/16	133655	SUPERIOR ALARMS	C
02	00413151	3,988.60	07/06/16	114243	SYSCO INC.	C
02	00413152	4,788.14	07/06/16	114243	SYSCO INC.	C
02	00413153	102.72	07/06/16	260363	T-MOBILE	C
02	00413154	8,557.21	07/06/16	237299	TDCJ-CASHIER'S OFFICE	C
02	00413155	200.00	07/06/16	397725	TEXAS JUVENILE JUSTICE DEPARTMENT	C
02	00413156	1,116.00	07/06/16	214272	TRAVEL ADVISORS INT.	C
02	00413157	1,353.16	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
02	00413158	479.64	07/06/16	230537	ULINE, INC.	C
02	00413159	102.06	07/06/16	253243	VALENCIA, JOSE RENE	C
02	00413160	163.42	07/06/16	251577	FRONTIER	C
02	00413161	842.16	07/06/16	251577	FRONTIER	C
02	00413162	206.00	07/06/16	251577	FRONTIER	C
02	00413163	415.65	07/06/16	251577	FRONTIER	C
02	00413164	105.30	07/06/16	328553	YZAGUIRRE, RINA	C

Bank	Check No	Amount	Date	Vendor		Type
02	00413165	275.00	07/06/16	57215	SHERIFF'S ASSOCIATION OF TEXAS	C
02	00413166	325.00	07/06/16	217581	TEXAS COURT REPORTERS ASSOCIATION	C
02	00413167	350.00	07/06/16	198412	ACE COURT REPORTING SERVICE & DIGITAL	C
02	00413168	195.26	07/06/16	89885	ACTION HYDRAULIC HOSES, ETC.	C
02	00413169	139.77	07/06/16	332674	ADVANCE STORES COMPANY, INC.	C
02	00413170	155.00	07/06/16	314927	AMIGO BOLT & SUPPLY	C
02	00413171	4,230.18	07/06/16	302465	ARGUINDEGUI OIL CO II LTD	C
02	00413172	211.56	07/06/16	328626	AT&T	C
02	00413173	69.77	07/06/16	337412	AUTOZONE	C
02	00413174	55.23	07/06/16	3816	BILL BUNTON AUTO SUPPLY & MACHINE INC.	C
02	00413175	936.94	07/06/16	4537	BURTON AUTO SUPPLY, INC	C
02	00413176	43.10	07/06/16	4537	BURTON AUTO SUPPLY, INC.	C
02	00413177	380.61	07/06/16	153915	CDW GOVERNMENT INC.	C
02	00413178	1,555.99	07/06/16	153915	CDW GOVERNMENT INC.	C
02	00413179	681.92	07/06/16	343277	CITIBANK	C
02	00413180	2,042.69	07/06/16	443034	TRAFFIC DATA INC.	C
02	00413181	40.95	07/06/16	270563	CPL BUSINESS	C
02	00413182	27,260.00	07/06/16	355372	CTC DISTRIBUTING, LTD	C
02	00413183	786.44	07/06/16	86525	DELTA SPECIALTIES SUPPLY	C
02	00413184	235.91	07/06/16	324493	DOGGETT HEAVY MACHINERY SERVICES	C
02	00413185	85.00	07/06/16	227153	ECONOMY TIRES & WHEELS	C
02	00413186	175.00	07/06/16	227153	ECONOMY TIRES & WHEELS	C
02	00413187	59.77	07/06/16	297496	EWING IRRIGATION PRODUCTS INC.	C
02	00413188	900.00	07/06/16	110736	FLORES, ADELAIDO JR.	C
02	00413189	7,172.46	07/06/16	125717	FRONTERA MATERIALS, INC.	C
02	00413190	360.92	07/06/16	321826	G & K SERVICE INC.	C
02	00413191	150.00	07/06/16	231266	G & S GLASS LLC	C
02	00413192	677.74	07/06/16	77402	G.T. DISTRIBUTORS, INC.	C
02	00413193	1,438.46	07/06/16	13897	GATEWAY PRINTING & OFFICE SUPPLY, INC.	C
02	00413194	548.74	07/06/16	211567	GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
02	00413195	843.62	07/06/16	15253	GULF COAST PAPER CO.	C
02	00413196	404.80	07/06/16	15261	GULF DATA PRODUCTS	C
02	00413197	1,334.92	07/06/16	242101	H & V EQUIPMENT SERVICES INC.	C
02	00413198	1,416.87	07/06/16	94366	BD HOLT CO	C
02	00413199	809.92	07/06/16	289299	HOME DEPOT CREDIT SERVICES	C
02	00413200	1,809.00	07/06/16	305545	THE HOME DEPOT	C
02	00413201	98.63	07/06/16	405078	INDUSTRIAL DISTRIBUTION GROUP	C
02	00413202	339.59	07/06/16	179442	KEITH WEAVER, III	C
02	00413203	235.00	07/06/16	367818	JONES, VERONICA M. CSR	C
02	00413204	491.88	07/06/16	289825	LAW ENFORCEMENT TARGETS	C
02	00413205	738.49	07/06/16	22438	MAGIC VALLEY ELECTRIC CO-OP, INC.	C
02	00413206	470.16	07/06/16	22438	MAGIC VALLEY ELECTRIC CO-OP, INC.	C
02	00413207	650.00	07/06/16	333077	MASTER TRANSMISSIONS	C
02	00413208	16.74	07/06/16	291285	MATHESON TRI-GAS INC.	C
02	00413209	935.46	07/06/16	205826	MCCOY'S BUILDING SUPPLY	C
02	00413210	108.70	07/06/16	399086	MELEC ENTERPRISES, LLC	C
02	00413211	532.00	07/06/16	24996	MISSION AUTO ELECTRIC, INC.	C
02	00413212	405.00	07/06/16	272736	MOBILE MINI, INC.	C
02	00413213	970.89	07/06/16	275506	MOBILE RELAYS PARTNERS, LTD.	C
02	00413214	205.00	07/06/16	414492	MOUNTAIN GLACIER, LLC	C
02	00413215	5.00	07/06/16	414492	MOUNTAIN GLACIER, LLC	C
02	00413216	75.90	07/06/16	220574	MR. G PROPANE, INC.	C
02	00413217	69.00	07/06/16	220574	MR. G PROPANE, INC.	C
02	00413218	471.73	07/06/16	3166	NEUHAUS & COMPANY LTD	C
02	00413219	1,378.20	07/06/16	195545	NUECES POWER EQUIPMENT	C

Bank	Check No	Amount	Date	Vendor		Type
02	00413220	3,815.83	07/06/16	221945	O'REILLY AUTOMOTIVE STORES, INC.	C
02	00413221	245.00	07/06/16	28673	PINKY'S UPHOLSTERY	C
02	00413222	14.00	07/06/16	91987	PUEBLO TIRES LTD	C
02	00413223	14.00	07/06/16	315486	RADIADORES DEL VALLE	C
02	00413224	680.69	07/06/16	277223	RELIANT, DEPT 0954	C
02	00413225	31.89	07/06/16	277223	RELIANT, DEPT 0954	C
02	00413226	960.00	07/06/16	174343	REYES TARPS & TENTS	C
02	00413227	300.00	07/06/16	284262	ROCIC	C
02	00413228	95.82	07/06/16	283797	ROMCO EQUIPMENT CO.	C
02	00413229	202.91	07/06/16	269123	RUSH TRUCK CENTERS OF TEXAS, LP	C
02	00413230	51.92	07/06/16	304131	SAENZ HARDWARE	C
02	00413231	200.35	07/06/16	93963	SAFETY-KLEEN SYSTEMS, INC.	C
02	00413232	442.30	07/06/16	34274	SHERWIN WILLIAMS COMPANY	C
02	00413233	64.94	07/06/16	338478	SIFUENTES, JUAN	C
02	00413234	623.10	07/06/16	42951	SOUTH TEXAS SUPPLY	C
02	00413235	2,072.23	07/06/16	319449	STAPLES ADVANTAGE	C
02	00413236	203.78	07/06/16	319449	STAPLES ADVANTAGE	C
02	00413237	35.00	07/06/16	133655	SUPERIOR ALARMS	C
02	00413238	7.50	07/06/16	425788	TEXAS DEPARTMENT OF MOTOR VEHICLES	C
02	00413239	264.61	07/06/16	285927	THOMSON WEST	C
02	00413240	359.39	07/06/16	231924	TIME WARNER CABLE	C
02	00413241	1,179.35	07/06/16	302007	TIRE CENTERS, LLC	C
02	00413242	1,206.28	07/06/16	38873	TRUCKERS EQUIPMENT INC.	C
02	00413243	2,136.43	07/06/16	401838	U.S. BANK NATIONAL ASSOCIATION ND	C
02	00413244	66.86	07/06/16	36927	UNIFIRST HOLDINGS, INC	C
02	00413245	655.47	07/06/16	131725	UTILITY TRAILER SALES SOUTHEAST TEXAS	C
02	00413246	411.47	07/06/16	287024	VERIZON WIRELESS	C
02	00413247	577.77	07/06/16	287024	VERIZON WIRELESS	C
02	00413248	682.00	07/06/16	287024	VERIZON WIRELESS	C
02	00413249	1,120.86	07/06/16	41289	WAUKESHA-PEARCE INDUSTRIES, INC.	C
Total Bank No 02		**589,417.52**				
04	00016888	5,754.69	06/28/16	343854	DOS LOGISTICS, INC.	C
04	00016889	27,688.00	06/28/16	1864	AMIGO POWER EQUIPMENT	C
04	00016890	496.40	06/28/16	270563	CPL RETAIL ENERGY	C
04	00016891	540.91	06/28/16	270563	CPL RETAIL ENERGY	C
04	00016892	1,677.72	06/28/16	270563	CPL RETAIL ENERGY	C
04	00016893	5,544.59	07/06/16	312797	L & G ENGINEERING LABORATORY, LLC	C
04	00016894	11,136.43	07/06/16	396133	REIM CONSTRUCTION	C
04	00016895	112.50	07/06/16	199362	ANRIGE, INC.	C
04	00016896	24,358.00	07/06/16	358185	CALDWELL COUNTRY CHEVROLET	C
04	00016897	546.89	07/06/16	270563	CPL RETAIL ENERGY	C
04	00016898	1,627.72	07/06/16	367346	FLEET SAFETY EQUIPMENT, INC.	C
04	00016899	54,181.28	07/06/16	125717	FRONTERA MATERIALS, INC.	C
04	00016900	5,027.16	07/06/16	125717	FRONTERA MATERIALS, INC.	C
04	00016901	6,242.40	07/06/16	27987	PAVEMENT MARKINGS INC.	C
04	00016902	84,510.27	07/06/16	227889	TEDSI INFRASTRUCTURE GROUP, INC.	C
Total Bank No 04		**229,444.96**				
05	00025232	786.91	06/24/16	285269	DEPT. OF CHILD SUPPORT SERVICES	C
05	00025233	15.03	06/24/16	435872	EDUCATIONAL CREDIT MANAGEMENT CORP.	C
05	00025234	6.00	06/24/16	262838	HIDALGO CO ADULT PROBATION	C
05	00025235	351.23	06/24/16	266795	DIVISION OF CHILD SUPPORT SERVICES	C
05	00025236	781.04	06/24/16	335975	MID ATLANTIC CAPITAL CORPORATION	C
05	00025237	158.00	06/24/16	420212	NEW JERSEY FAMILY SUPPORT PAYMENT CTR	C
05	00025238	4,569.29	06/24/16	349453	PRE-PAID LEGAL SERVICES, INC	C

Bank	Check No	Amount	Date	Vendor	Type
05	00025239	113.28	06/24/16	349453 PRE-PAID LEGAL SERVICES, INC	C
05	00025240	494.65	06/24/16	336653 SERVICE EMPLOYEES INTERNATIONAL UNION	C
05	00025241	36.00	06/24/16	191167 SOUTH TEXAS COLLEGE	C
05	00025242	130.58	06/24/16	201324 U.S. DEPARTMENT OF EDUCATION	C
05	00025243	152.34	06/24/16	201324 U.S. DEPARTMENT OF EDUCATION	C
05	00025244	187.17	06/24/16	201324 U.S. DEPARTMENT OF EDUCATION	C
05	00025245	214.30	06/24/16	201324 U.S. DEPARTMENT OF EDUCATION	C
05	00025246	11,448.00	06/24/16	158275 BOUDLOCHE, CINDY	C
05	00025247	1,860.00	06/24/16	252123 COMBINED LAW ENFORCEMENT ASSOC OF TEXAS	C
05	00025248	525.00	06/24/16	262838 HIDALGO CO ADULT PROBATION	C
05	00025249	1,157.00	06/24/16	157228 HIDALGO CO. UNITED WAY	C
05	00025250	246.00	06/24/16	261394 HIDALGO COUNTY SHERIFF LAW ENFORCE ASSOC	C
05	00025251	4,883.00	06/24/16	282944 HIDALGO COUNTY SHERIFF'S ASSOCIATION	C
05	00025252	1,382.25	06/24/16	167479 TEXAS GUARANTEED STUDENT LOAN CORPORATIO	C
05	00025253	13.00	06/24/16	157228 HIDALGO CO. UNITED WAY	C
05	00025254	13,522.24	06/28/16	441244 CONTINENTAL AMERICAN INSURANCE COMPANY	C
05	00025255	11,757.25	06/28/16	217972 ALLSTATE WORKPLACE DIVISION	C
05	00025256	83,140.56	06/28/16	441252 AMERITAS LIFE INSURANCE CORP.	C
05	00025257	20,059.16	06/28/16	441260 AVESIS THIRD PARTY ADMINISTRATORS, INC.	C
05	00025258	15,653.68	06/28/16	373273 COLONIAL LIFE & ACCIDENT INSURANCE CO.	C
05	00025259	21,384.10	06/28/16	441279 HUMANA INSURANCE COMPANY	C
05	00025260	1,835,681.11	06/28/16	209759 PROPRIETARY FUND	C
05	00025261	24,826.92	06/28/16	441287 TEXAS LIFE INSURANCE COMPANY	C
05	00025262	30,567.76	06/28/16	368059 UNUM LIFE INSURANCE COMPANY OF AMERICA	C
05	00025263	110.00	06/30/16	157228 HIDALGO CO. UNITED WAY	C
05	00025264	32.18	06/30/16	349453 PRE-PAID LEGAL SERVICES, INC	C
05	00025265	20.00	07/06/16	445010 OAK POINT PARTNERS, INC	C
05	00025266	169,385.36	07/06/16	263001 TEXAS ASSOCIATION OF COUNTIES	C
Total Bank No 05		**2,255,650.39**			
07	00006215	5,000.00	06/28/16	289485 ALAMO INSURANCE GROUP, INC.	C
07	00006216	69.72	06/28/16	328626 AT&T	C
07	00006217	11.00	06/28/16	414492 MOUNTAIN GLACIER, LLC	C
07	00006218	12,500.00	06/28/16	289493 TRISTAR RISK MANAGEMENT	C
07	00006219	168.54	06/28/16	401838 U.S. BANK NATIONAL ASSOCIATION ND	C
07	00006220	218.78	07/06/16	211567 GE CAPITAL INFORMATION TECHNOLOGY SOLUTI	C
07	00006221	75.02	07/06/16	319449 STAPLES BUSINESS ADVANTAGE	C
Total Bank No 07		**18,043.06**			
15	00031053	1,485.00	06/28/16	216119 AFFORDABLE HOMES OF SOUTH TEXAS, INC.	C
15	00031054	1,306.00	06/28/16	401374 AIM MEDIA TEXAS OPERATING, LLC	C
15	00031055	1,200.00	06/28/16	2666 ATLAS, HALL & RODRIGUEZ, L.L.P	C
15	00031056	6,913.35	06/28/16	344176 BOYS & GIRLS CLUB OF ALAMO, INC.	C
15	00031057	1,582.46	06/28/16	344311 BOYS & GIRLS CLUB OF PHARR	C
15	00031058	19,607.52	06/28/16	344257 BOYS AND GIRLS CLUB OF MISSION, INC	C
15	00031059	5,970.00	06/28/16	416495 CARRISALES, RAYMUNDO	C
15	00031060	7,976.26	06/28/16	203408 CASA OF HIDALGO CO., INC.	C
15	00031061	5,281.94	06/28/16	375446 CATHOLIC CHARITIES OF THE RGV	C
15	00031062	8,087.49	06/28/16	255521 CHILDREN'S ADVOCACY CENTER OF HIDALGO	C
15	00031063	1,739.63	06/28/16	76856 CITY OF LA JOYA	C
15	00031064	4,309.88	06/28/16	401552 EGV ARCHITECTS, INC.	C
15	00031065	6.60	06/28/16	11908 FEDEX	C
15	00031066	8,524.20	06/28/16	353531 FOOD BANK OF THE RIO GRANDE VALLEY	C
15	00031067	892.47	06/28/16	344834 HIDALGO COUNTY TREASURER	C
15	00031068	2,721.04	06/28/16	355003 HOPE FAMILY HEALTH CENTER	C
15	00031069	1,979.87	06/28/16	415162 PHARR LITERACY PROJECT INC.	C

Bank	Check No	Amount	Date	Vendor	Type
15	00031070	4,296.06	06/28/16	172472 RABA KISTNER, INC.	C
15	00031071	7,312.12	06/28/16	253987 S & B INFRASTRUCTURE, LTD	C
15	00031072	1,441.60	06/28/16	344443 SENIOR COMMUNITY OUTREACH SERVICES, INC.	C
15	00031073	350.00	06/28/16	213055 SOUTH TEXAS LAND INVESTIGATIONS	C
15	00031074	4,914.19	06/28/16	275662 SPORT SUPPLY GROUP, INC.	C
15	00031075	746.87	06/28/16	319449 STAPLES CREDIT PLAN	C
15	00031076	606.42	06/28/16	396354 TREVINO, ERIC A.	C
15	00031077	9,392.92	06/28/16	169498 URBAN COUNTY PROGRAM	C
15	00031078	17,368.52	07/06/16	271829 AEP TEXAS CENTRAL COMPANY	C
15	00031079	5,940.00	07/06/16	216119 AFFORDABLE HOMES OF SOUTH TEXAS, INC.	C
15	00031080	54,625.91	07/06/16	344834 HIDALGO COUNTY TREASURER	C
15	00031081	19,245.60	07/06/16	372862 SAMES, INC.	C
15	00031082	9,387.25	07/06/16	169498 URBAN COUNTY PROGRAM	C
Total Bank No 15		**215,211.17**			

Total Hand Checks	.00
Total Computer Checks	7,274,031.05
Total ACH Checks	.00
Total Other Checks	.00
Total Electronic Checks	.00
Total Computer Voids	.00
Total Hand Voids	.00
Total ACH Voids	.00
Total Other Voids	.00
Total Electronic Voids	.00
Grand Total:	**7,274,031.05**

Batch Yr	Batch No	Amount
16	**004408**	**21,501.25**
16	**004411**	**13.00**
16	**004416**	**1,847,041.23**
16	**004420**	**154,928.83**
16	**004424**	**77,497.09**
16	**004426**	**34,913.81**
16	**004429**	**6,192.22**
16	**004430**	**128,921.49**
16	**004431**	**23,433.29**
16	**004433**	**16,385.00**
16	**004434**	**14,735.00**
16	**004435**	**43,797.50**
16	**004436**	**31,790.00**
16	**004437**	**33,202.50**
16	**004438**	**238,189.36**
16	**004440**	**46,592.52**
16	**004441**	**18,634.34**
16	**004442**	**35,040.15**
16	**004444**	**26,978.03**
16	**004447**	**4,373.60**
16	**004448**	**5,754.69**
16	**004449**	**1,729.35**
16	**004450**	**7,995.82**
16	**004464**	**13,273.57**
16	**004465**	**555,985.81**
16	**004468**	**12,530.17**
16	**004470**	**2,216.70**
16	**004471**	**28,597.50**
16	**004472**	**8,337.50**
16	**004473**	**18,973.25**

Bank	Check No	Amount	Date	Vendor			Type
					16	**004476**	**14,078.02**
					16	**004477**	**449.82**
					16	**004479**	**23,015.56**
					16	**004497**	**42,742.00**
					16	**004500**	**30,403.03**
					16	**004501**	**34,799.34**
					16	**004502**	**108,643.89**
					16	**004503**	**100,467.00**
					16	**004511**	**60,292.34**
					16	**004513**	**2,437,738.98**
					16	**004515**	**16,992.26**
					16	**004516**	**17,570.00**
					16	**004517**	**24,017.50**
					16	**004518**	**18,452.50**
					16	**004519**	**11,415.00**
					16	**004520**	**6,007.50**
					16	**004521**	**15,080.25**
					16	**004522**	**36,379.30**
					16	**004524**	**209,477.80**
					16	**004526**	**22,544.17**
					16	**004530**	**21,220.28**
					16	**004531**	**18,092.95**
					16	**004532**	**12,926.18**
					16	**004533**	**278,460.72**
					16	**004534**	**55,860.52**
					16	**004539**	**110.00**
					16	**004555**	**47,103.00**
					16	**004557**	**32.18**
					16	**004568**	**8,817.55**
					16	**004570**	**16,681.02**
					16	**004573**	**900.00**
					16	**004583**	**14,890.54**
					16	**004585**	**106,567.28**
					16	**004586**	**2,248.00**

AI-55296

2016 Intradept. (line item) Transfer 2. A.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Patricia Ramos, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

2016 - Fire Marshal (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-422-10-300-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 07/01/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 04:09 PM
Budget & Management	Veronica Ortiz	07/01/2016 04:29 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Patricia Ramos Started On: 07/01/2016 04:01 PM

Final Approval Date: 07/01/2016

DATE: July 1, 2016

2016
Transfer

AI-55296

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Fire Marshal

ACCOUNT NUMBER: 6-1100-422-10-300-001-0-XXX

Contact Person: Patricia Ramos **Ph#:** (956) 292-7025 Ext. 5416

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
890	Other	761	Software	13,250.00
			TOTAL	$ 13,250.00

REASON:
Transfer needed to fund Quote#104974 from Xerox Government Solutions for Firehouse Software for 3 users.

DEPARTMENT HEAD SIGNATURE

____/____/____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55288

2016 Intradept. (line item) Transfer 2. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Daniel Flores, FACILITIES MANAGEMENT

Submitted By: Glinda Pacheco, BUDGET & MANAGEMENT

Department: FACILITIES MANAGEMENT

Information

CAPTION

2016 - Facilities Management CO Wide (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-419-40-220-050-0-xxx

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?: n

BUDGETARY IMPACT:

Funds available as of 7/1/16.

Attachments

Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 02:04 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Glinda Pacheco Started On: 07/01/2016 01:49 PM

Final Approval Date: 07/01/2016

DATE: July 1, 2016

2016
Transfer

DEPARTMENT HEAD: Daniel Flores

DEPARTMENT NAME: Facilities Management

ACCOUNT NUMBER: 6-1100-419-40-220-050-0-XXX

Contact Person: Glinda Pacheco **Ph#:** (956) 292-7025 Ext. 5411

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
430	FACILITIES MGMT CO WIDE -REPAIR & MAINT	340	FACILITIES MGMT CO WIDE-TECHNICAL SRV	$8,000
			TOTAL	8,000.00

REASON:
Fund transfer needed due to creating a new PO for Unifirst Holdings since their contract expired on 6/29/16.

DEPARTMENT HEAD SIGNATURE

10/1/16
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55286

2016 Intradept. (line item) Transfer 2. C.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

2016 - PCT3 (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-123-005-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 07/01/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 02:01 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 07/01/2016 11:50 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

DEPARTMENT HEAD: Commissioner Flores

DEPARTMENT NAME: Hidalgo Precinct #3

ACCOUNT NUMBER: 6-1200-431-00-123-005-0-

Contact Person: Norma G. Ceballos **Ph#:** (956)585-4509 Ext # 3007

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
751	Pct. #3 Rd. Maint. - Machinery & Equipment	610	Pct. #3 Rd. Maint.- General Supplies	25,000.00
			TOTAL	25,000.00

REASON: ***Daily Operations and overlay Sunny Heavan St.***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55250

2016 Intradept. (line item) Transfer 2. D.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Katia Garcia, COMM. PCT. #1
Department: COMM. PCT. #1

Information
CAPTION
2016 - Pct.1 R&B (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-121-005-0-xxx
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available as of 7-1-16.

Attachments
LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/30/2016 01:51 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/30/2016 09:32 AM
Final Approval Date: 07/01/2016

DATE: June 30, 2016

2016
Transfer

AI-55250

DEPARTMENT HEAD: Commissioner A.C. Cuellar, Jr.

DEPARTMENT NAME: Hidalgo County Precinct No. 1 Rd. Maintenance

ACCOUNT NUMBER: 6-1200-431-00-121-005-0-XXX

Contact Person: Katia Garcia **Ph#:** (956) 968-8733 Ext. 1022

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
430	REPAIR & MAINT SRV	623	BOTTLED GAS	$200.00
430	REPAIR & MAINT SRV	640	REFERENCE MATERIALS	$200.00
430	REPAIR & MAINT SRV	421	DISPOSAL	$850.00
			TOTAL	**$1,250.00**

REASON:
Transfer needed to reclassify PO#'s 715115, 714220 & 713333 to correct object code as per Auditor's request.

DEPARTMENT HEAD SIGNATURE **DATE**

APPROVED COMMISSIONERS' COURT **ATTEST COUNTY CLERK**

AI-55249

2016 Intradept. (line item) Transfer 2. E.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

2016 - Pct 2 Rd Maint (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-122-006-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 07/01/2016

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/30/2016 01:50 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/30/2016 09:30 AM

Final Approval Date: 07/01/2016

DATE: June 30,2016

DEPARTMENT HEAD: Commissioners Eduardo "Eddie"Cantu

DEPARTMENT NAME: Hidalgo County Pct 2 Road Maintenance

ACCOUNT NUMBER: 6-1200-431-00-122-006-0-XXX

Contact Person: Esther Perez **Ph#:** (956) 787-1891 Ext. 2027

2016
Intradepartmental Transfer

AI 55249

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
721	Roads	339	Other Prof Srv	1,250.00
721	Roads	640	Reference materials	590.00
			TOTAL	1,840.00

REASON:
To fund anticipated expenditures.

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55229

2016 Intradept. (line item) Transfer 2. F.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

2016 - Health & Human Services Dept. / H.D. Adm (1293)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1293-441-00-340-005-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 6/29/16

Attachments

LIT

Sal Proj

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 01:31 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Mike Escaname Started On: 06/29/2016 10:42 AM

Final Approval Date: 07/01/2016

DATE: June 29, 2016

2016
Transfer

AI -

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 6-1293-441-00-340-005-0-

Contact Person: Mike Escaname **Ph#:** 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
113	H.D. ADM-REG F/T EMPLOYEES	610	H.D. ADM-GENERAL SUPPLIES	5,000.00
			TOTAL	5,000.00

REASON: ***To cover anticipated expenditure; Surplus funds in salary account.***

DEPARTMENT HEAD SIGNATURE

_____/_____/_____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

HEALTH ADMINISTRATION - PROGRAM INCOME - PROGRAM 005

Period Ending 12/31/2016

Projection of Salaries and Fringes for the remainder of the HEALTH ADM CY 16 ending 12/31/16

		COST PER PAY PERIOD	REMAINING PAY PERIODS	COST FOR REMAINING PDS	BUDGET BALANCE 6/29/2016	ANTICIPATED SURPLUS (DEFICIT)
Salaries-F/T	113	$ 1,091.42	14.5	$ 15,825.63	$ 21,525.83	$ 5,700.20
Sub-Total Pay						**$ 5,700.20**
Health Insurance	211	$ 171.78	12.5	$ 2,147.25	$ 3,140.81	$ 993.56
Life Insurance	212	$ 2.11	7.5	$ 15.83	$ 341.47	$ 325.65
Fica	220	$ 83.49	14.5	$ 1,210.66	$ 1,879.21	$ 668.55
Retirement	230	$ 122.79	14.5	$ 1,780.38	$ 2,258.17	$ 477.79
Unemployment Comp.	250	$ 5.46	14.5	$ 79.13	$ 257.99	$ 178.86
Worker's Comp	260	$ 10.26	14.5	$ 148.76	$ 222.14	$ 73.38
Sub-Fringes						**$ 2,717.78**
		$ 1,487.31		**$ 21,207.64**	**$ 29,625.62**	**$ 8,417.98**

Notes:

Pay Periods Remaining at 6/29/2016:

1	pp 14	
2	pp 15	
3	pp 16	
4	pp 17	
5	pp 18	
6	pp 19	
7	pp 20	
8	pp 21	
9	pp 22	
10	pp 23	
11	pp 24	
12	pp 25	
13	pp 26	
14	pp 01	
	pp 02	5 days only

Prepared by:
Health Human Services Dept.
06/29/2016

AI-55244

2016 Intradept. (line item) Transfer 2. G.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Margarita Gonzalez, WIC
Department: WIC

Information
CAPTION
2016 - WIC (1292)

BACKGROUND
WIC - I.D.Transfer
6.1292.441.00.350.001.6.xxx

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1292-441-00-350-001-6-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:
Funds available as of 6/30/2016

Attachments
transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/30/2016 01:48 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Margarita Gonzalez Started On: 06/29/2016 04:29 PM
Final Approval Date: 07/01/2016

HIDALGO COUNTY

Department Of Budget & Management

INTRA - DEPARTMENTAL TRANSFER FORM

DATE: Thursday, June 30, 2016 JE #:

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 6-1292-441-00-350-001-6-XXX

CONTACT PERSON: Margarita Gonzalez PHONE: (956)381-4646

PREPARED BY: Margarita Gonzalez REVIEWED BY:

Initial and Date

SUBJECT: Intradepartmental Transfer/s

Hidalgo County Auditor's Office:

I would like to request the following Intra - departmental transfer/s (increase/decrease) in accordance with Local Government Code Chapter 111, Subchapter C, Section 111.070, Subsection C.

FROM Object Code	Object Code Description	TO Object Code	Object Code Description	Amount
442	Equipment & Vehicle Rent	610	General Supplies	5,000.00
550	Printing & Binding	610	General Supplies	7,000.00
532	Wireless Devices	610	General Supplies	2,000.00
660	Furn. & Equip. Cntrld	583	Travel out of County	2,000.00
			TOTAL BUDGET INCREASE (DECREASE)	16,000.00

REASON: To encumber cost on supplies & attend meetings that are needed for the WIC Program

AUTHORIZED SIGNATURE/DBM DATE

Emergency Transfer Form
Revised: 3/02/2011

AI-55233

2016 Intradept. (line item) Transfer 2. H.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Margarita Gonzalez, WIC
Department: WIC

Information

CAPTION
2016 - WIC Lactation Services (1292)

BACKGROUND
Intra- Departmental Form,
Salaries Analysis Worksheet,
Expenditure Summary Report

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6.1292.441.00.350.013.6.xxx
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:
No Budgetary Impact. Sufficient funds available as of 6/29/16.

Attachments

IDT Form
Lactation Services Salaries Anaylsis
Lactation Services Summary Report

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 01:42 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Margarita Gonzalez Started On: 06/29/2016 11:27 AM
Final Approval Date: 07/01/2016

DATE: June 29, 2016

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC/ Lactation Services

ACCOUNT NUMBER: 6.1292.441.00.350.013.6.xxx

Contact Person: Margarita Gonzalez **Ph#:**

SUBJECT: **Intradepartmental transfer(s)**(increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE		AMOUNT
113	F/T Employees	610	General Supplies	32,634.54

WIC Lactation Services

Salaries Analysis Worksheet

as of 06/28/16

Acct No: 6-1292-441-00-350-013-6- WIC Lactation Services

BUDGETED

Object Code	Acct. Description	2016 Total Budgeted Salary	Payroll Amount per Pay Period	PP Remaining	Remaining Estimated Salaries per Year	Available Balance	Availability
113	Regular Full-Time	$47,380.00	$1,822.31	8.0	$14,578.46	$47,213.00	$32,634.54
115	Longevity	$0.00	$0.00	0.0	$0.00	$0.00	$0.00
211	Health	$6,168.00	$257.00	6.5	$1,670.50	$1,074.00	($596.50)
212	Life	$37.56	$3.13	4.0	$12.52	$37.56	$25.04
220	FICA	$3,624.57	$139.41	8.0	$1,115.25	$606.50	($508.75)
230	Retirement	$5,330.25	$205.01	8.0	$1,640.08	$606.50	($1,033.58)
250	Unemployment	$284.28	$10.93	8.0	$87.47	$276.00	$188.53
260	Workers Comp	$445.00	$17.12	8.0	$136.92	$186.44	$49.52
TOTAL		**$63,269.66**	**$2,454.90**	**-**	**$19,241.20**	**$50,000.00**	**$30,758.80**

Please note:

Longevity pay & Health Ins = 24 pay periods (twice a month)
Life Ins = 12 pay periods (once a month)
All others = 26 pay periods

Account No/Description	Original Budget	Adjustments	Adjusted Budget	Y-T-D Encumbrance	Period Expended	Y-T-D Expended	Available Balance	Percent
1292 WIC PROGRAM GRANTS								
6-1292-441-00-350-013-6-113 WIC LACTATION-REG F/T EMPLOYEES	.00	47,213.00	47,213.00	.00	.00	.00	47,213.00	.00
6-1292-441-00-350-013-6-211 WIC LACTATION-HEALTH INSURANCE	.00	1,074.00	1,074.00	.00	.00	.00	1,074.00	.00
6-1292-441-00-350-013-6-212 WIC LACTATION-LIFE INSURANCE	.00	37.56	37.56	.00	.00	.00	37.56	.00
6-1292-441-00-350-013-6-220 WIC LACTATION-FICA	.00	606.50	606.50	.00	.00	.00	606.50	.00
6-1292-441-00-350-013-6-230 WIC LACTATION-RETIREMENT	.00	606.50	606.50	.00	.00	.00	606.50	.00
6-1292-441-00-350-013-6-250 WIC LACTATION-UNEMPLOYMENT COMP	.00	276.00	276.00	.00	.00	.00	276.00	.00
6-1292-441-00-350-013-6-260 WIC LACTATION-WORKERS COMP	.00	186.44	186.44	.00	.00	.00	186.44	.00
1292 WIC PROGRAM GRANTS	**.00**	50,000.00	**50,000.00**	**.00**	**.00**	**.00**	**50,000.00**	**.00**
6 YEAR 2016	**.00**	50,000.00	**50,000.00**	**.00**	**.00**	**.00**	**50,000.00**	**.00**

AI-55230

2016 Intradept. (line item) Transfer 2. I.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

2016 - Pct. 3 Sanitation (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-432-00-123-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available for transfer as of 07/01/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 01:33 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 06/29/2016 10:43 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

DEPARTMENT HEAD: Commissioner Flores

DEPARTMENT NAME: Hidalgo Precinct #3

ACCOUNT NUMBER: 6-1100-432-00-123-001-0-

Contact Person: Norma G. Ceballos **Ph#:** (956)585-4509 Ext # 3007

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
430	Pct. #3 Sanitation - Repair & Maint.	532	Pct. #3 Sanitation - Wire Devices	1,370.00
			TOTAL	1,370.00

REASON: ***Daily Operations***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55214

2016 Intradept. (line item) Transfer 2. J.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

2016 - Imm Div Local (1293)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1293-441-00-340-012-6-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

From various --> 610 for $2,750.00. Funds available as of 06/29/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 09:31 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Mike Escaname Started On: 06/28/2016 11:39 AM

Final Approval Date: 07/01/2016

DATE: June 28, 2016

2016
Transfer

AI -

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 6-1293-441-00-340-012-6-

Contact Person: Mike Escaname **Ph#:** 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
753	IMM DIV LOCAL-FURNITURE & FIXTURES	610	IMM DIV LOCAL-GENERAL SUPPLIES	1,000.00
584	IMM DIV LOCAL-REGISTRATION FEES	610	IMM DIV LOCAL-GENERAL SUPPLIES	1,000.00
583	IMM DIV LOCAL-TRAVEL OUT OF COUNTY	610	IMM DIV LOCAL-GENERAL SUPPLIES	750.00
			TOTAL	**2,750.00**

REASON: ***To cover anticipated expenditure.***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55213

2016 Intradept. (line item) Transfer 2. K.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nelda Olivarez, HIDTA
Department: HIDTA

Information
CAPTION
2016 - HIDTA (1252)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1252-412-00-270-012-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available for transfer as of 07/01/2016.

Attachments
Transfer#2

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/28/2016 10:41 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nelda Olivarez Started On: 06/28/2016 10:25 AM
Final Approval Date: 07/01/2016

DATE: June 28, 2016 Transfer Number: 2

DEPARTMENT HEAD: RICARDO RODRIGUEZ, CRIMINAL DISTRICT ATTORNEY

DEPARTMENT NAME: HIDALGO COUNTY HIDTA TASK FORCE

ACCOUNT NUMBER: 6-1252-412-00-270-012-0-xxx U.S., TREASURY FUNDS

SUBJECT: BUDGET LINE-ITEM TRANSFER (S)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer (s) in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		*TO*		
ACCOUNT NO.(S)	*ACCOUNT NAME*	*ACCOUNT NO.(S)*	*ACCOUNT NAME*	*AMOUNT*
6-1252-412-00-270-012-0- 890	OTHER	6-1252-412-00-270-012-0- 430	REPAIRS & MAINT SRV	5,000.00
6-1252-412-00-270-012-0- 890	OTHER	6-1252-412-00-270-012-0- 534	INTERNET	1,000.00
6-1252-412-00-270-012-0- 890	OTHER	6-1252-412-00-270-012-0- 583	TRAVEL	15,000.00
6-1252-412-00-270-012-0- 890	OTHER	6-1252-412-00-270-012-0- 584	REGISTRATION FEE	10,000.00
6-1252-412-00-270-012-0- 890	OTHER	6-1252-412-00-270-012-0- 810	DUES & MEMBERSHIPS	5,000.00
	TOTAL			**$ 36,000.00**

REASON: TO FUND UNANTICIPATED EXPENDITURES

Charles E. Trevino — 6/28/16 (DATE)
H.I.D.T.A. Task Force Acting Commander

Attest County Clerk — __/__/__ (DATE)

Budget Officer — __/__/__ (DATE)

Approved Commissioners' Court — __/__/__ (DATE)

AI-55211

2016 Intradept. (line item) Transfer 2. L.

CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Rosie Cantu, DISTRICT ATTORNEY
Submitted By: Sylvia Solis, DISTRICT ATTORNEY
Department: DISTRICT ATTORNEY

Information

CAPTION
2016 - District Attorney (1223)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1223-412-00-080-007-0-113
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:
Lapsed Funds available as of 06/28/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/28/2016 10:40 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Sylvia Solis Started On: 06/28/2016 09:19 AM
Final Approval Date: 07/01/2016

DATE: June 28, 2016

2016
Transfer

DEPARTMENT HEAD: Ricardo Rodriguez Jr, District Attorney

DEPARTMENT NAME: Hidalgo County Criminal District Attorney's Office - DA CCP 59

ACCOUNT NUMBER: 6-1223-412-00-080-007-0-XXX

Contact Person: Sylvia V. Solis **Ph#:** (956) 292-7604 Ext. 8084

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
113	REG F/T EMPLOYEES	583	TRAVEL OUT OF COUNTY	3,000.00
113	REG F/T EMPLOYEES	584	REGISTRATION FEES	2,000.00
113	REG F/T EMPLOYEES	831	COURT COSTS & INVESTIGATION	35,000.00
			TOTAL:	40,000.00

REASON:
Intradepartmental Transfer available lapsed salaries to fund taxes and other assessments incurred on forfeited properties and travel expenditures.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55206

2016 Intradept. (line item) Transfer 2. M.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Alfredo Esparza, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

2016 - DBM Budget Div. (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-415-14-115-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

610 to 660: Funds available for transfer as of 06/27/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/28/2016 08:25 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Alfredo Esparza Started On: 06/27/2016 01:20 PM

Final Approval Date: 07/01/2016

DATE: June 27, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Dept. of Budget and Management

ACCOUNT NUMBER: 6-1100-415-14-115-001-XXX

2016
Transfer

AI - 55206

Contact Person: Alfredo Esparza **Ph#:** (956) 292-7025

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	General Supplies	660	Furniture & Equipment - Controlled	760.00
			TOTAL	**760.00**

REASON:
Funds needed to pay for administrative staff computer monitors.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55190

2016 Intradept. (line item) Transfer 2. N.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Irma Castillo, PLANNING DEPT.

Submitted By: Irma Castillo, PLANNING DEPT.

Department: PLANNING DEPT.

Information

CAPTION

2016 - Planning Dept. (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-419-10-210-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 06/27/2016: from object code 626 to object code 640 for the amount of $895.00; from object code 660 to object code 751 for the amount of $5,000.00; from object code 626 to object code 751 for the amount of $956.39; from object code 626 to object code 610 for the amount of $383.04.

Attachments

transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:21 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Irma Castillo Started On: 06/24/2016 03:20 PM

Final Approval Date: 07/01/2016

T. J. ARREDONDO,
CFM
DIRECTOR OF
PLANNING

HIDALGO COUNTY
PLANNING DEPT.

AI-55190

DATE: June 28, 2016

DEPARTMENT HEAD: T.J. Arredondo, CFM, Director of Planning

DEPARTMENT NAME: Planning Department

ACCOUNT NUMBER: 6-1100-419-10-210-001-0.

SUBJECT: BUDGET LINE ITEM TRANSFER(S)
Submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter III, Subchapter C.

FROM ACCOUNT NUMBER	ACCOUNT NAME		TO ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
6-1100-419-10-210-001-0-626	Gasoline/Fuel	→	6-1100-419-10-210-001-0-640	Reference Materials	$895.00
6-1100-419-10-210-001-0-660	Furniture & Equipment	→	6-1100-419-10-210-001-0-751	Machinery & Equipment	$5,000.00
6-1100-419-10-210-001-0-626	Gasoline/Fuel	→	6-1100-419-10-210-001-0-751	Machinery & Equipment	$956.39
6-1100-419-10-210-001-0-626	Gasoline/Fuel	→	6-1100-419-10-210-001-0-430	Repair & Maintenance Serv.	$470.00
6-1100-419-10-210-001-0-626	Gasoline/Fuel	→	6-1100-419-10-210-001-0-610	General Supplies	$383.04
					$7,704.43

Comments: Need to pay for Carson Maps Lease Agreement and account 640 only has half of the annual fee. Health Dept. IT is notifying us our Server is outdated and needs to be upgraded as to their Server. Need to repair the HP Plotter in which we periodically use it for mapping.

6/28/16
Department Head Signature

_____ _____
Approved Commissioners' Court

___/___/___
Date

_____
Attest County Clerk

LIT070516

Carson Map Company, Inc.

INVOICE

Property Information And Detailed Maps Since 1955

PO Box 4702
McAllen, TX 78502
Phone (956) 797-1514

DATE: June 23, 2016
INVOICE # 9360A

BILL TO:
Hidalgo County
1304 S. 25th Street
Edinburg, TX 78542

FOR: Hidalgo County Online

Attn: Rudy Salinas
956-318-2626

NIGP # 91551
PLANNING acct # 6-1100-419-10-210-001-0-640

DESCRIPTION	Quantitiy	RATE	AMOUNT
Hidalgo County Online Planning Department	1.00	590.00	$ 590.00
Hidalgo County Online Planning Department 3 additional accesses	3.00	400.00	1,200.00
Hidalgo County Online ROW Precinct 1	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 2	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 3	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 4	1.00	590.00	590.00
Hidalgo County Online Health Department	1.00	590.00	590.00

1,790.00

SUBTOTAL	$ 4,740.00
TAX RATE	0.00%
SALES TAX	-
OTHER	
TOTAL	$ 4,740.00

Make all checks payable to **Carson Map Co., Inc.**

THANK YOU FOR YOUR BUSINESS!

Specializing in City and County Platbooks since 1955

Carson Map Company, Inc.

P.O. Box 4702
McAllen, TX 78502
956-797-1514

Lease Agreement

Parties:
Carson Map Company – Lessor

Company – (name, address, etc) – Lessee

Company Name:
Hidalgo Co. Planning, ROW Precincts 1, 2, 3, 4 & Health Deptartment

Address:
1304 S. 25th Street

City, State, Zip:
Edinburg, TX 78542

Phone Number:
(956) 318-2626

WHEREAS, Carson Map Company is an online service company providing a database of plats and a search engine for platbooks and research of plats for specific areas ("online service").

WHEREAS, Company wishes to lease such online service at the terms noted below.

ACCORDINGLY, the Parties agree as follows:

I hereby agree to lease Hidalgo County Online at the rate of $4740.00/year for a total of 6 users plus tax $0.00. The term of the Agreement is for minimum of thirty six (36) months effective _____. Thereafter, the Agreement may be terminated with 60 days notice in writing to Carson Map Company Inc. The lease payment is due at the beginning of the lease and annually on the anniversary date of the lease. Carson Map Company will provide revisions, when available, at no additional charge. The lease rate is subject to change with 30 days notice on an annual basis.

A late fee of $35.00 per month will be assessed on any payments received more than 5 days after the due date of your annual renewal. Your annual statement will be emailed 60 days prior to the due date and we will follow up 10 days before your due date. You may incur a temporary interruption in service due to late payment. To prevent any interruption in service please contact us if you have a payment delayed that will not reach us in a timely manner.

Your signed lease remains in effect and will be renewed annually with your annual lease payment. You will not need to provide a new signed lease each year. Updates to the lease will be included with your annual billing statement.

Company agrees to use its best efforts and to take all reasonable steps to safeguard the service and online information of Lessor to ensure that no unauthorized person shall have access thereto and that no unauthorized copy, publication, disclosure or distribution in whole or in part, in any form, shall be made. Notwithstanding, Company is allowed to make hard copies of the information as needed for work or internal use purposes only. Company acknowledges that the service and information therein contains valuable confidential information and trade secrets and that unauthorized use and/or copying is harmful to Lessor.

It is further agreed that the Lessee will not allow anyone not in his/her employ to utilize or examine the online service. Company agrees to not decompile, reverse engineer, or disassemble the online service. This lease is personal to Company, and Company will not allow third parties access to the online service without the consent of Lessor. Online services are protected by the United States Copyright laws and may not be reproduced or offered for sale by Company. Online service includes but is not limited to all code, databases, data, software, and architecture, and are the property of Carson Map Company, and except as noted herein, Company acquires no rights of any kind to this property.

The online services contain data and information that has been obtained by Carson Map Company from governmental and other sources it believes reliable. Carson Map Company is not responsible for the completeness or accuracy of the online services, and no warranty or representation, expressed or implied, is given regarding the correctness, accuracy, timeliness, merchantability or fitness for a particular purpose of the online services. Lessor's liability to Company, if any, for damages for whatever cause arising from this Agreement, shall in no event exceed the amount paid to Lessor for the license of the online service.

This Agreement will be governed by and construed in accordance with the laws of the State of Texas without reference to the choice of law doctrine of such state. Any suit brought by either party against the other party for claims arising out of this Agreement shall be brought in the competent courts of Hidalgo County, Texas, and the parties hereto consent to the exclusive jurisdiction of such courts in respect of such action or proceeding.

Signature of Authorized Representative:

_____ Date: _____

Printed Name of Authorized Representative:

_____

Email Address

_____

CDW·G

CDWG.com | 800.594.4239

OE400SPS

SALES QUOTATION

QUOTE NO.	ACCOUNT NO.	DATE
1BN673N	10033655	5/24/2016

acct (751) & (610)

BILL TO:
ABEL MARTINEZ
1304 S 25TH AVE

Accounts Payable
EDINBURG , TX 78542-7205

Customer Phone #956.383.6221

SHIP TO:
HEALTH DEPARTMENT
Attention To: ATTN:ABEL MARTINEZ
1304 S 25TH

EDINBURG , TX 78539
Contact: ABEL MARTINEZ 956.383.6221

Customer P.O. # PLANNING QUOTE

ACCOUNT MANAGER	SHIPPING METHOD	TERMS	EXEMPTION CERTIFICATE
JUAN CAMARGO 866.405.6241	FEDEX Ground	MasterCard/Visa Govt	GOVT-EXEMPT

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE	NIGP
1	3127745	HP DL380P GEN8 IB E5-2620V2 US SVR/S - Server Mfg#: 734790-S01 Contract: TCPN - Technology Solutions R5106 R5106	823.53	acct 751 823.53	20687
1	3178215	MS MBL WIN SRV STD 2012R2 2PROC - License (Software) Mfg#: P73-06285 Contract: TCPN - Technology Solutions R5106 R5106 Electronic distribution - NO MEDIA	871.66	acct 751 871.66	92063
12	753331	QUANTUM LTO3 DATA CART 400/800GB - Storage Media Data Cartridge Mfg#: MR-L3MQN-01 Contract: TCPN - Technology Solutions R5106 R5106	31.92	acct 610 383.04	20787
6	3540963	HP 300GB 12G SAS 15K 3.5IN SCC HDD - Hard Drive yes internal drive Mfg#: 737261-B21 Contract: TCPN - Technology Solutions R5106 R5106	710.20	acct 751 4,261.20	20646
		SUBTOTAL		6,339.43	
		FREIGHT		0.00	
		TAX		0.00	
				US Currency	
				TOTAL ▶ 6,339.43	

Please remit payment to:
CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

CDW Government
230 North Milwaukee Ave.
Vernon Hills, IL 60061

Fax: 312.705.6472

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at
http://www.cdwg.com/content/terms-conditions/product-sales.aspx
For more information, contact a CDW account manager.

LASER LUX
CARTRIDGE EXPERTS SINCE 1989

P.O. BOX 814, MERCEDES, TX 78570
www.laserlux.com • email: cruz@laserlux.com or laura@laserlux.com

••• PHONE 956-565-9596 OR FAX 956-565-1943 •••

DATE: 6/20/16

TO: Able Martinez
Hidalgo Planning Dept.

FROM: Steve Lopez

Here is the quote you requested.

acct # 430

QUANTITY	ITEM	DESCRIPTION	EACH	EXT
2		Service call per hour NIGP# 93921	$125	$250
1	67004	Belt & Tensioner Designjet NIGP 20772	$220	$220
		Total		$470

AI-55183

2016 Intradept. (line item) Transfer 2. O.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nelda Olivarez, HIDTA
Department: HIDTA

Information
CAPTION
2016 - HIDTA Task Force (1291)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2015 ACCT. #: 6-1291-412-00-270-003-5-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available as of 6/27/16.

Attachments
Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 09:29 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nelda Olivarez Started On: 06/23/2016 03:51 PM
Final Approval Date: 07/01/2016

DATE: June 23, 2016 Transfer Number: **6**

DEPARTMENT HEAD: Ricardo Rodriguez, Criminal District Attorney

DEPARTMENT NAME: Hidalgo County HIDTA Task Force / Grant Funds

ACCOUNT NUMBER: 6-1291-412-00-270-003-5-xxx **(Grant 2015)**

SUBJECT: Budget Line-Item Transfers (s)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer (s) in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		***TO***		
ACCOUNT NO.(S)	***ACCOUNT NAME***	***ACCOUNT NO.(S)***	***ACCOUNT NAME***	***AMOUNT***
6-1291-412-00-270-003-5 **115**	LONGEVITY PAY	6-1291-412-00-270-003-5 **113**	REG F/T EMPLOYEES	**415.57**
6-1291-412-00-270-003-5- **211**	HEALTH INSURANCE	6-1291-412-00-270-003-5- **113**	REG F/T EMPLOYEES	**3,943.72**
6-1291-412-00-270-003-5- **212**	LIFE INSURANCE	6-1291-412-00-270-003-5- **113**	REG F/T EMPLOYEES	**11.21**
6-1291-412-00-270-003-5- **220**	FICA	6-1291-412-00-270-003-5- **113**	REG F/T EMPLOYEES	**477.93**
6-1291-412-00-270-003-5- **220**	FICA	6-1291-412-00-270-003-5- **260**	WORKERS COMP	**72.58**
6-1291-412-00-270-003-5- **220**	FICA	6-1291-412-00-270-003-5- **751**	MACHINERY & EQUIPMENT	**954.27**
6-1291-412-00-270-003-5- **230**	RETIREMENT	6-1291-412-00-270-003-5- **751**	MACHINERY & EQUIPMENT	**1,488.42**
6-1291-412-00-270-003-5- **250**	UNEMPLOYMENT COMP	6-1291-412-00-270-003-5- **751**	MACHINERY & EQUIPMENT	**1,087.83**
	TOTAL			**$ 8,451.53**

REASON: TO FUND UNANTICIPATED EXPENDITURES

Charles E. Trevino ___/___/___ Attest County Clerk ___/___/___

H.I.D.T.A. Task Force Acting Commander DATE DATE

Budget Officer ___/___/___ Approved Commissioners' Court ___/___/___

DATE DATE

AI-55180

2016 Intradept. (line item) Transfer 2. P.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

2016 - Pct 2 Rd Maint (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-122-006-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 6/27/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:20 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/23/2016 09:23 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Intradepartmental Transfer

DEPARTMENT HEAD: Eduardo "Eddie" Cantu, County Commissioner

DEPARTMENT NAME: Hidalgo County Precinct No. 2 Road Maintenance

AI# 55180

ACCOUNT NUMBER: 6-1200-431-00-122-006-0-XXX

Contact Person: Carlos Jasso, Accountant III **Ph#:** (956) 292-7000 ext. 2006

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
721	Roads	890	Other	1,189.00
721	Roads	630	Food	300.00
			TOTAL	**1,489.00**

REASON:
To cover for the Hidalgo County Irrigation District #2 annual fee.Funding will also be needed to purchase gatorade for field staff.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55179

2016 Intradept. (line item) Transfer 2. Q.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

2016 - CW Mech Shop (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-122-004-0-XX0

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 6/23/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:20 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/23/2016 09:11 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Intradepartmental Transfer

DEPARTMENT HEAD: Commissioner Eduardo "Eddie" Cantu

AI# 55179

DEPARTMENT NAME: Hidalgo County
Countywide Mechanic Shop

ACCOUNT NUMBER: 6-1200-431-00-122-004-0-XX0

Contact Person: Carlos Jasso, Accountant III **Ph#:** (956) 292-7000 ext. 2006

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
340	Technical Srv	630	Food	350.00
			TOTAL	**350.00**

REASON:
To purchase Gatorade for the field staff.

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55178

2016 Intradept. (line item) Transfer 2. R.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

2016 - Pct 2 Admin (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-122-005-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 6/23/2016

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:19 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/23/2016 08:55 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

DEPARTMENT HEAD: Commissioner Eduardo "Eddie" Cantu

DEPARTMENT NAME: Hidalgo County Precinct 2 Administration

ACCOUNT NUMBER: 6-1200-431-00-122-005-0-XXX

Contact Person: Carlos Jasso, Accountant III **Ph#:** (956) 292-7000 ext. 2006

2016
Intradepartmental Transfer

AI 55178

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	General Supplies	421	Disposal	1,784.00
			TOTAL	**1,784.00**

REASON:
To fund operating expenses.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-54934

2016 Intradept. (line item) Transfer 2. S.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Priscilla Torres, COUNTY CLERK

Department: COUNTY CLERK

Information

CAPTION

2016 - CC Rec Mgmt. (1237)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1237-415-40-180-003-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 06/27/2016, from object code 583 to object code 581 in the amount of $17.33.

Attachments

LIT (1237)

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:19 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Priscilla Torres Started On: 06/06/2016 11:51 AM

Final Approval Date: 07/01/2016

COUNTY OF HIDALGO

ARTURO GUAJARDO, JR. - COUNTY CLERK

DATE: 6/7/2016

DEPARTMENT HEAD: Arturo Guajardo, Jr

DEPARTMENT NAME: Hidalgo County Clerk's Office

ACCOUNT NUMBER: 6-1237-415-40-180-003-0-XXX

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
583	CC REC. MGMT. -OUT OF COUNTY EMPLOYEE TRAVEL	581	CC REC. MGMT - IN COUNTY EMPLOYEE TRAVEL	$17.33
			TOTAL	$17.33

REASON: To pay for some needed expenses.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE

ATTEST COUNTY CLERK

P.O. Box 58 / 100 N. Closner, Edinburg, Texas, 78540
956.318.2100 ~ fax 956.318.2105
www.hidalgocountyclerk.us

AI-55189

2016 Intradept. (line item) Transfer 2. T.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Maricela Salinas, 430TH DISTRICT COURT

Submitted By: Janie Alejos, EXECUTIVE OFFICE

Department: 430TH DISTRICT COURT

Information

CAPTION

2016 - 430th District Court (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-00-010-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 6/27/16.

Attachments

lit

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 04:21 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Janie Alejos Started On: 06/24/2016 02:01 PM

Final Approval Date: 07/01/2016

DATE: June 24, 2016

DEPARTMENT HEAD: Judge Israel Ramon, Jr.

DEPARTMENT NAME: 430th District Court

ACCOUNT NUMBER: 6-1100-412-00-010-001-0

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
890	Other	610	General Supplies	2,000.00
			TOTAL	2,000.00

REASON: Need monies to pay invoices.

DEPARTMENT HEAD SIGNATURE

Judge Israel Ramon, Jr.

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**

AI-55187

2016 Intradept. (line item) Transfer 2. U.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

2016 - Pct 3 Rd Maint. (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-123-005-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 6/24/2016, from object code 751 to object code 610 in the amount of $15,000.00 & from object code 751 to object code 532 in the amount of $3,300.00. The grand total of $18,300.00.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 11:06 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 06/24/2016 09:54 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

DEPARTMENT HEAD: Commissioner Flores

DEPARTMENT NAME: Hidalgo Precinct #3

ACCOUNT NUMBER: 6-1200-431-00-123-005-0-

Contact Person: Norma G. Ceballos **Ph#:** (956)585-4509 Ext # 3007

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
751	Pct. #3 Rd. Maint. - Machinery & Equipment	610	Pct. #3 Rd. Maint.- General Supplies	15,000.00
751	Pct. #3 Rd. Maint. - Machinery & Equipment	532	Pct. #3 Rd. Maint.- Wireless Devices	3,300.00
			TOTAL	**18,300.00**

REASON: ***Daily Operations***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55185

2016 Intradept. (line item) Transfer 2. V.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

2016 - Pct 3 Parks (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-452-00-123-008-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

From 751 --> 532 for $720.00. Funds available as of 06/24/2016.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 11:05 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 06/24/2016 09:48 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

DEPARTMENT HEAD: Commissioner Flores

DEPARTMENT NAME: Hidalgo Precinct #3

ACCOUNT NUMBER: 6-1100-452-00-123-008-0-

Contact Person: Norma G. Ceballos **Ph#:** (956)585-4509 Ext # 3007

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
751	Pct. #3 Parks. - Machinery & Equipment	532	Pct. #3 Parks - Wireless Devices	720.00
			TOTAL	720.00

REASON:
Daily operations

DEPARTMENT HEAD SIGNATURE

/ /
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55184

2016 Intradept. (line item) Transfer 2. W.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

2016 - Pct 3 Sanitation (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-432-123-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 6/27/16

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 11:05 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 06/24/2016 09:39 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

DEPARTMENT HEAD: Commissioner Flores

DEPARTMENT NAME: Hidalgo Precinct #3

ACCOUNT NUMBER: 6-1100-432-00-123-001-0-

Contact Person: Norma G. Ceballos **Ph#:** (956)585-4509 Ext # 3007

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
430	Pct. #3 Sanitation - Repair & Maint.	532	Pct. #3 Sanitation - Wireless Devices	200.00
			TOTAL	200.00

REASON: ***Daily Operations (Air time services for radios)***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55181

2016 Intradept. (line item) Transfer 2. X.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

2016 - Health Clinics (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-441-00-340-003-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 06/27/2016, from object code 650 to object code 336 for the amount of $1,300.00.

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 09:29 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Mike Escaname Started On: 06/23/2016 10:32 AM

Final Approval Date: 07/01/2016

DATE: June 23, 2016

2016
Transfer

AI-55181

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Resources

ACCOUNT NUMBER: 6-1100-441-00-340-003-0-XXX

Contact Person: Mike Escaname **Ph#:** EX: 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
650	Health Clincs-Software Cntrld	336	Health Clinics- Computer Srv	1,300.00
			TOTAL	1,300.00

REASON:

We have identified a need to purchase an anti-virus application for our health department computers. We do not forsee using the funds in object code 650 for any software puchases for the remainder of the year.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55175

2016 Intradept. (line item) Transfer 2. Y.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

2016 - Health & Human Services Dept. / H.D. Adm (1293)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1293-441-00-340-005-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 09:14 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Mike Escaname Started On: 06/22/2016 04:27 PM

Final Approval Date: 07/01/2016

DATE: June 22, 2016

2016
Transfer

AI -

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 6-1293-441-00-340-005-0-

Contact Person: Mike Escaname **Ph#:** 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
810	H.D. ADM-DUES & MEMBERSHIPS	605	H.D. ADM-CLOTHING & UNIFORMS	1,000.00
752	H.D. ADM-VEHICLES	605	H.D. ADM-CLOTHING & UNIFORMS	100.00
			TOTAL	1,100.00

REASON: ***To cover anticipated expenditure.***

DEPARTMENT HEAD SIGNATURE

____/____/____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55160

2016 Intradept. (line item) Transfer 2. Z.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Rosie Cantu, DISTRICT ATTORNEY

Submitted By: Obdett Calzada, DISTRICT ATTORNEY

Department: DISTRICT ATTORNEY

Information

CAPTION

2016 - District Attorney's Office (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-00-080-002-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 06/24/2016, from object code 780 to object code 340 in the amount of $1,000.00 and from object code 831 to object code 583 in the amount of $10,000.00.

Attachments

transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 09:10 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Obdett Calzada Started On: 06/22/2016 08:32 AM

Final Approval Date: 07/01/2016

DATE: June 30, 2016

2016
Transfer

REVISED
AI- 55160

DEPARTMENT HEAD: Ricardo Rodriguez, Jr., Criminal District Attorney

DEPARTMENT NAME: District Attorney's Office

ACCOUNT NUMBER: 6-1100-412-00-080-002-0-XXX

Contact Person: Obdett Calzada **Ph#:** (956) 292-7604 Ext. 8086

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
780	CAPITAL LEASES	340	TECHNICAL SRV	1,000.00
780	CAPITAL LEASES	610	GENERAL SUPPLIES	1,000.00
442	EQUIP & VEHICLE RENT	640	REFEERENCE MATERIAL	1,666.70
532	WIRELESS DEVICES	640	REFEERENCE MATERIAL	833.30
532	WIRELESS DEVICES	610	GENERAL SUPPLIES	923.20
660	FURN & EQUIP CNTRLD	610	GENERAL SUPPLIES	1,000.00
831	COURT COSTS & INVESTIGATION	583	TRAVEL OUT OF COUNTY	10,000.00
			TOTAL	$ 16,423.20

REASON:
Transfer needed to fund travel expenses for several upcoming seminars, new agreement with Thomson Reuters and outstanding invoices.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55174

2016 Intradept. (line item) Transfer 2. AA.

CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Ramiro Sendejo, DISTRICT ATTORNEY
Submitted By: Ramiro Sendejo, DISTRICT ATTORNEY
Department: DISTRICT ATTORNEY

Information

CAPTION
2016 - District Attorney's Office (1281)

BACKGROUND
Ref. AI-55059 CC 06/20/16

Fiscal Impact

FISCAL YEAR: 2015 ACCT. #: 6-1281-412-00-080-018-5-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: Y

BUDGETARY IMPACT:
Funds available as of 6/22/16

Attachments

Line Item Transfer
Salary Analysis

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 03:58 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Ramiro Sendejo Started On: 06/22/2016 03:43 PM
Final Approval Date: 07/01/2016

DATE: June 22, 2016

DEPARTMENT HEAD: Ricardo Rodriguez, District Attorney

DEPARTMENT NAME: Hidalgo County District Attorney's Office

ACCOUNT NUMBER: 6-1281-412-00-080-018-5-XXX

2016
Transfer

AI- 55137

Contact Person: Ramiro Sendejo **Ph#:** (956) 292-7604

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
113	REG F/T EMPLOYEES	260	WORKERS COMP	25.00
113	REG F/T EMPLOYEES	610	GENERAL SUPPLIES	2,241.95
113	REG F/T EMPLOYEES	660	FURNISHINGS AND EQUIPMENT	5,806.42
			TOTAL	$ 8,073.37

REASON:
Transfer is needed for antcipated expenditures and to fully utilize grant funds.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

CJD-DVSP

Salaries Analysis Worksheet

as of 6/22/16

Acct No: 6-1281-412-00-080-018-5-

ACTUAL EXPENDITURES						
Object Code	Acct. Description	Payroll Amount per Pay Period	PP Remaining	Remaining Estimated Salaries per Year	Alio Available Balance	Availability
113	Regular Full-Time	$3,822.89	5.8	$22,172.76	$39,917.20	$17,744.44
211	Health	$510.51	5.8	$2,960.96	$3,612.90	$651.94
212	Life	$6.22	3.0	$18.66	$25.25	$6.59
220	FICA	$290.53	5.8	$1,685.07	$2,449.71	$764.64
230	Retirement	$430.08	5.8	$2,494.46	$3,099.80	$605.34
250	Unemployment	$19.12	5.8	$110.90	$235.13	$124.23
260	Workers Comp	$4.21	5.8	$24.42	$0.26	($24.16)
TOTAL		**$5,083.56**	**-**	**$29,467.23**	**$49,340.25**	**$19,873.02**

*Expenditures based on **actual** not budgeted.

Please note:

Longevity pay & Health Ins = 24 pay periods (twice a month)
Life Ins = 12 pay periods (once a month)
All others = 26 pay periods

AI-55166

2016 Intradept. (line item) Transfer 2. BB.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Renan Ramirez, IT DEPARTMENT

Submitted By: Edna Kirby, IT DEPARTMENT

Department: IT DEPARTMENT

Information

CAPTION

2016 - IT Countywide (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-415-00-200-002-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

From 761 --> 320 for $1,718.00. Funds available as of 6/23/16

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 02:39 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Edna Kirby Started On: 06/22/2016 10:43 AM

Final Approval Date: 07/01/2016

COUNTY OF HIDALGO COMMISSIONERS' COURT
AGENDA REQUEST FORM

NO:

DATE: June 23, 2016 **MEETING DATE REQUEST:**

DEADLINE FOR ACTION: ASAP **CONTACT PERSON:**

DEPARTMENT: **PHONE:**

DEPT. HEAD / OFFICIAL SIGNATURE: **FAX:**

CAPTION:

BACKGROUND: (Briefly summarize your request, use separate sheet(s) if needed or attach supporting documentation.)

BUDGETARY IMPACT:

PLEASE INITIAL FOR APPROVAL:

Legal Counsel: **Budget:** **Human Resources:**

COMMENTS:

ACTION TAKEN BY COMMISSIONER'S COURT:

Approved on: (DATE) **Tabled on:** (DATE) **Denied on:**

Motion made by: **Second by:** **Vote:**

DATE: July 5, 2016

DEPARTMENT HEAD: Renan Ramirez

DEPARTMENT NAME: Information Technology Dept.

ACCOUNT NUMBER: 6-1100-415-00-200-002-0-XXX

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
761	IT COUNTYWIDE-SOFTWARE	320	IT COUNWIDE-PROFESSIONAL SRV	$1,718.00
			TOTAL	$1,718.00

REASON: **Transfer needed to cover PO# 701948 (carry over Purchase Order) for Tyler Technologies INC.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE / /

ATTEST COUNTY CLERK

AI-55157

2016 Intradept. (line item) Transfer 2. CC.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Delma Silva, 206TH DISTRICT COURT

Submitted By: Delma Silva, 206TH DISTRICT COURT

Department: 206TH DISTRICT COURT

Information

CAPTION

2016 - 206th District Court (1100)

BACKGROUND

Line Item Transfer to pay any outstanding invoices

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-00-004-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 06/22/2016, from object code 890 to object code 442 for the amount of $30.00 & from object code 890 to object code 631 for the amount of $400.00.

Attachments

Budget Line Item Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:44 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Delma Silva Started On: 06/21/2016 03:04 PM

Final Approval Date: 07/01/2016

INTRA-DEPARTMENTAL TRANSFER

DATE: June 21, 2016

DEPARTMENT HEAD: Judge Rose G. Reyna

DEPARTMENT NAME: 206th District Court

ACCOUNT NUMBER: 6-1100-412-00-004-001-0

CONTACT PERSON: Delma G. Silva PHONE: (956)318-2265

SUBJECT: Intra-departmental Transfer(s)

Honorable Commissioner's Court of Hidalgo County:

I submit for your consideration the following Intra-departmental transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM: OBJECT CODE	OBJECT NAME	TO: OBJECT CODE	OBJECT NAME	AMOUNT
890	Other	442	Equip. & Vehicle Rental	$30.00
890	Other	631	Bottled Water	$400.00
			TOTAL	430.00

REASON: to pay off any outstanding invoices

DEPARTMENT HEAD SIGNATURE

6/21/2016
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

INTRA-DEPARTMENTAL TRANSFER

INTRA-DEPARTMENTAL TRANSFER

INTRA-DEPARTMENTAL TRANSFER

INTRA-DEPARTMENTAL TRANSFER

INTRA-DEPARTMENTAL TRANSFER

INTRA-DEPARTMENTAL TRANSFER

0

AI-55158

2016 Intradept. (line item) Transfer 2. DD.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Yolanda Chapa, COUNTY JUDGE

Submitted By: Sandra Deleon, COUNTY JUDGE

Department: COUNTY JUDGE

Information

CAPTION

2016 - County Judge (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-413-00-110-006-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 6/22/16

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:45 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Sandra Deleon Started On: 06/21/2016 03:17 PM

Final Approval Date: 07/01/2016

DATE: June 21, 2016

DEPARTMENT HEAD: Judge Ramon Garcia

DEPARTMENT NAME: County Judge's Office

ACCOUNT NUMBER: 6-1100-413-00-110-006-0-XXX

SUBJECT: **Intra-departmental Transfer/s (increase/decrease) in Accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intra-departmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.

FROM OBJECT CODE	OBJECT NAME	TO OBJECT CODE	OBJECT NAME	AMOUNT
583	Travel out of County	430	Repair & Maintenance Services	200.00
583	Travel out of County	630	Food	300.00
583	Travel out of County	442	Equipment & Vehicle Rentals	600.00
			TOTAL	1,100.00

REASON: Transfer from obj. code 583 needed for vehicle repair services, food for upcoming meeting(s), and the rental of our Post Office Box (caller services) 6 months renewal.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE / /

ATTEST COUNTY CLERK

AI-55156

2016 Intradept. (line item) Transfer 2. EE.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION
2016 - Pct 4 Road Maint. (1200)

BACKGROUND
Intradepartmental Transfer from object code 610 PCT4 RD MAINT-GENERAL SUPPLIES TO PCT4 RD MAINT-FURN & EQUIP CNTRLD in the amount of $ 3,600.00.

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-124-007-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:
From 610 --> 660 for $3,600. Funds available as of 6/22/2016

Attachments
Intra Transfer AI-55156

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:44 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 06/21/2016 02:04 PM
Final Approval Date: 07/01/2016

DATE: June 21, 2016

2016
Transfer

AI - 55156

DEPARTMENT HEAD: Joseph Palacios

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-007-0-XXX

Contact Person: Nick Perez **Ph#:** (956) 383-3112

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	PCT4 RD MAINT-GENERAL SUPPLIES	660	PCT4 RD MAINT-FURN & EQUIP CNTRLD	3,600.00
			TOTAL	3,600.00

REASON:
As per purchasing recommendation items in req 300848 & 300550 need to be purchased using object code 660.

Joseph Palacios

DEPARTMENT HEAD SIGNATURE

6/21/16

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55155

2016 Intradept. (line item) Transfer 2. FF.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Yvonne Ramon, ELECTIONS DEPT.

Submitted By: Melanie Esparza, ELECTIONS DEPT.

Department: ELECTIONS DEPT.

Information

CAPTION

2016 - Elections Dept (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-414-00-130-001-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 6/22/2016, from object code 336 to object code 660 in the amount of $1,400.00.

Attachments

2016- Elections (1100) LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:43 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Melanie Esparza Started On: 06/21/2016 11:25 AM

Final Approval Date: 07/01/2016

DATE: June 21, 2016

DEPARTMENT HEAD: Yvonne Ramon

DEPARTMENT NAME: Elections Department

ACCOUNT NUMBER: 6-1100-414-00-130-001-0-XXX

2016
Transfer
AI- 55155

Contact Person: Melanie Esparza **Ph#:** (956) 318-2570 Ext. 5707

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
336	Elections Dept-Computer Srv	660	Elections Dept-FURN & EQUIP CNTRLD	$1,400.00
			TOTAL	$1,400.00

REASON:
Transfer needed to pay upcoming expenses.

Approved by / / **DATE**

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55278

2016 Intradept. (line item) Transfer 2. GG.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Nick Perez, COMM. PCT. #4 Submitted By: Lulu Lucio, COMM. PCT. #4

Department: COMM. PCT. #4

Information

CAPTION

2016 - PCT. 4 (1200)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-124-007-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available as of 07/01/2016, from object code 610 to object code 640 for the amount of $260.00.

Attachments

Intradepartmental AI 55278

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 09:38 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Lulu Lucio Started On: 07/01/2016 09:27 AM

Final Approval Date: 07/01/2016

DATE: July 1, 2016

2016
Transfer

AI -55278

DEPARTMENT HEAD: Joseph Palacios

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-007-0-XXX

Contact Person: Nick Perez **Ph#:** (956) 383-3112

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	PCT4 RD MAINT-GENERAL SUPPLIES	640	PCT4 RD MAINT-REFERENCE MATERIALS	$260.00
			TOTAL	260.00

REASON:
As per purchasing recommendation subscription needs to be purchased using object code 640.

Joseph Palacios
DEPARTMENT HEAD SIGNATURE

07/01/16
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55154

2016 Intradept. (line item) Transfer 2. HH.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION
2016 - Pct. 4 Road Maint. (1200)

BACKGROUND
2016 - Pct.4 (1200) Intradepartmental Transfer from object code 890 PCT4 RD MAINT-OTHER in the amount of $900.00 to object code 430 PCT4 RD MAINT-FURN & EQUIP CNTRLD.

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-124-007-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
From 890 --> 660 for $900. Funds available as of 06/22/2016.

Attachments
Intra Transfer Community Meeting Tv

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:43 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 06/21/2016 11:09 AM
Final Approval Date: 07/01/2016

DATE: June 21, 2016

DEPARTMENT HEAD: Joseph Palacios

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-007-0-XXX

Contact Person: Nick Perez **Ph#:** (956) 383-3112

2016
Transfer

AI - 55154

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
890	PCT4 RD MAINT-OTHER	660	PCT4 RD MAINT-FURN & EQUIP CNTRLD	900.00
			TOTAL	900.00

REASON:
Transfer of funds for television to be used for community meetings out in the field.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55143

2016 Intradept. (line item) Transfer 2. II.

CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Horaldo Sanchez, CONSTABLE PCT. #4
Submitted By: Nayla Munoz, CONSTABLE PCT. #4
Department: CONSTABLE PCT. #4

Information
CAPTION
2016 - Constable Precinct 4 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016 ACCT. #:	6-1100-421-00-294-001-0-xxx
FUNDS AVAILABLE Y/N?: y	MATCHING FUNDS Y/N?:	

BUDGETARY IMPACT:
Funds available as of 6-21-16.

Attachments
uniform policy
lit 62016

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/20/2016 03:55 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nayla Munoz Started On: 06/20/2016 08:16 AM
Final Approval Date: 07/01/2016

1. POLICY TITLE Uniform Policy

2. POLICY STATEMENT

It is the policy of the county that certain positions, as designated by each Elected Official or County Executive Officer for general fund departments, may be required to wear a uniform while on the job.

3. PURPOSE

The purpose of this policy shall be to maximize safe working conditions, reflect good appearance and to provide ease of recognition, and/or identification of designated employees by the public. This policy is necessary in order to help determine whether all or any part of the uniform expenditures will be considered a taxable fringe benefit to the employee.

Uniforms are excluded from wages of an employee if they are:

- Specifically required as a condition of employment, and
- Are not worn or adaptable to general usage as ordinary clothing.

4. GENERAL GUIDELINES

A. Each Department Director will identify the positions within their respective department for which the wearing of a uniform is required. Department Directors should ensure that uniforms are absolutely necessary.

B. Employees filling positions designated as requiring the wearing of a uniform must wear issued uniforms on the job on a daily basis once the employee receives his/her supply of uniforms.

C. Each department requiring employees to wear uniforms must include funds for new issues and replacement of uniforms in their respective department annual budget.

D. The purchasing of uniforms may be used in lieu of the rental of uniforms when considered more economical by the Elected Official or the County Executive Officer for General Fund Departments.

5. UNIFORM ISSUANCE

A. When an employee is assigned to a position which has been designated as requiring a uniform, the employee's Department Director will authorize the issuance of uniforms. The employee must sign for all issued uniforms.

B. The Department Director will determine the number of uniforms to be issued commensurate with the employee's expected field time, not to exceed six sets of uniforms.

6. APPEARANCE IN UNIFORM

A. Personnel shall maintain a neat and professional appearance while in uniform that shall be representative of the County of Hidalgo.

B. When the uniform is worn, the wearer shall maintain a neat, tidy appearance at all times, avoiding soiled or wrinkled uniforms.

C. Employees should keep their hair, beards, mustaches, or sideburns, clean, neatly combed or brushed and should not appear ragged or unkempt.

7. APPROPRIATE ATTIRE FOR NON-UNIFORMED AND UNIFORMED PERSONNEL

A. Non-Uniformed Employees wearing civilian attire will wear clothing that is acceptable for an office setting and keeping with other County Offices and Departments.

B. Non-Uniformed and Uniformed Employees will ensure that their clothing is cleaned, free of stains, tears and holes.

C. Non-Uniformed and Uniformed Employees authorized to wear jeans shall not wear jeans faded out, spotted with bleach or worn to the point that the cuffs are frayed or cut. The jeans cannot have holes in them.

E. All button down shirts or blouses will be worn tucked in the pant line. The only exception is for women's blouses that are designed to be worn un-tucked. Examples of this type of blouse are those made with straight hem.

8. CASUAL ATTIRE

A. On Fridays, or the last day of the workweek, Non-Uniformed Employees are allowed to wear jeans. Designed Uniformed employees shall not observe this practice unless authorized by the Department Director. Clothes should be neat, clean, and without holes or ragged edges.

B. Attire that is considered inappropriate includes but is not limited to: shorts, low cut shirts/blouses, ratty jeans, T-shirts, athletic shoes, thong sandals, and any attire that exposes the midriff or undergarment, and any other attire that the supervisor deems

C. Employees should keep their hair, beards, mustaches, or sideburns, clean, neatly combed or brushed and should not appear ragged or unkempt.

9. UNACCEPTABLE CASUAL ATTIRE

A. Regardless of gender, it is not appropriate to wear your favorite old t-shirt, ripped jeans and sneakers. Keep in mind the "business" part of the business casual, and leave your old comfortable clothes at home.

B. Pull over's can be worn but must have collar and top buttons (polo style). All pull over's will be worn tucked in the pant line. Henley style (collarless with buttons) pull over's are not acceptable. Pull over shirts cannot be heavily designed with patterns.

C. Hawaiian shirts or similar heavily patterned shirts are not acceptable wear for the office.

D. Revealing clothing, transparent materials, micro-mini skirts, and or shorts prohibited.

E. If you are assigned to go to a class, seminar or training and

F. you are being paid to attend, you are expected to adhere to this dress policy.

11. CARE AND MAINTENANCE OF UNIFORMS

A. Employees are personally responsible for the proper care, cleaning, alterations and repair of uniforms issued to them.

B. If uniform item(s) becomes unserviceable the employee must launder the item and request a replacement.

C. If an employee loses a uniform item, the employee will be charged the current cost for the item for a replacement.

10. IMPROPER UNIFORM WEAR PROHIBITED

A. Personnel issued a uniform will not wear the uniform or any portion thereof while off-duty, to any political gathering, or any other public or private gathering or to any business, or location that may be deemed as inappropriate unless their presence is of an official nature.

12. TERMINATION OF EMPLOYMENT

A. When an employee terminates with the County or is transferred into a position of

to their immediate supervisor no later than the date of termination or reassignment. All returned items must be laundered and in good condition.

B. If the employee fails to return any uniform items the cost of the unreturned item(s) will be deducted from the employee's final payment.

13. POLICY VIOLATION AND REVISION

A. An employee who does not wear the uniform specified, without a reason acceptable to the immediate supervisor, will be subject to disciplinary action, up to and including termination of employment.

B. Employees may not wear county uniforms in any capacity other than when they are performing official business for the county.

C. Failure to comply with the guidelines established in this policy may lead to disciplinary action up to an including termination of employment.

BUDGET INTRADEPARTMENTAL TRANSFER REQUEST

DATE: June 20, 2016

DEPARTMENT HEAD: A. "J.R." GAITAN

DEPARTMENT NAME: CONSTABLE PRECINCT 4

ACCOUNT NUMBER: 6-1100-421-00-294-001-0

SUBJECT: Budget Intradepartmental Transfer

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Tranfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM OBJECT CODE	OBJECT DESCRIPTION	**TO** OBJECT CODE	OBJECT DESCRIPTION	**AMOUNT**
340	Technical Srv	**605**	Clothing & Uniforms	**$845.00**
810	Dues & Memberships	**811**	Licenses & Permits	**$50.00**
			TOTAL	**$895.00**

REASON: Transfer needed to cover expenditures for patches for uniforms and license renewal.

HORALDO SANCHEZ *for Constable A. "J.R." Gaitan*

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

AI-55142

2016 Intradept. (line item) Transfer 2. JJ.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

2016 - Health & Human Services Dept. / Clinics (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-441-00-340-003-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Attachments

LIT

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/20/2016 03:54 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Mike Escaname Started On: 06/18/2016 02:51 PM

Final Approval Date: 07/01/2016

DATE: June 17, 2016

2016
Transfer

AI -

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 6-1100-441-00-340-003-0-

Contact Person: Mike Escaname **Ph#:** 7210

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	HEALTH CLINICS-GENERAL SUPPLIES	337	HEALTH CLINICS-PHARMACEUTICAL SRV	3,000.00
			TOTAL	3,000.00

REASON: ***To cover increase in Pharmacist contract.***

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-55145

2016 Intradept. (line item) Transfer 2. KK.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Katia Garcia, COMM. PCT. #1
Department: COMM. PCT. #1

Information
CAPTION
2016 - Pct. 1 Parks (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-452-00-121-013-0-xxx
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available as of 6-21-16.

Attachments
transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/20/2016 03:56 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/20/2016 11:14 AM
Final Approval Date: 07/01/2016

DATE: June 20, 2016

2016
Transfer

AI-55145 CC 6/28/16

DEPARTMENT HEAD: Commissioner A.C. Cuellar, Jr.

DEPARTMENT NAME: Hidalgo County Precinct No. 1 Parks

ACCOUNT NUMBER: 6-1100-452-00-121-013-0-XXX

Contact Person: Katia Garcia **Ph#:** (956) 968-8733 Ext. 1022

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM OBJECT CODE	OBJECT DESCRIPTION	TO OBJECT CODE	OBJECT DESCRIPTION	AMOUNT
610	GENERAL SUPPLIES	811	LICENSES & PERMITS	$350.00
610	GENERAL SUPPLIES	421	DISPOSAL	$900.00
			TOTAL	$1,250.00

REASON:
Transfer needed to cover anticipated expenditures.

DEPARTMENT HEAD SIGNATURE **DATE**

APPROVED COMMISSIONERS' COURT **ATTEST COUNTY CLERK**

AI-55096

2016 Intradept. (line item) Transfer 2. LL.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Priscilla Torres, COUNTY CLERK
Department: COUNTY CLERK

Information
CAPTION
2016 - County Clerk's (1237)

BACKGROUND
For the Purchase of 2016 Chevrolet 1500 Silverado

Fiscal Impact

FISCAL YEAR:	2016 ACCT. #:	6-1237-415-40-180-003-0-XXX
FUNDS AVAILABLE Y/N?: Y	MATCHING FUNDS Y/N?:	
BUDGETARY IMPACT:		

Attachments
LIT (1237)

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/16/2016 03:24 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM
Form Started By: Priscilla Torres		Started On: 06/15/2016 04:29 PM
Final Approval Date: 07/01/2016		

COUNTY OF HIDALGO

ARTURO GUAJARDO, JR. - COUNTY CLERK

DATE: 6/15/2016

DEPARTMENT HEAD: Arturo Guajardo, Jr

DEPARTMENT NAME: Hidalgo County Clerk's Office

ACCOUNT NUMBER: 6-1237-415-40-180-003-0-XXX

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
340	CC REC MGMT - TECHNICAL SERVICES	752	CC REC MGMT - VEHICLES	$25,580.00
430	CC REC MGMT - REPAIR & MAINT. SERVICES	752	CC REC MGMT - VEHICLES	$3,000.00
583	CC REC MGMT - TRAVEL OUT OF COUNTY	752	CC REC MGMT - VEHICLES	$2,186.00
			TOTAL	$30,766.00

REASON: To pay for some up coming needed expenses.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT DATE ATTEST COUNTY CLERK

P.O. Box 58 / 100 N. Closner, Edinburg, Texas, 78540
956.318.2100 ~ fax 956.318.2105
www.hidalgocountyclerk.us

AI-55294

2016 Interdepartmental Transfers 3. A.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION

Pct.4 (1200):
Approval of 2016 Interdepartmental Transfer from PCT4 RD MAINT (007) to PCT4 CRC SUNFLOWER/SH107 (123) in the amount of $1,620.41 in order to purchase supplies for the Sunflower CRC facility.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1200-4XX-X0-124-XXX-0-XX0
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:
Funds available as of 7/1/16.

Attachments

Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 03:33 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 04:37 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 07/01/2016 02:44 PM
Final Approval Date: 07/01/2016

DATE: July 1, 2016

DEPARTMENT HEAD: Joseph Palacios

2016
Transfer

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-4XX-X0-124-XXX-0-XX0

CONTACT PERSON: Nick Perez **PHONE:** (956) 383-3112

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE / DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM		
6-1200-431-00-124-007-0-890	**PCT4 RD MAINT-OTHER**	**(1,620.41)**
TO		
6-1200-419-40-124-123-0-610	**PCT4 CRC SUNFLOWER/SH107-GENERAL SUPPL**	**1,269.34**
6-1200-419-40-124-123-0-660	**PCT4 CRC SUNFLOWER/SH107-FURN & EQUIP**	**351.07**
TOTAL BUDGET INCREASE (DECREASE)		**0.00**

REASON:

Funds needed for the purchase of supplies (cooking) to complete the Sunflower CRC project.

SIGNATURE

COMMISSIONERS COURT **DATE** / / **ATTEST, COUNTY CLERK**

AI-55290

2016 Interdepartmental Transfers 3. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Glinda Pacheco, BUDGET & MANAGEMENT

Department: FIRE MARSHAL'S DEPT.

Information

CAPTION

Fire Marshal (1100):
Approval of 2016 interdepartmental transfer from program(019) to program (010) in the amount of $2,000 to cover pending invoices from La Villa FD.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-422-20-300-0XX-0-841

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 7/1/16.

Attachments

Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 03:35 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Glinda Pacheco Started On: 07/01/2016 02:08 PM

Final Approval Date: 07/01/2016

DATE: July 1, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

2016
Transfer

DEPARTMENT NAME: Dept. of Budget & Mgmt for Fire Marshal

ACCOUNT NUMBER: 6-1100-422-20-300-0XX-0-841

CONTACT PERSON: Glinda Pacheco **PHONE:** (956) 292-7025 Ext. 5411

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE / DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM		
6-1100-422-20-300-019-0-841	WESLACO FD-AID TO GOVT AGENCY	(2,000.00)
TO		
6-1100-422-20-300-010-0-841	LA VILLA FD-AID TO GOVT AGENCY	2,000.00
	TOTAL BUDGET INCREASE (DECREASE)	0.00

REASON: **In order to process outstanding invoices from La Villa.**

DEPARTMENT HEAD SIGNATURE

COMMISSIONERS COURT

DATE

ATTEST, COUNTY CLERK

AI-55284

2016 Interdepartmental Transfers 3. C.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Debbie Tamez, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

Various Accounts (1100):
Approval of 2016 interdepartmental transfer from Co Wide Adm-Contingency into various accounts.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1100-415-00-115-002-0-899
FUNDS AVAILABLE Y/N?:	Y/Pending	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

Funds available pending approval of AI-55176 (CC Consent 07/06/16).

Attachments

Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:39 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Debbie Tamez Started On: 07/01/2016 11:28 AM

Final Approval Date: 07/01/2016

DATE: July 6, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

2016
Transfer
AI-55284

DEPARTMENT NAME: Dept of Budget & Mgmt for Various Departments

ACCOUNT NUMBER: 6-1100-4XX-XX-XXX-0XX-0-XXX

CONTACT PERSON: Damaris San Miguel, Director, Budget Mgmt Div

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		AMOUNT
FROM			
6-1100-415-00-115-002-0- 899	CO WIDE ADM-	CONTINGENCY	(1,818,240.64)
TO			
6-1100-414-00-130-001-0- 123	ELECTIONS DEPT	ELECTION POLL WORKERS	291,969.43
6-1100-412-00-115-014-0- 121	VISITING JUDGES	TEMP F/T EMPLOYEES	194,762.14
6-1100-412-00-115-014-0- 220	VISITING JUDGES	FICA	19,203.10
6-1100-412-00-115-014-0- 831	VISITING JUDGES	COURT COST & INVESTIGATION	17,373.60
6-1100-451-32-125-021-0- 843	HISTORICAL MUSEUM	AID TO NONGOVT AGENCY	90,000.00
6-1100-423-77-330-001-0- 590	JUVENILE PANS	ROOM & BOARD INTERNAL	75,874.00
6-1100-423-78-330-001-0- 590	JUVENILE PAS	ROOM & BOARD INTERNAL	350,000.00
6-1100-423-77-330-001-0- 591	JUVENILE PANS	ROOM & BOARD EXTERNAL	300,761.20
6-1100-423-78-330-001-0- 591	JUVENILE PAS	ROOM & BOARD EXTERNAL	131,775.17
6-1100-415-00-115-002-0- 890	CO WIDE ADM	OTHER	125,430.00
6-1100-415-00-115-002-0- 421	CO WIDE ADM	DISPOSAL	71,840.00
6-1100-432-00-121-001-0- 421	PCT1 SANITATION	DISPOSAL	77,412.00
6-1100-432-00-123-001-0- 421	PCT3 SANITATION	DISPOSAL	71,840.00
TOTAL BUDGET INCREASE (DECREASE)			**0.00**

REASON: **To fund current and anticipated expenditures.**

DEPARTMENT HEAD SIGNATURE

COMMISSIONERS COURT

DATE / /

ATTEST, COUNTY CLERK

AI-55254

2016 Interdepartmental Transfers 3. D.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Katia Garcia, COMM. PCT. #1
Department: COMM. PCT. #1

Information

CAPTION

Pct.1 CO's 2014 (1345):
Approval of 2016 interdepartmental transfer within Certificate of Obligations Series 2014 from program (201) to programs (194) and (210) in the amount of $4,260.13.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1345-431-00-121-XXX-0-721
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available as of 06/30/2016.

Attachments

transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/30/2016 01:54 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/30/2016 10:30 AM
Final Approval Date: 07/01/2016

DATE: June 30, 2016

DEPARTMENT HEAD: Commissioner A.C. Cuellar, Jr.

DEPARTMENT NAME: Hidalgo County Precinct No.1

ACCOUNT NUMBER: 6-1345-431-00-121-XXX-0-721

CONTACT PERSON: Katia Garcia **PHONE:** (956) 968-8733 Ext. 1022

2016
Interdepartmental Transfer

AI-55254

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE / DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		AMOUNT
FROM:			
6-1345-431-00-121-201-0- 721	CO2014-PCT1 MILE 2E (BUS83-M6N)	ROADS	(4,260.13)
TO:			
6-1345-431-00-121-194-0- 721	CO2014-PCT1 SPANISH PALMS (1015)	ROADS	3,191.25
6-1345-431-00-121-210-0- 721	CO2014-PCT1 QUINTERO ST(M61/2-DARIO)	ROADS	1,068.88
	TOTAL BUDGET INCREASE (DECREASE)		-

REASON: Transfer is needed to cover Supplemental Agreement No. 1 to Work Authorization No. 2 for the Spanish Palms project and also to do a PO Increase (PO# 739389) for Quintero St.

DEPARTMENT HEAD SIGNATURE

COMMISSIONERS COURT

____/____/____
DATE

ATTEST, COUNTY CLERK

AI-55227

2016 Interdepartmental Transfers 3. E.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

Pct 2 CO 2014 (1345):
Approval of 2016 interdepartmental transfer from Pct 2 Machinery & Equipment to Pct 2 Eldora Road project in the amount of $350.63 to fund Change Order No. 2.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1345-431-00-122-1XX-0-XX1
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	

BUDGETARY IMPACT:

Funds available as of 6/30/2016 in account no 6-1345-431-00-122-112-0-751

Attachments

Transfer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/30/2016 01:08 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/29/2016 10:07 AM

Final Approval Date: 07/01/2016

DATE: June 29, 2016

DEPARTMENT HEAD: Commissioner Eduardo "Eddie" Cantu

2016
Interdepartmental Transfer

AI # 55227

DEPARTMENT NAME: Hidalgo County Precinct No.2 CO 2014 Pct 2
ICA SJ Eldora Rd. Project

ACCOUNT NUMBER: 6-1345-431-00-122-1XX-0-XX1

CONTACT PERSON: Carlos Jasso **PHONE:** (956) 787-1891 Ext. 2006

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE / DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		AMOUNT
FROM:			
6-1345-431-00-122-112-0- 751	CO 2014- Pct 2	Machinery & Equipment	(350.63)
TO:			
6-1345-431-00-122-107-0- 841	CO 2014 - Pct 2 ICA SJ Eldora	Aid to Govt Agency	350.63
TOTAL BUDGET INCREASE (DECREASE)			-

REASON: To fund Change Order No. 2 for the Eldora Road project.

SIGNATURE

COMMISSIONERS COURT

DATE

ATTEST, COUNTY CLERK

AI-55150

2016 Interdepartmental Transfers 3. F.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION

Pct. 4 Adm-Registration Fees (1200):
Approval of 2016 interdepartmental transfer from Pct. 4 Road Maint-General Supplies to Pct. 4 Adm-Registration Fees in the amount of $1,440.00 to fund 2016 Certified Public Manager Registration Fees & 2016 Texas County & District Retirement System Conference Registration Fees.

BACKGROUND

Fiscal Impact

Attachments
lit

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/20/2016 03:56 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 06/20/2016 03:12 PM
Final Approval Date: 07/01/2016

DATE: June 21, 2016

DEPARTMENT HEAD: Joseph Palacios

2016

Transfer AI-55150

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-XXX-0-XXX

CONTACT PERSON: Nick Perez **PHONE:** (956) 383-3112

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE / DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
FROM		
6-1200-431-00-124-007-0-610	**PCT4 RD MAINT-GENERAL SUPPLIES**	**(1,440.00)**
TO		
6-1200-431-00-124-005-0-584	**PCT4 ADM-REGISTRATION FEES**	**1,440.00**
TOTAL BUDGET INCREASE (DECREASE)		**0.00**

REASON:

Funds needed for (2016 Certified Public Manager Course & Texas County & District Retirement System Conference).

SIGNATURE

COMMISSIONERS COURT

DATE

ATTEST, COUNTY CLERK

AI-55279

2016 Interdepartmental Transfers 3. G.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION

PCT4 (1200):
Approval of 2016 interdepartmental transfer from PCT4 RD MAINT-REPAIR & MAINT SRV(430) to PCT4 ICA MCALLEN-RUSSELL(CANAL-WARE)-AID (841) in the amount of $1,617.58.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1200-431-00-124-XXX-0-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	

BUDGETARY IMPACT:
Funds available as of 07/01/2016.

Attachments

Interdepartmental Transfer Pct.4

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:19 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 07/01/2016 10:16 AM
Final Approval Date: 07/01/2016

DATE: July 1, 2016

DEPARTMENT HEAD: Joseph Palacios

2016
Transfer

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-XXX-0-XXX

CONTACT PERSON: Nick Perez **PHONE:** (956) 383-3112

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME		AMOUNT
FROM				
6-1200-431-00-124-007-0	430	Pct. 4 Rd Maint	Repair & Maint Srv	(1,617.58)
TO				
6-1200-431-00-124-142-0-	841	Pct. 4 ICA McAllen-Russell (Canal Ware)	Aid	1,617.58
		TOTAL BUDGET INCREASE (DECREASE)		0.00

REASON: **Funds needed for cmt testing to complete the project.**

Joseph Palacios

SIGNATURE

07/01/16

COMMISSIONERS COURT **DATE** **ATTEST, COUNTY CLERK**

AI-55280

2016 Interdepartmental Transfers 3. H.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION

PCT4 (1200): Approval of 2016 interdepartmental transfer from PCT4 RD MAINT- GENERAL SUPPLIES (610) to PCT4 ICA MCALLEN-RUSSELL(CANAL-WARE)-RD (721) in the amount of $7,733.81.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1200-431-00-124-XXX-0-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	

BUDGETARY IMPACT:

Funds available as of 07/01/2016, moving monies from object code 610 to object code 721 in the amount of $7,733.81.

Attachments

Interdepartmental Tansfer AI-55280

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:19 AM
Budget & Management	Veronica Ortiz	07/01/2016 11:19 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 07/01/2016 10:27 AM

Final Approval Date: 07/01/2016

DATE: July 1, 2016

DEPARTMENT HEAD: Joseph Palacios

2016
Transfer

DEPARTMENT NAME: Hidalgo County Pct. 4

ACCOUNT NUMBER: 6-1200-431-00-124-XXX-0-XXX

CONTACT PERSON: Nick Perez **PHONE:** (956) 383-3112

SUBJECT: **Interdepartmental Transfer/s in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Interdepartmental transfer/s (transfer in/out) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		AMOUNT
FROM			
6-1200-431-00-124-007-0 610	Pct. 4 Rd Maint	General Supplies	(7,733.81)
TO			
6-1200-431-00-124-142-0- 721	Pct. 4 ICA McAllen-Russell (Canal Ware)	Rd	7,733.81
	TOTAL BUDGET INCREASE (DECREASE)		0.00

REASON: **Funds needed for cmt testing to complete the project.**

Joseph Palacios
SIGNATURE

07/01/16

COMMISSIONERS COURT | DATE | ATTEST, COUNTY CLERK

Interfund Transfers 4. A.

AI-55188

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Nick Perez, COMM. PCT. #4
Department: COMM. PCT. #4

Information

CAPTION

Pct 4 Doolittle Recovery Prj Improvement (1100):
Approval of 2016 interfund transfer from Pct 4 Rd Maint- Other (1200) to Pct 4 Doolittle Recovery Prj- Improvements (1100) in the amount of $30,000.00 to cover anticipated expenditures related to the Doolittle Recovery Project.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1X00-XXX-XX-XXX-0-000
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available as of 06/24/2016.

Attachments

.Interfund - 1200 to 1100 - Doolittle Recovery (Reverse Interfund)

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 11:06 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Nick Perez Started On: 06/24/2016 10:52 AM
Final Approval Date: 07/01/2016

DATE: June 24, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Pct 4 Doolittle Recovery Prj.

2016
Interfund Transfer

ACCOUNT NUMBER: **6-1X00-XXX-XX-XXX-0-XXX**

CONTACT PERSON: Merlen Munoz **PHONE:** (956) 292-7025 ext. 5403

SUBJECT: **Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.**

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME		AMOUNT
FROM:				
6-1200-431-00-124-007-0-	890	Pct 4 Rd Maint	Other	(30,000.00)
6-1200-391-01-000-100-0-	**000**	**Transfer In-**	**General Fund**	**(30,000.00)**
TO:				
6-1100-491-01-000-200-0-	**891**	**Transfer Out-**	**R & B Fund**	**(30,000.00)**
6-1100-432-00-124-162-0-	740	Pct 4 Doolittle Recovery Prj	Improvement	30,000.00
		TOTAL BUDGET INCREASE (DECREASE)		**30,000.00**

REASON: Reverse interfund for anticipated expenditures related to the Doolittle Recovery Project

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**

AI-55228 County Clerk 5. A.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Priscilla Torres, COUNTY CLERK

Department: COUNTY CLERK

Information

CAPTION

Approval to rescind action taken on Agenda Item #54385 (intradepartmental transfer) approved by Commissioners' Court on May 10, 2016.

BACKGROUND

Transfer of funds was for the purchase of a new vehicle - Approved Subject to Legal Review. Mr. Eufracio, County Auditor, expressed concerns regarding the account being used for said purchase.
See attached minutes

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-415-40-180-002-0-XXX

FUNDS AVAILABLE Y/N?: yes MATCHING FUNDS Y/N?: NO

BUDGETARY IMPACT:

No budgetary impact. Rescinding original action taken 5/10/2016 AI# 54385.

Attachments

Minutes 5-10-16

LIT 54385

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 01:31 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Priscilla Torres Started On: 06/29/2016 10:34 AM

Final Approval Date: 07/01/2016

SPECIAL MEETING - May 10, 2016

BE IT REMEMBERED, that on this 10th day of May A.D., 2016, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	**HIDALGO COUNTY JUDGE**
HONORABLE A.C. CUELLAR, JR.	**COMMISSIONER, PRECINCT NO. 1**
HONORABLE EDUARDO "EDDIE" CANTU	**COMMISSIONER, PRECINCT NO. 2**
HONORABLE JOE M. FLORES	**COMMISSIONER, PRECINCT NO. 3**
HONORABLE JOSEPH PALACIOS	**COMMISSIONER, PRECINCT NO. 4**

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:

AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
May 10, 2016
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, EDUARDO “EDDIE” CANTU the Court made a UNANIMOUS vote of approval without Items.2.X., 2.CC., 8.A., 10.B.3., 10.O., 10.DD. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. AI-54555 **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Check Fraud Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2016 Intradepartmental transfers:**

   A. AI-54527 2016 - Human Resources (1100)

   B. AI-54528 2016 - Pct. 1 Road Maint. (1200)

   C. AI-54529 2016 - Pct. 1 Parks (1100)

   D. AI-54508 2016 - Pct. 3 Rd. Maint. (1200)

E. AI-54507 2016 - Pct. 4 CRC (1100)

F. AI-54452 2016 - Pct. 4 Sanitation (1100)

G. AI-54463 2016 - Pct 2 Parks (1100)

H. AI-54461 2016 - CW Mech Shop (1200)

I. AI-54414 2016 - Pct. 4 Adm. (1200)

J. AI-54484 2016 - Pct. 4 CO2015A (1347)

K. AI-54493 2016 - Human Services Div. (1100)

L. AI-54490 2016 - 332nd District Court (1100)

M. AI-54478 2016 - Sheriff's - COPS Retention (1284)

N. AI-54464 2016 - Hidalgo County Sheriff's Office (1100)

O. AI-54453 2016 - Public Affairs (1100)

P. AI-54440 2016 - Pct. 3 Sanitation (1100)

Q. AI-54435 2016 - Health & Human Services Dept. / Clinics (1100)

R. AI-54410 2016 - Pct 2 Rd Maint (1200)

S. AI-54417 2016 - Pct #3 Parks (1100)

T. AI-54409 2016 - Tax Office (1100)

U. AI-54405 2016 - Health & Human Services Dept. / H.D. Adm (1293)

V. AI-54394 2016 - Master Court #2 (1100)

W. AI-54393 2016 - Sheriff's Office (1284)

X. AI-54385 2016 - County Clerk's (1100)

Mrs. Linda Fong explained that Items.2.X. and 2.CC. are intradepartmental transfers and there are questions in regards to the purchasing they intent to make. The questions is whether or not the funding is allowable under those funding sources.

She requested to take no action.

Mr. Sergio Cruz informed that one of the items is a request for purchasing of a vehicle for transportation purposes of records. Mr. Cruz mentioned that there were concerns regarding the purchasing of a vehicle, as supposed to contracting someone to transfer records, and if it was allowable under the purposes for that.

The other item in questioned was the request for a counterfeit machine.

Mr. Cruz requested the court to approve both items subject to legal review, and whether this would be within the purposes of the statute.

On motion by COMMISSIONER PCT. 2, EDUARDO “EDDIE” CANTU, seconded by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., the Court made a UNANIMOUS vote of approval subject to legal.

Vote: 5 - 0 -Unanimously

Y. AI-54383 2016 - 370th District Court (1100)

Z. AI-54381 2016 - Safety Division (1100)

AA. AI-54380 2016 - District Attorney (1100)

BB. AI-54376 2016 - Imm Div Local (1293)

CC. AI-54365 2016 - County Clerk's Office (1237)

Mr. Cruz requested the court to approve both items subject to legal review, and whether this would be within the purposes of the statute.

On motion by COMMISSIONER PCT. 2, EDUARDO “EDDIE” CANTU, seconded by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., the Court made a UNANIMOUS vote of approval subject to legal.

Vote: 5 - 0 -Unanimously

DD. AI-54362 2016 - Health & Human Services Dept. / Clinics (1100)

EE. AI-54361 2016 - Elections Dept. (1283)

FF. AI-54354 2016 - Health & Human Services Dept. (1293)

3. **2016 Interdepartmental transfers:**

COUNTY OF HIDALGO

ARTURO GUAJARDO, JR. - COUNTY CLERK

DATE: 4/25/2016

DEPARTMENT HEAD: Arturo Guajardo, Jr

DEPARTMENT NAME: Hidalgo County Clerk's Office

ACCOUNT NUMBER: 6-1100-415-40-180-002-0-XXX

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
350	CO CLERK REC ARCHIVE - OTHER SERVICES	752	CO CLERK RECORD ARCHIVE - VEHICLES	$30,800.00
350	CO CLERK REC ARCHIVE - OTHER SERVICES	751	CO CLERK - MACHINERY & EQUIPMENT	$200.00
			TOTAL	$31,000.00

REASON: To pay for some up coming needed expenses.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE

ATTEST COUNTY CLERK

P.O. Box 58 / 100 N. Closner, Edinburg, Texas, 78540
956.318.2100 ~ fax 956.318.2105
www.hidalgocountyclerk.us

Planning Department 6. A.

AI-55234

CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Irma Castillo, PLANNING DEPT.
Submitted By: Irma Castillo, PLANNING DEPT.
Department: PLANNING DEPT.

Information

CAPTION

1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)
2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

BACKGROUND

Fiscal Impact

Attachments

Pct 1 Cert Plat & Utility Status 07-05-16
Pct 1 Water Service Availability 07-05-16
Pct 2 & 4 Cert Plat & Utility Status 07-05-16
Pct 2 & 4 Water Service Availability 07-05-16
Pct 3 Cert Plat & Utility Status 07-05-16
Pct 3 Water Service Availability 07-05-16

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/29/2016 01:43 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 10:09 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Irma Castillo Started On: 06/29/2016 11:34 AM
Final Approval Date: 07/01/2016

	PLANNING DEPT. PCT.#1 CERTIFICATE OF PLAT & UTILITY STATUS	
	APPLICANT	APPLICATION NO.
1.	NORMA HERNANDEZ	1-13734
2.	MARIA T. RAMIREZ	1-13544
	COMM. COURT: July 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct (1) 2 3 4

Application No: 1-13734

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Norma Hernandez

Address: 10224 S. Felipe
Weslaco, Tx
78599

Phone: (956) 532-6244

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Water Supplier: North Alamo Water.

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: n/a

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as: Eagles Nest #1 Lot #7 Blk #1,

on_____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 9-4-96);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by Johanna Vallejo (Johanna Vallejo));

No an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Johanna Vallejo);

Yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Johanna Vallejo);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by Johanna Vallejo);

Johanna Vallejo

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____
Hidalgo County Clerk | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13734

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Norma Hernandez

Address: 1022 4 S. Felipe
Weslaco, Tx 78599

Phone: (956) 532-6244

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Eagles Nest #1 Lot #7 Blk #1

STATUS OF PERSON OR ENTITY MAKING REQUEST:

_____ Subdivider
__✓__ Owner of lot in subdivision
_____ Resident of lot in a subdivision
_____ Entity that provides utility service

Norma Hernandez — Requesting Party (Signature)

6/28/2016 — Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

__✓__ Deed
_____ Executory Contract
_____ Lease
_____ Rent Receipt
_____ Affidavit
__✓__ Other (describe) permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/2016 — **Date**

Johanna Valley — **County Official**

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13734
Jun. 28, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

E0155-01-001-0007-00

[1] OWNER: HERNANDEZ, NORMA
RUIZ, LEOPOLDO
10224 S. FELIPE
WESLACO TX 78599-1779
Telephone No. 532-6244

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
25-RESIDENTIAL NEW SINGLE DWELLING

[5] SIZE OF STRUCTURE: 2,025 Sq. Ft.

[6] USE OF BUILDING: NEW RES ZONE X-25

[7] LEGAL DESC./NAME OF SUBDIVISION
EAGLE'S NEST ESTATES UT 1 LOT
7 BLK 1

LOCATION: 0 MILE 6 1/2 & ,ILE 9

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: BLOC

[10] EST. COST OF CONST.: $25,000

[11] SPECIAL FLOOD HAZARD AREA: _____YES
_____NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY W/ COUNTY SETBACKS FRONT 25'
SIDES 6' REAR 25'

Johanna Valley — Prepared by — 6/28/2016 — Date

Leonel Najera — Approved by — 6/17/2016 — Date

Norma Hernandez — Signature of Owner or Applicant — 6/28/2016 — Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO Panel No. /Suffix: 0450C Pct: 1

Community No.: 480334

Certification of Elevation Required: _____ YES ✓ NO _____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

WARRANTY DEED

STATE OF TEXAS

COUNTY OF HIDALGO

BEFORE, ALFREDO HERNANDEZ, LEOPOLDO P RUIZ and NORMA HERNANDEZ BAUTISTA on this day personally appeared known to me or proved on the oath of drive license number for Alfredo Hernadez DL# [redacted] Leopoldo Ruiz consular [redacted] and Norma Hernandez Bautista Consular Id# [redacted]. Who being by me duly deposes as follows:

Grantors address: 2508 South Lane, Weslaco, Tx 78596
Grantors Social Security Number: [redacted]

Grantees address: 10224 San Felipe St, Weslaco, Tx 78599

I Leopoldo P Ruiz and Norma Hernandez Bautista purchased a vacant lot located at Lot **Seven(7), Block One (1), Eagles Nest Estates Subdivision, Phase I, Farm Tract 212 block 180, Lot 11 of the west and Adams tract Subdivision, recorded in Volume 31,Page 136 of the Map and Records in the Office of the County Clerk, Hidalgo County, Texas, reference in here made for all purposes** from Alfredo Hernandez. The property was purchased for the amount of $24,000 dollars on 08/03/2007 in payments of $200 per month. First payment will start on 09/03/2007. The account was paid in full on 05/01/2013.

Alfredo Hernandez (Seller)

Leopoldo P Ruiz (buyer)

Norma Hernandez

Norma Hernandez Bautista (buyer)

Subscribed and Sworn Before Me On This 9th Day of June, 2016 Alfredo Hernandez, Norma Hernandez Bautista and Leopoldo P Ruiz were present to sign the warranty deed.

Notary Public for the State of Texas

Commission Expires:_____

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
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956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13544

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Maria T Ramirez

Address: Eagle North

Phone: 956-376-6737

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Water Supplier: NAWSC

Utility Provider: [ ]M.V.E.C. [ ]AEP

Account/ESI No.: N/A

[ ] Temporary Pole [ ] Permanent Service

regarding the land described as: Eagles Nest #3 Lot# 11 Blk# 9,

on_____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 8/14/07);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by Gilbert Becerra);

No an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by ____);

Yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by ____);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by ____);

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____ **Hidalgo County Clerk** | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
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956-318-2840
956-318-2844

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956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13544

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Maria Teresa Ramirez

Address: Eagle North

Phone: 956-376-6737

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Eagle Nest #3 Lot # 11 Blk # 9

STATUS OF PERSON OR ENTITY MAKING REQUEST:

_____ Subdivider
__✓__ Owner of lot in subdivision
_____ Resident of lot in a subdivision
_____ Entity that provides utility service

Maria T Ramirez — Requesting Party (Signature)

06-23-16 — Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

__✓__ Deed
_____ Executory Contract
_____ Lease
_____ Rent Receipt
_____ Affidavit
__✓__ Other (describe) permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/24/16 — **Date**

County Official

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13544
May. 6, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

Prop ID# 719502

E0155-03-009-0011-00

[1] OWNER: RAMIREZ, MARIA T

2802 BUSTAMANTE
WESLACO, TEXAS 78596
Telephone No. 778-2392

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MISCELLANEOUS
30-RESIDENTIAL/ADD. & RENOVATION

[5] SIZE OF STRUCTURE: 2,000 Sq. Ft.

[6] USE OF BUILDING: GARAGE ZONE X-30

[7] LEGAL DESC./NAME OF SUBDIVISION
EAGLES NEST #3 LOT #11 BLK #9

LOCATION: 0 MILE 10 N & MILE 6 1/2

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $5,500

[11] SPECIAL FLOOD HAZARD AREA: ____YES ____NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY W/ COUNTY SETBACKS FRONT 25'
SIDES 15' CORNER 10' REAR 25'

Johana Vallejo — Prepared by — 5/6/2016 — Date

Gilbert Pecina — Approved by — 5/3/16 — Date

Ruben Ramirez — Signature of Owner or Applicant — 5/6/2016 — Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO 0450C
Panel No. /Suffix:_____ Pct: 1

Community No.: 480334

Certification of Elevation
Required: ____YES ✓ NO ____BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: SOCIAL SECURITY NUMBER OR DRIVER'S LICENSE NUMBER.

WARRANTY DEED

Conforms to State Bar of Texas Form

Date:

Grantor: **TONY BARBOSA and wife, LIDIA BARBOSA**

Grantor's Mailing Address: **2602 Sugarcane Road**
Weslaco, Texas 78596
Hidalgo County

Grantee: **MARIA TERESA RAMIREZ**

Grantee's Mailing Address: **2802 Bustamante**
Weslaco, Texas 78596
Hidalgo, County

Consideration: TEN AND NO/100THS DOLLARS ($10.00) - and other good and valuable consideration

Property (including any improvements):

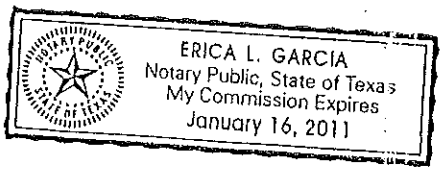
Lot Eleven (11), Block Nine (9), Eagle's Nest Estates Subdivision, Unit III, Farm Tract 213 of the West and Adams Tract Subdivision, recorded in Volume 53, Pages 170-171 of the Map Records in the Office of the County Clerk, Hidalgo County, Texas, reference is here made for all purposes.

Reservations from and Exceptions to Conveyance and Warranty:

1. **Restrictive Covenants dated September 5, 2007, filed September 12, 2007 under Document Number 1805975, Official Records and Volume 53, pages 170-171, Map Records and Volume 53, Pages 170-171, Map Record Hidalgo County, Texas.**
2. **SUBJECT TO** easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded instruments, other than liens and conveyances, that affect the property;
3. **SUBJECT TO** all mineral reservations, oil and gas leases, water rights, easements and building restrictions and conditions, if any, of record;
4. **SUBJECT TO** the subdivision regulations of the County of Hidalgo and/or Ordinances or governmental regulations of the City in which the property may be located or holding extra-territorial jurisdiction of said property;
5. **Visible and apparent easements on or across the property herein described.**

THE STATE OF TEXAS §
§ ACKNOWLEDGMENT
COUNTY OF HIDALGO §

This instrument was acknowledged before me on the 30th day of November, 2007, by **TONY BARBOSA and wife, LIDIA BARBOSA.**



Notary Public, STATE OF TEXAS

AFTER RECORDING, RETURN TO:

LAW OFFICES OF MIGUEL D. WISE, P.C.
3516 East Expressway 83, Suite A
Weslaco, TX 78596

6. **Taxes for the current year and all subsequent years and any and all other assessments made based on change in land usage.**

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and to hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors, to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

When the context requires, singular nouns and pronouns include the plural.

Tony Barbosa

TONY BARBOSA

Lidia Barbosa

LIDIA BARBOSA

	PLANNING DEPT. PCTS.#1 WATER SERVICE AVAILABILTY	
	APPLICANT	APPLICATION NO.
1.	LUIS VASQUEZ	1-13720
2.	ALEJANDRO GARCIA	1-13722
3.	ALFONSO CASTRO JR	1-13732
4.	MARICARMEN GARCIA	1-13623
	COMM. COURT: JULY 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13720

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Upon the application of:

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Name: LUIS VASQUEZ

Address: 342 TEJAS BLVD
MERCEDES TX 785-70

Phone: 956 520-6719

Water Supplier: City of Mercedes

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: N/a

[✓] Temporary Pole [ ] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

INDIAN HILLS BLVD 342

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

~~The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.~~

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Johanna Vallejo

Planning Department Authorized Signature

Hidalgo County Judge

Date

ATTEST: _____
Hidalgo County Clerk

Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13720

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared

Luis Vasquez ,

Known to me [*or* proved to me in the oath of TX DL# 06573385 ***or* through** _____ **(*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:**

1. **"I am requesting utility service to the following described land:**

Indian Hills Lot# 342 Blk# 1 ."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. **"The land described above has been sold or conveyed to me."**

AND [*strike through the statement below that does not apply*]

~~**3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."**~~

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

X Luis Vasquez **(Signature)**

SUBSCRIBED AND SWORN TO before me on June 23rd **, 20**19**; to certify which, witnesses my hand and seal of office.**

JohannaVallejo

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

JOHANNA VALLEJO
Notary Public
STATE OF TEXAS
Notary ID# 13053818-6
My Comm. Exp. 02-12-2020

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13720
Jun. 23, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

I2230-00-001-0342-00

[1] OWNER: VAZQUEZ, LUIS
MOLINERO, YOLANDA
342 TEJAS, BLVD
MERCEDES, TEXAS 78570
Telephone No. 274-1323

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: CITY

[4] PURPOSE OF APPLICATION: MOBILE HOMES
20-MOBILE HOMES

[5] SIZE OF STRUCTURE: 270 Sq. Ft.

[6] USE OF BUILDING: REST. ZONE X-20

[7] LEGAL DESC./NAME OF SUBDIVISION
INDIAN HILLS LOT 342 BLK 1

LOCATION: 0 MILE 11 & FM 491

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $13,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES ____/NO

Special Conditions: No construction allowed over any easements.
MUST CUMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
SETBACKS FRONT:25' REAR:15' SIDES:6'
MIN. ELE.ABOVE TOP OF NATURAL GROUND 18"

Prepared by — Date: 6/23/16

Approved by — Date: 6/23/16

Signature of Owner or Applicant — Date: 6/23/16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0425 C Pct: 1

Community No.: 480334

Certification of Elevation
Required: ____ YES ____/NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

WARRANTY DEED WITH VENDOR'S LIEN

DATE: May 26, 2016

GRANTOR: Robert L. Schwarz, not joined by my wife since the property herein conveyed constitutes no part of our legal homestead

GRANTOR'S MAILING ADDRESS: 2601 E. Mile 3 Rd
Palmhurst, Hidalgo County, Texas 78574

GRANTEE: Luis Vazquez and Yolanda Molinero

GRANTEE'S MAILING ADDRESS: P.O. Box 1224
Mercedes, Texas 78570

CONSIDERATION: Cash and a note of even date executed by Grantee and payable to the order of Grantor in the principal amount of Thirteen thousand and NO/100 Dollars ($13000.00). The note is secured by a first and superior vendor's lien and superior title retained in this deed and by a first-lien deed of trust of even date from Grantee to Mark Twenhafel, Trustee.

PROPERTY (including any improvements):

Lot Three hundred Forty-Two (342),Block One (1), Indian Hills Subdivision, Hidalgo County, Texas, according to the map and plat of record in Volume 23 Page 180 and 181 and in Volume 24 page 81, Map Records of Hidalgo County, Texas;

RESERVATIONS FROM CONVEYANCE:

SAVE AND EXCEPT all oil, gas and other minerals, all geothermal energy, and wind energy and further SAVE AND EXCEPT (to the fullest extent permitted by law) all water rights and rights to water (whether riparian, appropriative or otherwise) presently appended or annexed to said property.

EXCEPTIONS TO CONVEYANCE AND WARRANTY:

As shown on Exhibit "A" attached hereto and made a part hereof for all purposes.

Liens described as part of the Consideration and any other liens described in this deed as being either assumed or subject to which title is taken; validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments other than conveyances of the surface fee estate, that affect the Property; and taxes for 2016 which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors, to warrant and forever defend all and singular the Property to Grantee and Grantee's heir,successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.
Restrictions: See Exhibit A

Those reservations and exceptions on Exhibit A attached hereto and made a part hereto for all purposes.

Grantor, as the fee simple owner of the Property, establishes the Restrictions as convenants, conditions, and restrictions, whether mandatory, prohibitive, permissive, or administrative to regulate the structural integrity, appaearance, and uses of the Property and the improvements placed on it. Grantor and Grantee stipulate that (a) the Restrictions touch and concern the Property; (b) privity of estate exists by reason of the ownership of the Property; (c) notice is given by filing this instrument in the real property records of the county in which the Property is situated; and (d) the Restrictions are reasonable,their purposes being for the common benefit of Grantor, Grantee and the Affected Property Owners, who are affected by the structural integrity, appearance, and uses of the Property. The Restrictions run with the land making up the

property, are binding on Grantee and Grantee's successors and assigns forever, and inure to the benefit of Grantor, Grantee, Affected Property Owners, and their successors and assigns forever.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

When the context reguires, singular nouns and pronouns include the plural.

Grantee accepts the herein described property as is, where is and with all faults, and without any representations or warranties whatsoever, express or implied, written or oral, it being the intention of Grantor and Grantee to expressly negate and exclude all representations and warranties, including, but not limited to (1) the condition the property or any element thereof, including, without limitation, warranties related to environmental conditions, suitability for habitation, merchantability or fitness for a particular purpose; (2) the soil conditions, drainage or other conditions existing at the property with respect to any particular purpose, development potential or otherwise; (3) all warranties created by affirmation of fact or promise by any description of the property; and (4) all other warranties and representations whatsoever, except the warranty of title expressly set forth herein.

Robert L. Schwarz

STATE OF TEXAS)(

COUNTY OF HIDALGO)(

This instrument was acknowledged before me on the 31st day of May 2016. by Robert L. Schwarz

ANGELICA HERNANDEZ
NOTARY PUBLIC-STATE OF TEXAS
COMM. EXP. 10-18-2016
NOTARY ID 12076219

Notary Public, State of Texas

Notary's name (printed) : ANGELICA HERNANDEZ

Notary's commission expires : 10-18-16

BUYER'S ACCEPTANCE OF DEED
05-26-2016

The undersigned buyer(s) hereby accepts and consents to the form of Deed attached hereto including, but notlimited to, the provision(s) concerning title exceptions contained therein, and acknowledges the same is in conformity with Buyer's intent, and the terms and provisions of same shall control in the eventof any conflict of the contract Buyer has signed regarding the property described in the attached Deed.

Luis Vazquez

Yolanda Molinero

AFTER RECORDING RETURN TO :
Harold Munal
2601 E. Mile 3 Rd.
Palmhurst, Texas 78574

VOL. 23 PG. 181

SHEET 1 OF 2

MAP OF INDIAN HILLS SUBDIVISION

BEING A RESUBDIVISION OF 122.65 ACRES OUT OF ALL OR PARTS OF LOTS "K", "I", AND "J", CAPISALLO HEIGHTS SUBDIVISION FARM TRACT 3014, 3015, AND 3016, AND LOTS 2, 3, 5, AND 6, ALL OF BLOCK 62, NORTH CAPISALLO DISTRICT SUBDIVISION OUT OF LLANO GRANDE GRANT, HIDALGO COUNTY, TEXAS

I, LARRY L. SMITH, A REGISTERED PUBLIC SURVEYOR AND ENGINEER, DO HEREBY CERTIFY THAT THIS PLAT IS A TRUE AND ACCURATE REPRESENTATION OF THE SUBDIVISION OF THE LANDS HEREON DESCRIBED AS SURVEYED UNDER MY DIRECTION.

LARRY L. SMITH
REGISTERED PUBLIC SURVEYOR AND ENGINEER
EDINBURG, TEXAS
FIRM REGISTRATION # 2-830047

STATE OF TEXAS:
COUNTY OF HIDALGO:

KNOW ALL MEN BY THESE PRESENTS:
THAT THE UNDERSIGNED OWNER OF THE PROPERTY HEREON DESCRIBED, DOES HEREBY ADOPT, DEDICATE, AND CONFIRM THE FOREGOING MAP OR PLAT AND DOES DEDICATE TO THE PUBLIC THE SURFACE USE OF THE STREETS DESIGNATED THEREON.

LONNY SUMERS, TRUSTEE

STATE OF TEXAS:
COUNTY OF HIDALGO:

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED LONNY SUMERS, OWNER KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED. GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 7th DAY OF July, A.D., 1983.

DENISE A. CLARK
Notary Public
State of Texas
My Commission Expires 6-15-85

NOTARY PUBLIC FOR THE STATE OF TEXAS

I, THE UNDERSIGNED, CHAIRMAN OF THE PLANNING AND ZONING COMMISSION OF THE CITY OF MERCEDES, HEREBY CERTIFY THAT THIS SUBDIVISION PLAT CONFORMS TO ALL REQUIREMENTS OF THE SUBDIVISION REGULATIONS OF THIS CITY WHEREIN MY APPROVAL IS REQUIRED.

CHAIRMAN, PLANNING AND ZONING COMMISSION — DATE

THIS PLAT APPROVED BY THE CITY COMMISSION OF THE CITY OF MERCEDES, ON THIS THE 6th DAY OF December A.D., 19 83.

NOTE:

1. Minimum finished floor elevation west of FM 491 is elevation 59.6 feet. Minimum finished floor elevation east of FM 491 is elevation 59.5 feet or 16 inches above natural ground whichever is higher.
2. The area of the subdivision west of FM 491 is in FIRM flood zone "C" indicating no flooding during a 100 year storm event. The area of this subdivision east of FM 491 is in FIRM flood zone "A" indicating flooding depths of less than 1 foot during a 100 year storm event.
3. Benchmark - USGS BM on #686 plate on the Southwest headwall of the bridge on FM 491 spanning the North Floodway Pilot Channel approximately 1/4 mile North of Mile 10 North. Elevation = 62.15

APPROVED FOR RECORDING BY COMMISSIONERS' COURT
This the 6th day of Dec 1983
J. EDGAR RUIZ, County Clerk
Hidalgo County, Texas
By Norma Walker, Deputy

Recorded in Book 23 Page 181 of the map records of Hidalgo County, Texas
Melden and Hunt, Inc.
County Surveyors

CURVE DATA

SYMBOL	DELTA	RADIUS	TANGENT	LENGTH	CHORD
104	04°14'54"	446.64'	37.96'	79.84'	79.80'
105	03°26'36"	744.39'	14.66'	29.36'	29.36'
106	10°59'09"	764.30'	76.21'	140.05'	139.82'
107	08°39'30"	764.30'	66.89'	133.83'	133.66'
108	16°07'59"	50.01'	7.09'	14.08'	14.03'
109	61°41'13"	50.01'	29.86'	53.83'	51.27'
110	44°09'09"	50.01'	20.20'	38.40'	37.46'
111	67°07'07"	50.01'	33.48'	59.01'	55.64'
112	20°33'47"	50.01'	90.07'	17.94'	17.85'
113	05°15'26"	151.65'	3.84'	15.64'	15.65'
114	58°01'32"	50.01'	28.11'	51.22'	49.01'
115	37°03'20"	50.01'	16.76'	32.34'	31.78'
116	35°09'07"	50.01'	15.84'	30.68'	30.20'
117	68°04'50"	50.01'	33.78'	59.41'	55.98'
118	09°38'52"	151.65'	12.90'	25.54'	25.51'
119	06°14'24"	151.65'	8.27'	16.52'	16.52'
120	36°58'18"	101.65'	33.98'	65.59'	64.46'
121	24°17'42"	101.65'	21.89'	43.10'	42.79'
122	07°44'42"	365.0'	24.68'	49.29'	49.25'
123	08°09'42"	365.0'	29.66'	57.20'	57.14'
124	00°58'33"	365.0'	3.11'	6.22'	6.22'
125	05°15'00"	315.0'	7.56'	15.12'	15.12'
126	11°27'22"	315.0'	32.06'	63.90'	63.80'
127	09°38'52"	315.0'	26.60'	53.08'	53.01'
128	01°45'32"	365.0'	5.44'	10.88'	10.88'
129	07°03'20"	365.0'	22.57'	47.07'	47.04'
130	04°23'35"	365.0'	13.98'	27.95'	27.94'
131	07°57'02"	315.0'	21.89'	43.71'	43.68'
132	11°05'41"	315.0'	31.02'	62.83'	62.73'
133	04°50'36"	315.0'	13.32'	26.63'	26.62'
134	32°00'49"	101.70'	11.60'	23.05'	23.05'
135	32°36'11"	101.70'	30.36'	40.18'	39.92'
136	35°39'00"	51.70'	16.62'	32.27'	31.65'
137	35°39'00"	95.34'	30.34'	59.33'	58.37'
138	45°00'00"	35.34'	14.65'	27.77'	27.06'
139	45°00'00"	115.0'	47.66'	90.32'	88.02'
140	09°53'53"	165.0'	24.08'	47.53'	47.48'
141	09°53'53"	165.0'	14.34'	28.48'	28.43'
142	20°18'00"	115.0'	20.82'	40.78'	40.57'
143	21°06'52"	165.0'	6.03'	12.17'	12.05'
144	21°06'52"	165.0'	30.75'	60.81'	60.46'
145	70°32'00"	165.0'	77.04'	132.83'	124.83'
146	30°25'54"	115.0'	21.13'	42.03'	41.57'
147	30°25'54"	165.0'	14.15'	28.22'	28.18'
148	45°46'00"	135.59'	53.07'	101.17'	98.84'
149	45°53'15"	135.59'	19.32'	39.49'	38.43'
150	19°26'33"	165.55'	25.15'	49.05'	49.05'
151	30°16'34"	51.70'	15.02'	25.52'	25.26'
152	07°22'06"	51.70'	3.33'	6.65'	6.65'
153	07°44'14"	101.70'	3.33'	6.65'	6.65'
154	28°10'09"	101.70'	25.52'	50.00'	49.50'
155	03°45'00"	101.70'	3.33'	6.65'	6.63'
156	03°45'00"	72.49'	14.86'	65.10'	62.95'
157	20°52'30"	123.49'	27.80'	54.69'	54.25'
158	20°52'30"	80.0'	14.75'	29.68'	29.63'
159	72°12'58"	50.0'	188.02'	131.09'	56.94'
160	39°15'02"	50.0'	17.83'	34.25'	33.59'

CENTERLINE CURVE DATA

SYMBOL	DELTA	RADIUS	TANGENT	LENGTH	CHORD
"CC"	35°39'	340.00'	109.33'	211.51'	208.16'
"DD"	35°39'	76.70'	24.68'	47.72'	46.96'
"EE"	61°41'	126.65'	75.00'	135.43'	129.01'
"FF"	45°00'	60.36'	25.06'	47.40'	46.18'
"GG"	45°00'	140.00'	57.99'	109.96'	107.15'
"HH"	25°41'	140.00'	31.43'	61.82'	61.32'
"II"	90°45'	98.49	48.72'	97.24'	94.24'
"JJ"	42°46'	160.55'	62.86'	119.83'	117.07'
"KK"	72°32'	130.00'	98.38'	164.57'	153.80'

APPROVED
FOR RECORDING
By Norma Walker
Date Feb. 6, 1984
83413

FILED
FEB 6 1984
Deputy

Reproduction

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

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Precinct No.3 Substation
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Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13722

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Upon the application of:

Name: Alejandro Garcia

Address: 12530 Tejas Blvd mercedes Tx 78570

Phone: (956) 503-0489

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Water Supplier: City of Mercedes

Utility Provider: [ ] M.V.E.C. [X] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [X] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Indian Hills Lot 345 Blk 1

,

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____ **Hidalgo County Clerk** | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 17322

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared

ALEJANDRO GARCIA,

Known to me [*or* proved to me in the oath of TXDLET 28255472 *or* through _____ (*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:

1. "I am requesting utility service to the following described land:

INDIAN HILLS LOT 345 QUAD."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. "The land described above has been sold or conveyed to me."

AND [*strike through the statement below that does not apply*]

3A. ~~"The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."~~

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

_____ (Signature)

SUBSCRIBED AND SWORN TO before me on June 23rd, 2016, to certify which, witnesses my hand and seal of office.

JOHANNA VALLEJO
Notary Public
STATE OF TEXAS
Notary ID# 13053818-6
My Comm. Exp. 02-12-2020

_____
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

Doc-2699627

WARRANTY DEED WITH VENDOR'S LIEN

DATE: March 24, 2016

GRANTOR: Robert L. Schwarz, not joined by my wife since the property herein conveyed constitutes no part of our legal homestead

GRANTOR'S MAILING ADDRESS: 2601 E. Mile 3 Rd
Palmhurst, Hidalgo County, Texas 78574

GRANTEE: Alejandro Garcia

GRANTEE'S MAILING ADDRESS: PO Box 1467
Mercedes, Texas 78570

CONSIDERATION: Cash and a note of even date executed by Grantee and payable to the order of Grantor in the principal amount of Thirteen thousand and NO/100 Dollars ($13000.00). The note is secured by a first and superior vendor's lien and superior title retained in this deed and by a first-lien deed of trust of even date from Grantee to Mark Twenhafel, Trustee.

PROPERTY (including any improvements):

Lot Three hundred Forty-Five (345),Block One (1), Indian Hills Subdivision, Hidalgo County, Texas, according to the map and plat of record in Volume 23 Page 180 and 181 and in Volume 24 page 81, Map Records of Hidalgo County, Texas;

RESERVATIONS FROM CONVEYANCE:

SAVE AND EXCEPT all oil, gas and other minerals, all geothermal energy, and wind energy and further SAVE AND EXCEPT (to the fullest extent permitted by law) all water rights and rights to water (whether riparian, appropriative or otherwise) presently appended or annexed to said property.

EXCEPTIONS TO CONVEYANCE AND WARRANTY:

As shown on Exhibit "A" attached hereto and made a part hereof for all purposes.

Liens described as part of the Consideration and any other liens described in this deed as being either assumed or subject to which title is taken; validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments other than conveyances of the surface fee estate, that affect the Property; and taxes for 2016 which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors, to warrant and forever defend all and singular the Property to Grantee and Grantee's heir,successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.
Restrictions: See Exhibit A

Those reservations and exceptions on Exhibit A attached hereto and made a part hereto for all purposes.

Grantor, as the fee simple owner of the Property, establishes the Restrictions as convenants, conditions, and restrictions, whether mandatory, prohibitive, permissive, or administrative to regulate the structural integrity, appaearance, and uses of the Property and the improvements placed on it. Grantor and Grantee stipulate that (a) the Restrictions touch and concern the Property; (b) privity of estate exists by reason of the ownership of the Property; (c) notice is given by filing this instrument in the real property records of the county in which the Property is situated; and (d) the Restrictions are reasonable,their purposes being for the common benefit of Grantor, Grantee and the Affected Property Owners, who are affected by the structural integrity, appearance, and uses of the Property. The Restrictions run with the land making up the

Property, are binding on Grantee and Grantee's successors and assigns forever, and inure to the benefit of Grantor, Grantee, Affected Property Owners, and their successors and assigns forever.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

When the context reguires,singular nouns and pronouns include the plural.

Grantee accepts the herein described property as is, where is and with all faults, and without any representations or warranties whatsoever, express or implied, written or oral, it being the intention of Grantor and Grantee to expressly negate and exclude all representations and warranties, including, but not limited to (1) the condition the property or any element thereof, including, without limitation, warranties related to environmental conditions, suitability for habitation, merchantability or fitness for a particular purpose; (2) the soil conditions, drainage or other conditions existing at the property with respect to any particular purpose, development potential or otherwise; (3) all warranties created by affirmation of fact or promise by any description of the property; and (4) all other warranties and representations whatsoever, except the warranty of title expressly set forth herein.

Robert L. Schwarz

STATE OF TEXAS)(

COUNTY OF HIDALGO)(

This instrument was acknowledged before me on the 31st day of March 2016 by Robert L. Schwarz

ANGELICA HERNANDEZ
NOTARY PUBLIC-STATE OF TEXAS
COMM. EXP. 10-18-2016
NOTARY ID 12076219

Notary Public, State of Texas

Notary's name (printed) : ANGELICA HERNANDEZ

Notary's commission expires : 10-18-16

BUYER'S ACCEPTANCE OF DEED
03-24-2016

The undersigned buyer(s) hereby accepts and consents to the form of Deed attached hereto including, but notlimited to, the provision(s) concerning title exceptions contained therein, and acknowledges the same is in conformity with Buyer's intent, and the terms and provisions of same shall control in the eventof any conflict of the contract Buyer has signed regarding the property described in the attached Deed.

Alejandro Garcia

AFTER RECORDING RETURN TO :
Harold Munal
2601 E. Mile 3 Rd.
Palmhurst, Texas 78574

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13722
Jun. 23, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

I2230-00-001-0345-00

[1] OWNER: GARCIA, ALEJANDRO

12530 TEJAS BLVD
MERCEDES TX 78570
Telephone No.

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: CITY

[4] PURPOSE OF APPLICATION: MOBILE HOMES
20-MOBILE HOMES

[5] SIZE OF STRUCTURE: 456 Sq. Ft.

[6] USE OF BUILDING: REST. ZONE X-20

[7] LEGAL DESC./NAME OF SUBDIVISION
INDIAN HILLS LOT 345 BLK 1

LOCATION: 0

[8] SEWAGE: PUBLI

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $1,200

[11] SPECIAL FLOOD HAZARD AREA: ____YES ✓ NO

Special Conditions: No construction allowed over any easements.
MUST CUMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
SETBACKS FRONT:25' REAR:15' SIDES:6'
MIN. ELEV. ABOVE TOP OF CUR 18"

Prepared by — Date: 6/23/16

Approved by — Date: 6/23/16

Signature of Owner or Applicant — Date: 6/23/16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0425C Pct: 0

Community No.: 480334

Certification of Elevation
Required: ____ YES ✓ ____ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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SHEET 1 OF 1

MAP OF
INDIAN HILLS SUBDIVISION

BEING A RESUBDIVISION OF 122.65 ACRES OUT OF
ALL OR PARTS OF LOTS "G", "I", AND "M", CAPISALLO MCDUFFIE SUBDIVISION
FARM TRACT 3014, 3015, AND 3016, AND LOTS 3, 4, 5, AND 6,
ALL OF BLOCK 62, NORTH CAPISALLO DISTRICT SUBDIVISION
OUT OF LLANO GRANDE GRANT, HIDALGO COUNTY, TEXAS

I, LARRY L. SMITH, A REGISTERED PUBLIC SURVEYOR AND ENGINEER, DO HEREBY CERTIFY THAT THIS PLAT IS A TRUE AND ACCURATE REPRESENTATION OF THE SUBDIVISION OF THE LANDS HEREON DESCRIBED AS SURVEYED UNDER MY DIRECTION.

LARRY L. SMITH
REGISTERED PUBLIC SURVEYOR AND ENGINEER
EDINBURG, TEXAS
1981 CON #2-830047

STATE OF TEXAS:
COUNTY OF HIDALGO:

KNOW ALL MEN BY THESE PRESENTS:
THAT THE UNDERSIGNED OWNER OF THE PROPERTY HEREON DESCRIBED, DOES HEREBY ADOPT, DEDICATE, AND CONFIRM THE FOREGOING MAP OR PLAT AND DOES DEDICATE TO THE PUBLIC THE SURFACE USE OF THE STREETS DESIGNATED THEREON.

LONNY SUMERS, TRUSTEE

STATE OF TEXAS:
COUNTY OF HIDALGO:

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED LONNY SUMERS, OWNER KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED. GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 2nd DAY OF July, A.D., 1984.

IRENE A. CLARK
Notary Public
State of Texas
My Commission Expires 6-18-85

NOTARY PUBLIC FOR THE STATE OF TEXAS

I, THE UNDERSIGNED, CHAIRMAN OF THE PLANNING AND ZONING COMMISSION OF THE CITY OF MERCEDES, HEREBY CERTIFY THAT THIS SUBDIVISION PLAT CONFORMS TO ALL REQUIREMENTS OF THE SUBDIVISION REGULATIONS OF THIS CITY WHEREIN MY APPROVAL IS REQUIRED.

CHAIRMAN, PLANNING AND ZONING COMMISSION DATE

THIS PLAT APPROVED BY THE CITY COMMISSION OF THE CITY OF MERCEDES, ON THIS THE 6th DAY OF August, A.D., 19 84.

NOTE:

1. Minimum finished floor elevation west of FM 491 is elevation 59.8 feet. Minimum finished floor elevation east of FM 491 is elevation 59.5 feet or 16 inches above natural ground whichever is higher.

2. The area of the subdivision west of FM 491 is in FIRM flood zone "C" indicating no flooding during a 100 year storm event. The area of this subdivision east of FM 491 is in FIRM flood zone "B" indicating flooding depths of less than 1 foot during a 100 year storm event.

3. Benchmark - USGS BM on #684 plate on the Southwest headwall of the bridge on FM 491, spanning the North Floodway Pilot Channel approximately 1/4 mile North of Mile 10 North. Elevation = 62.15

APPROVED FOR RECORDING BY COMMISSIONERS' COURT
This the 6th day of Feb 1984
J. EDGAR RUIZ, County Clerk
Hidalgo County, Texas
By Linda Walton, Deputy

Recorded in Book 23 Page 181 of the map records of Hidalgo County, Texas
Nicklas and Hunt, Inc.
County Surveyors

APPROVED FOR FILING AND RECORDING
Feb 6 1984 at 1:13 o'clock P.M.
J. EDGAR RUIZ, County Clerk
Hidalgo County, Texas
By Linda Walton, Deputy
On Feb. 6, 1984

FILED
FEB 6 1984

CURVE DATA

SYMBOL	DELTA	RADIUS	TANGENT	LENGTH	CHORD
104	84°16'34"	448.84'	37.85'	73.64'	73.80'
105	0°43'26"	794.39'	10.08'	20.36'	20.37'
106	10°21'00"	764.30'	70.21'	140.69'	139.82'
107	09°58'30"	764.30	66.89'	133.05'	132.86'
108	14°07'55"	50.0'	7.09'	14.08'	14.03'
109	63°01'13"	50.0'	29.86'	53.85'	51.27'
110	46°09'09"	50.0'	20.20'	38.40'	37.46'
111	6°07'07"	50.0'	33.48'	59.01'	58.64'
112	20°01'29"	50.0'	50.07'	17.46'	17.35'
113	09°28'28"	151.65'	9.84'	19.64'	19.65'
114	34°41'28"	50.0'	28.11'	51.22'	48.01'
115	20°21'20"	50.0'	16.78'	32.34'	31.78'
116	35°08'07"	50.0'	15.84'	30.68'	30.20'
117	64°04'50"	50.0'	33.78'	58.42'	55.98'
118	88°38'52"	151.65'	12.90'	26.94'	26.53'
119	84°41'34"	151.65'	8.27'	16.30'	16.29'
120	34°58'58"	101.65'	31.98'	65.29'	64.46'
121	24°17'42"	101.65'	21.99'	43.09'	42.76'
122	8°41'42"	365.0'	24.88'	43.25'	43.23'
123	8°58'42"	365.0'	28.64'	57.20'	57.14'
124	0°58'35"	369.9'	3.32'	6.65'	6.65'
125	1°01'25"	315.0'	7.56'	15.12'	15.12'
126	14°37'00"	315.0'	32.06'	63.98'	63.80'
127	09°39'10"	315.0'	26.69'	53.01'	53.01'
128	0°41'36"	365.0'	5.41'	10.88'	10.88'
129	07°41'00"	365.0'	23.97'	47.07'	47.04'
130	04°02'18"	365.0'	12.98'	25.95'	25.94'
131	07°37'42"	315.0'	21.89'	43.71'	43.68'
132	11°02'41"	315.0'	31.59'	62.83'	62.73'
133	04°59'34"	315.0'	13.39'	26.63'	26.62'
134	13°00'44"	101.65'	11.68'	23.10'	23.05'
135	22°08'11"	101.65'	20.36'	40.18'	39.92'
136	35°09'00"	51.70'	16.62'	32.57'	31.65'
137	45°01'00"	45.36'	25.36'	47.74'	46.53'
138	45°00'00"	33.34'	14.63'	27.77'	27.06'
139	45°00'00"	115.0'	47.64'	90.32'	88.02'
140	36°36'00"	165.0'	54.98'	105.43'	103.66'
141	09°55'53"	165.0'	14.34'	28.60'	28.57'
142	25°48'00"	115.0'	25.83'	50.78'	50.37'
143	04°31'00"	165.0'	6.63'	13.01'	13.01'
144	21°08'52"	165.0'	30.78'	60.91'	60.56'
145	72°32'00"	165.0'	77.04'	152.53'	124.23'
146	10°31'00"	155.0'	25.13'	45.01'	41.87'
147	10°08'56"	155.0'	14.13'	28.22'	28.18'
148	42°46'00"	135.55'	53.07'	101.17'	98.84'
149	13°59'13"	185.55'	18.33'	36.49'	36.41'
150	15°06'23"	185.55'	25.13'	50.0'	49.85'
151	28°18'34"	51.70'	13.02'	25.32'	25.06'
152	22°22'34"	51.70'	3.33'	6.63'	6.65'
153	63°04'44"	101.70'	3.33'	6.65'	6.65'
154	28°10'09"	101.70'	25.52'	50.0'	49.50'
155	64°04'27"	101.70'	3.33'	6.63'	6.63'
156	90°00'00"	73.48'	34.86'	65.10'	62.99'
157	35°52'30"	122.49'	37.80'	54.69'	54.25'
158	90°00'00"	90.0'	90.0'	70.69'	63.63'
159	61°15'59"	50.0'	30.23'	53.47'	50.93'
160	39°15'02"	50.0'	17.83'	34.25'	33.58'

CONTROLLING CURVE DATA

SYMBOL	DELTA	RADIUS	TANGENT	LENGTH	CHORD
[illegible]	39°39'	340.00'	109.33'	211.01'	206.15'
[illegible]	35°09'	74.70'	24.64'	47.72'	46.96'
[illegible]	64°16'	126.65'	75.00'	135.43'	129.07'
[illegible]	49°00'	50.36'	25.00'	47.40'	45.19'
[illegible]	90°00'	140.00'	57.99'	109.96'	107.16'
[illegible]	25°08'	140.00'	31.43'	61.82'	61.32'
[illegible]	50°45'	98.49	46.72'	87.24'	84.24'
[illegible]	40°56'	150.55'	62.86'	119.83'	117.07'
[illegible]	72°32'	126.00'	95.38'	164.27'	153.89'

BASELINE ROAD (F.M. 491)
SEE SHEET
SEE SHEET
N 89°59' W 2640.0'
N 89°59' W 2640.0'
NORTH 1320.0'
NORTH 1683.5'
N 89°59' W 1030.4'
S 89°59' E 1030.4'
S 89°59' E 1030.4'
S 89°59' E

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13732

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Upon the application of:

Name: Alfonso Castro Jr

Address: 2181 Castro Dr
Edcouch TX 78538

Phone: 956 533 3558

Water Supplier: MAWS

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [✓] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

West Tract Blk 581 Lot 2

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

~~The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.~~

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Johanna Valles
Planning Department Authorized Signature

Hidalgo County Judge — Date

ATTEST: Hidalgo County Clerk — Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

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956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 1-13732

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared

ALFONSO CASTRO JR ,

Known to me [*or* proved to me in the oath of TX ID# 12980461 *or* through _____ (*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:

1. "I am requesting utility service to the following described land:

WEST TRACT OF 581 BLK 2 ."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. "The land described above has been sold or conveyed to me."

AND [*strike through the statement below that does not apply*]

3A. "The land ~~was not~~ sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

X _____ (Signature)

SUBSCRIBED AND SWORN TO before me on June 28th, 2019, to certify which, witnesses my hand and seal of office.

Johanna Vallejo
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

JOHANNA VALLEJO
Notary Public
STATE OF TEXAS
Notary ID# 13053818-6
My Comm. Exp. 02-12-2020

Warranty Deed with Vendor's Lien

Notice of confidentiality rights: If you are a natural person, you may remove or strike any or all of the following information from any instrument that transfers an interest in real property before it is filed for record in the public records: your Social Security number or your driver's license number.

Date: **February 25, 2015**

Grantor: **ALEJANDRO R. GUERRA joined herein proforma by my wife, YOLANDA M. GUERRA**

Grantor's Mailing Address: **104 Buffalo Gap**
Seguin, Texas 78155
Guadalupe County

Grantee: **ALFONSO CASTRO, JR., a single person**

Grantee's Mailing Address: **P.O. Box 1046**
Elsa, Texas 78543
Hidalgo County

Consideration: TEN AND NO/100 DOLLARS ($10.00) and a note of even date executed by Grantee and payable to the order of Grantor in the principal amount of **NINETEEN THOUSAND AND NO/100 DOLLARS ($19,000.00).** The note is secured by a first and superior vendor's lien and superior title retained in this deed and by a first-lien deed of trust of even date from Grantee to **JOHN ROBERT KING**, Trustee.

Property (including any improvements):
A 0.916 acre tract of land out of a certain 2.00 acre tract out of Farm Tract 581, THE WEST AND ADAMS TRACT SUBDIVISION, Hidalgo County, Texas, according to map thereof recorded in Volume 2, Pages 34 through 37, Map Records of Hidalgo County, Texas; and being more particularly described by metes and bounds as follows:

BEGINNING at a cotton picker spindle set on the West line of Farm Tract 581, and in the centerline of Mile 6 West Road for the Southwest corner of this tract, said spindle bears North, 935.00 feet from a 1/2 inch iron rod found for the Southwest corner of Farm Tract 581;

THENCE, North, along the West line of Farm Tract 581, and the centerline of Mile 6 West Road, a distance of 60.00 feet to a cotton picker spindle set for the Northwest corner of this tract;

THENCE, East, passing a 1/2 inch iron rod set at 30.00 feet for the East R.O.W. line of Mile 6 West Road, a distance of 664.84 feet to a 1/2 inch iron rod set for the Northeast corner of this tract;

THENCE, South, a distance of 60.00 feet to a 1/2 inch iron rod found for the Southeast corner of this tract;

THENCE, West, passing a 1/2 inch iron rod found at 634.84 feet to the POINT OF BEGINNING, and containing 0.916 of an acre of land, more or less.

Reservations from and Exceptions to Conveyance and Warranty:
Subject To:

Terms, covenants, conditions and provisions as set out in that certain Easement Agreement granted to Central Power and Light Company dated November 14, 1946, filed for record in the Office of the County Clerk of Hidalgo County, Texas in Volume 604, Page 466, Deed Records Hidalgo County, Texas.

Easements and Conditions as shown on the Map or Plat thereof filed for record in Volume 2, Page 34, Map Records Hidalgo County, Texas.

Easements, rights, rules and regulations in favor of Hidalgo and Cameron Counties Water Control and Improvement District No. 9 (district).

Easements or claims of easements which are not a part of the public record.

Oil, Gas and Mineral Lease, together with all rights relative thereto, express or implied, from Lyman W. Bittman, Jr. to Tidewater Oil Company, dated March 17, 1966, filed for record in the Office of the County Clerk of Hidalgo County, Texas in Volume 308, Page 369, Oil and Gas Records Hidalgo County, Texas.

Oil, Gas and Mineral Lease, together with all rights relative thereto, express or implied, from David A. Owen to Tidewater Oil Company, dated February 24, 1966, filed for record in the Office of the County Clerk of Hidalgo County, Texas in Volume 307, Page 745, Oil and Gas Records Hidalgo County, Texas.

Oil, Gas and Mineral Lease, together with all rights relative thereto, express or implied, from Lyman W. Bittman, Jr. to MW Petroleum Corp., dated July 28, 1997, filed for record on May 28, 1999 in the Office of the County Clerk of Hidalgo County, Texas, under Clerk's Document No. 778553.

Oil, Gas and Mineral Lease, together with all rights relative thereto, express or implied, from The Lyman W. Bittman, Jr. Trust under Agreement dated November 20, 1969 to Mitchell Petroleum Land Services, Inc., dated June 22, 2006, filed for record on October 24, 2006 in the Office of the County Clerk of Hidalgo County, Texas, under Clerk's Document No. 1678960.

Reservation of all oil, gas, and other minerals, together with all rights relative thereto, express or implied, reserved in deeds dated December 1, 1944, filed for record in the Office of the County Clerk of Hidalgo County, Texas in Volume 553, Page 50, and dated March 3, 1978, recorded in Volume 1570, Page 691, Deed Records Hidalgo County, Texas.

Prescriptive rights for roads, public or private, ditches, canals and/or utilities which are not a part of the public record, but visible from an inspection of the proposed insured land(s) or revealed by a proper survey.

Any encroachment, encumbrance, violation, variation, or adverse circumstance affecting the title that would be disclosed by an accurate and complete land survey of the land.

Subdivision regulations of the County of Hidalgo and/or ordinance or governmental regulations of the City wherein the subject property lies or holds extra-territorial jurisdiction.

All ad valorem taxes for the year 2015 and all subsequent years.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

When the context requires, singular nouns and pronouns include the plural.

ALEJANDRO R. GUERRA

YOLANDA M. GUERRA

(Acknowledgment)

STATE OF TEXAS
COUNTY OF GUADALUPE

This instrument was acknowledged before me on the 23 day of February, 2015, by **ALEJANDRO R. GUERRA.**

ARACELI E LUEVANO
Notary Public
State of Texas
My Comm. Exp. 02-27-2016

Notary Public, State of Texas

(Acknowledgment)

STATE OF TEXAS
COUNTY OF GUADALUPE

This instrument was acknowledged before me on the 23 day of February, 2015, by **YOLANDA M. GUERRA.**

ARACELI E LUEVANO
Notary Public
State of Texas
My Comm. Exp. 02-27-2016

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Alfonso Castro, Jr.
P.O. Box 1046
Elsa, Texas 78543

PREPARED IN THE LAW OFFICE OF:
JOHN ROBERT KING
3409 N. 10th, Suite 100
McAllen, Texas 78501
File No.: GF#3160122;AL/bm

THE STATE OF TEXAS §

COUNTY OF HIDALGO §

(ACKNOWLEDGMENT)

This instrument was acknowledged before me on the 10th day of FEBRUARY 1993 by JOSE LEDESMA AND WIFE, AMALIA LEDESMA.

SUSAN J. HEADLEY
Notary Public, State of Texas
My Commission Expires 8/26/93

Susan J. Headley
Notary Public, State of Texas

FILED FOR RECORD
DOC# 305361 $10
02-10-1993 11:13:20
WILLIAM (BILLY) LEO
HIDALGO COUNTY

EXHIBIT "A"

METES AND BOUNDS

A 0.916 ACRE TRACT OF LAND OUT OF A CERTAIN 2.00 ACRE TRACT OUT OF FARM TRACT 581, WEST AND ADAMS TRACTS SUBDIVISION, HIDALGO COUNTY, TEXAS, ACCORDING TO THE DEED RECORDED IN VOLUME 2623, PAGES 227-228, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS, AND ACCORDING TO THE MAP AND PLAT THEREOF RECORDED IN VOLUME 2, PAGES 34-37, MAP RECORDS, HIDALGO COUNTY, TEXAS, AND BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS.

BEGINNING AT A COTTON PICKER SPINDLE SET ON THE WEST LINE OF FARM TRACT 581, AND IN THE CENTERLINE OF MILE 6 WEST ROAD FOR THE SOUTHWEST CORNER OF THIS TRACT, SAID SPINDLE BEARS NORTH, 935.00 FEET FROM A 1/2" IRON ROD SET FOR THE SOUTHWEST CORNER OF FARM TRACT 581,

THENCE; NORTH, ALONG THE WEST LINE OF FARM TRACT 581, AND THE CENTER-LINE OF MILE 6 WEST ROAD, A DISTANCE OF 60.00 FEET TO A COTTON PICKER SPINDLE SET FOR THE NORTHWEST CORNER OF THIS TRACT.

THENCE; EAST, PASSING A 1/2" IRON ROD SET AT 30.00 FEET FOR THE EAST R.O.W. LINE OF MILE 6 WEST ROAD, A TOTAL DISTANCE OF 664.84 FEET TO A 1/2" IRON ROD SET FOR THE NORTHEAST CORNER OF THIS TRACT.

THENCE; SOUTH, A DISTANCE OF 60.00 FEET TO A 1/2" IRON ROD FOUND FOR THE SOUTHEAST CORNER OF THIS TRACT.

THENCE; WEST, PASSING A 1/2" IRON ROD FOUND AT 634.84 FEET FOR THE EAST R.O.W. LINE OF MILE 6 WEST ROAD, A TOTAL DISTANCE OF 664.84 FEET TO THE POINT OF BEGINNING, AND CONTAINING 0.916 OF AN ACRE OF LAND MORE OR LESS.

DOC# 305361

DEED OF GIFT

VOL. 3417 PAGE 037

THE STATE OF TEXAS §

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF HIDALGO §

THAT GRANTOR, JOSE LEDESMA AND WIFE, AMALIA LEDESMA, WHOSE ADDRESS IS P. O. BOX 48, LA BLANCA, TEXAS 78558

for and in consideration of the love and affection between Grantor and the Grantee named herein, has Granted, Given and Conveyed, and by these does Grant, Give and Convey unto my beloved husband, Jose Ledesma.

whose mailing address is P. O. Box 48, La Blanca, Texas 78558

the following described real property in Hidalgo County, Texas:

all that certain real property more particularly described in Exhibit "A" attached hereto and made a part hereof for all purposes;

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto, Grantee, Grantee's heirs and assigns forever; and Grantor does hereby bind Grantor, and Grantor's heirs, executors and administrators to WARRANT and FOREVER DEFEND all and singular the said premises unto said Grantee, Grantee's heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof.

When the context requires, singular nouns and pronouns include the plural.

EXECUTED THIS 10th DAY OF FEBRUARY, A. D. 1993.

Jose Ledesma

Jose Ledesma

Amalia Ledesma

Amalia Ledesma

AFTER RECORDING,
PLEASE RETURN:

Jose Ledesma
P. O. Box 48
La Blanca, Texas 78558

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13732
Jun. 27, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

W3800-00-581-0002-01

[1] OWNER: CASTRO, ALFONSO JR.

21815 CEDRO DR.
EDCOUCH, TX 78538
Telephone No. 532-5612

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
25-RESIDENTIAL NEW SINGLE DWELLING

[5] SIZE OF STRUCTURE: 1,457 Sq. Ft.

[6] USE OF BUILDING: RES. ZONE X-25

[7] LEGAL DESC./NAME OF SUBDIVISION
WEST TRACT N66'-S1001'-W664.84
' FT 581 1.01AC GR 0.95AC NET

LOCATION: 0 MILE 6 & MILE 17 N.

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: WOOD

[10] EST. COST OF CONST.: $65,500

[11] SPECIAL FLOOD HAZARD AREA: ____YES ✓NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY W/ALL COUNTY SETBACKS & REG.
FRONT 50' REAR 15' SIDES 6' FINISH FLOOR ELEV.
18" ABOVE NATURAL GROUND

Prepared by _____ Date 6/27/16

Approved by GILBERT PEÑA Date 6/27/16

Signature of Owner or Applicant _____ Date 6/27/16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0750 C Pct: 1

Community No.: 480334

Certification of Elevation
Required: ____ YES ✓ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct (1) 2 3 4

Application No: 1-13623

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	/ /

Upon the application of:

Name: Maricarmen Garcia

Address: 320 E. mile 15 N
Weslaco, TX
78596

Phone: (956) 336-3318

Water Supplier: North Alamo Water Supply

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: n/a

[ ] Temporary Pole [✓] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Frank A. Smith Subdivision Lot 4 & 6 Blk 1

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

~~**The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.**~~

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Johanna Valle

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____
Hidalgo County Clerk | **Date**

Rev. 06-03-15

PLANNING DEPARTMENT
County of Hidalgo

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct (1) 2 3 4

Application No: 1-13623

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared Maricarmen Garcia,

Known to me [*or* proved to me in the oath of TX DL# 14227659 *or* through _____ (*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:

1. "I am requesting utility service to the following described land: Frankasmith Subdivison Lot# 6 Blk# 1."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. "The land described above has been sold or conveyed to me."

AND [*strike through the statement below that does not apply*]

~~3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."~~

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

Maricarmen Garcia (Signature)

SUBSCRIBED AND SWORN TO before me on June 15th, 2016, to certify which, witnesses my hand and seal of office.

Johanna Vallejo
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

JOHANNA VALLEJO
Notary Public
STATE OF TEXAS
Notary ID# 13053818-6
My Comm. Exp. 02-

Chapter 232 Texas LGC Application

APPLICATION NO:
1-13623
May. 23, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1902 JOE STEPHENS WESLACO TX 78596
TEL 968-4724 FAX 447-8612

PropID# 285560
S3950-00-001-0006-00

[1] OWNER: CANTU, NELLY / Maricarmen Garcia
320 E. MILE 15 N.

WESLACO TX 78596-8744

Telephone No.

[2] CONTRACTOR: LONE STAR

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
25-RESIDENTIAL NEW SINGLE DWELLING

[5] SIZE OF STRUCTURE: 1,195 Sq. Ft.

[6] USE OF BUILDING: REST. ZONE X-25

[7] LEGAL DESC./NAME OF SUBDIVISION
SMITH, FRANK A ADDITION BLK 1-
414 LOT 6 W 1/2 1AC

LOCATION: 0

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: WOOD

[10] EST. COST OF CONST.: $59,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES
____NO

Special Conditions: No construction allowed over any easements.
MUST CUMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
SETBACKS FRONT:50' REAR:15' SIDES:6'
MIN. ELE. ABOVE TOP OF NATURAL GROUND 18"

Johanna Vallejo — Prepared by — 5/23/2016 Date

Gilbert Reina — Approved by — 5/10/16 Date

Signature of Owner or Applicant — 5/23/2016 Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER ____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO Panel No. /Suffix: 0450C Pct: 0

Community No.: 480334

Certification of Elevation Required: ____ YES ____ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

WARRANTY DEED

19041/916

Date: May 3, 2016

Grantor: NATALIA VARGAS, a single person

Grantor's Mailing Address (including county): 320 E. Mile 15 N.
Weslaco, Texas 78596
Hidalgo County, Texas

3 2 8 1 1
Rivera Lunda PC
1/14 50

Grantee: MARICARMEN GARCIA and NELLY CANTU

Grantee's Mailing Address (including county): 10202 N. Harrington
Corpus Christi, Texas 78410
Nueces County, Texas

Consideration: Ten and No/100ths Dollars ($10.00) and other good and valuable consideration to the undersigned paid by the grantee herein named, the receipt of which is hereby acknowledged.

Property (including any improvements):

The West 1/2 of Lot Six (6), Block One (1), FRANK A. SMITH'S SUBDIVISION, Hidalgo County, Texas, as per map or plat thereof recorded in Volume 8, Page 4, Map Records, Hidalgo County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

Oil, Gas and Mineral Lease(s) dated August 3, 1965, recorded in Volume 300, Page 107, Oil and Gas Records, Hidalgo County, Texas, and subsequent transfers thereof.

All leases, grants, exceptions or reservations of coal, lignite, oil, gas and other minerals, together with all rights, privileges and immunities relating thereto, appearing in the Public Records whether listed herein or not.

Easement dated February 8, 1974, recorded in Volume 1395, Page 918, Deed Records, Hidalgo County, Texas.

Subject to any portion of the land within the limits or boundaries of any public or private roadway and/or highway and the rights of the public thereto.

Subject to any portion of the land described herein lying within canal right of way.

Easements, rules, regulations and rights in favor of HIDALGO AND CAMERON COUNTIES IRRIGATION DISTRICT NO. 9.

Easements and reservations as may appear upon the recorded map and dedication of said subdivision.

Taxes for the year 2016 and subsequent years.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

BY THE ACCEPTANCE OF THIS DEED, GRANTEE TAKES THE PROPERTY "AS IS", EXCEPT FOR THE WARRANTIES OF TITLE AS PROVIDED AND LIMITED HEREIN. GRANTOR HAS NOT MADE AND DOES NOT MAKE ANY REPRESENTATIONS AS TO THE PHYSICAL CONDITION, LAYOUT, FOOTAGE, EXPENSES, ZONING, OPERATION OR ANY OTHER MATTER AFFECTING OR RELATED TO THE PROPERTY, AND GRANTEE HEREBY EXPRESSLY ACKNOWLEDGES THAT NO SUCH REPRESENTATIONS HAVE BEEN MADE. GRANTOR MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, MARKETABILITY, FITNESS OR SUITABILITY FOR A PARTICULAR PURPOSE OR OTHERWISE EXCEPT AS SET FORTH AND LIMITED HEREIN. ANY IMPLIED WARRANTIES ARE EXPRESSLY DISCLAIMED AND EXCLUDED.

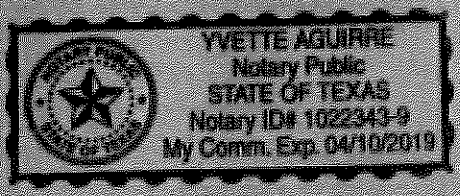
When the context requires, singular nouns and pronouns include the plural.

NATALIA VARGAS

(Acknowledgment)

State of Texas
County of Hidalgo

This instrument was acknowledged before me on the 4th of May 2016, by NATALIA VARGAS.



Notary Public, State of Texas

AFTER RECORDING RETURN TO:
MariCarmen Garcia and Nelly Cantu

PREPARED BY:
Lewis, Monroe & Peña
Attorneys At Law
3111 W. Freddy Gonzalez Drive
Edinburg, Texas 78539
GF#: 905762; YA:vm

XO:nms
93-280

DOC# 328111

WARRANTY DEED

Date: June 17, 1993

Grantor: JOSE GALVAN, not joined herein by my wife as the property hereby conveyed does not constitute any part of my homestead.

Grantor's Mailing Address (including county): 649 Forest Lane,
Sanger, California 93657

Grantee: NATALIA VARGAS, a single person.

Grantee's Mailing Address (including county): Route 1, Box 448
Weslaco, Hidalgo County, Texas

Consideration: TEN AND NO/100THS DOLLAR ($10.00) and other good and valuable consideration;

Property (including any improvements):

The West one-half (W 1/2) of Lot Six (6), of Block One (1), of FRANK A SMITH'S SUBDIVISION of the North 25.43 acres in Farm Tract No. 414 in the West Tract Subdivision, Hidalgo County, Texas.

Reservations from and Exceptions to Conveyance and Warranty:

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, of assigns forever. Grantor binds Grantor and Grantor's heirs, executors administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

When the context requires, singular nouns and pronouns include the plural.

Jose Galvan

JOSE GALVAN, not joined herein by my wife as the property hereby conveyed does not constitute any part of my homestead.

(Acknowledgements)

STATE OF TEXAS *
COUNTY OF HIDALGO *

This instrument was acknowledged before me on the 17th day of June, 1993, by Jose Galvan, not joined herein by my wife as the property hereby conveyed does not constitute any part of my homestead.

F. XAVIER ORNELAS
MY COMMISSION EXPIRES
September 16, 1993

Notary Public,
In and For The State of Texas

FILED FOR RECORD
DOC# 328111 $10
06-17-1993 04:46:01
WILLIAM (BILLY) LEO
HIDALGO COUNTY

AFTER RECORDING RETURN TO :

PRESTIA & ORNELAS
P.O. Box 876
Edinburg, Texas 78540-0876

PREPARED IN THE LAW OFFICE OF:

PRESTIA & ORNELAS
P.O. Box 876
Edinburg, Texas 78540-0876

	PLANNING DEPT. PCTS 2 & 4 CERTIFICATE OF PLAT & UTILITY STATUS	
	APPLICANT	APPLICATION NO.
1.	Sonia Salkinder	4-14431
2.	Anthony O. Obinna	4-15425
3.	Irma Aguirre	4-15738
4.	Ricardo and Nancy Peña	4-13362
5.	Nicolasa Cruz-Cipriano	4-15348
6.	Ricardo Rivas Jr.	2-1666
7.	Richard & Carol Ruppert LOTS 52-66, TIERRA DE SANTA CRUZ NO. 2	BLANKET COVER
8.	Aniceto Izaguirre LOTS 1-71, EDUARDO'S SUBDIVISION NO. 13	BLANKET COVER
	COMM. COURT: July 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
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956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-14431

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

	Temporary Service	Final Service
Approved by Environmental Health:		Charles Rowe
	Authorized Signature	Authorized Signature
Inspection/Permit No:		SRW
Date Approved:	/ /	6/29/16

Name: Sonia Salkinder

Address: 2512 Denton Creek Ave
McAllen, TX 78504
Charlie Cavazos
956 605 2117

Phone: 956-827-0227

Water Supplier: Sharyland water supply

Utility Provider: [✓] M.V.E.C. [ ] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as: Ravenswood Ph. 1 Lot #4,

on _____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232.028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 6/6/16);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

Yes an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Charles Rowe);

No individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Charles Rowe);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

_____ _____ _____

Planning Department Authorized Signature **Hidalgo County Judge** **Date**

ATTEST: _____ _____

Hidalgo County Clerk **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 (4)

Application No: #-14431

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Sonia Salkinder

Address: 2512 Denton Creek Ave,
McAllen, TX 78504

Phone: 956-827-0227

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Ravenswood PH. 1 lot #4

STATUS OF PERSON OR ENTITY MAKING REQUEST:

____ Subdivider
____ Owner of lot in subdivision
____ Resident of lot in a subdivision
____ Entity that provides utility service

Requesting Party (Signature) Date 6/28/16

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

____ Deed
____ Executory Contract
____ Lease
____ Rent Receipt
____ Affidavit
____ Other (describe) Permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/16
Date

County Official

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

WARRANTY DEED

Conforms to State Bar of Texas Form

Date: Effective July 25, 2014

Grantor: ROSSANA TSENG and spouse, TOM TARNG

Grantor's Mailing Address: 958 Terracotta Dr.
Allen, Texas 75013
Collin County, Texas

Grantee: SONIA SALKINDER

Grantee's Mailing Address: 2512 Denton Creek Ave.
McAllen, Texas 78504
Hidalgo County, Texas

Consideration: Ten and no/100 Dollars ($10.00) for valuable consideration in hand paid by Grantee to Grantor, the receipt of which is hereby acknowledged.

Property (including any improvements):

Lot Four (4), RAVENSWOOD SUBDIVISION PHASE I, an addition to the City of McAllen, Hidalgo County, Texas, according to the map or plat thereof recorded in Volume 33, Page 29, Map Records, Hidalgo County, Texas, reference to which is here made for all purposes.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty:

Easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the property; rights of adjoining owners in all walls and fences situated on a common boundary; any discrepancies, conflicts, or shortages in area or boundary lines; any encroachments or overlapping of improvements; all rights obligations, and other matters emanating from and existing by reason of the creation, establishment, maintenance, and operation of the water and irrigation district; taxes for the current year, the payment of which Grantee assumes; and subsequent assessments for the current and subsequent years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

LandtitleUSA, Inc.
GF# 051003/MNM

Grantor, for the consideration and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, transfers and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty.

When the context requires, singular nouns and pronouns include the plural.

TOM TARNG

(Foreign Acknowledgment)

TAIWAN

~~PROVINCE OF~~ _____

~~CITY OF~~ Taiwan / City of Taipei / American Institute in Taiwan, Taipei Office } SS

Name of Foreign Service Office

BEFORE ME, ~~Christopher D. Green~~ Christopher D. Green [Name of Foreign Service Officer], ~~Commissioner D. Green~~ ~~Special Notary (P.L 96-8)~~ [Title of Foreign Service Officer], of the United States of America at Taipei, Taiwan [City], TAIWAN, duly commissioned and qualified, on this day personally appeared TOM TARNG, proved to me under oath to be the person(s) whose name(s) is/~~are~~ subscribed to the foregoing instrument and acknowledged to me that he/~~she/they~~ executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on 10 JUN 2014, 2014.

AMERICAN INSTITUTE IN TAIWAN AIT Special Notary 1995 SEC.7 TAIPEI

Signature of Foreign Service Officer

Christopher D. Green
Consular Officer

[Typed or Printed Name of Foreign Service Officer]

_____ [Title]
of the United States of America

ROSSANA TSENG

THE STATE OF TEXAS
COUNTY OF Dallas

This instrument was acknowledged before me on this 17 day of June, 2014, by ROSSANA TSENG.

NOTARY PUBLIC STATE OF TEXAS

JOSEPH A. ADAMS
Notary Public
STATE OF TEXAS
My Comm. Exp. 02-04-17

AFTER RECORDING RETURN TO:
ROXANA R. LOPEZ

PREPARED BY:
LESSLIE L. EANES
Attorney at Law
315 E. McIntyre
Edinburg, Texas 78541
File/GF Number: 056003

Chapter 232 Texas LGC Application

APPLICATION NO: 4-14431
May. 11, 2015

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

R1321-01-000-0004-00

[1] OWNER: SALKINDER, SONIA

16100 N. VALVERDE
DONNA, TX. 78539
Telephone No. 827-0227

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: SHAR

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
01- RESIDENTIAL NEW SINGLE DWELLING

[5] SIZE OF STRUCTURE: 5,572 Sq. Ft.

[6] USE OF BUILDING: RES. ZONE-X

[7] LEGAL DESC./NAME OF SUBDIVISION
RAVENSWOOD PH 1 LOT 4

LOCATION: 0 107 & DEPOT

[8] SEWAGE: PUBLI

[9] CONSTRUCTION TYPE: BLOC

[10] EST. COST OF CONST.: $400,000

[11] SPECIAL FLOOD HAZARD AREA: _____YES
_____NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
FRONT:25' REAR:25' W SIDE:15' E SIDE:10'
MINIMUM ELEV. 18" ABOVE TOP OF STREET

Julio Ruiz — Prepared by — 5/11/15 Date

Rodolfo Ruiz — Approved by — 4/13/15 Date

X Carlos H. Ayala — Signature of Owner or Applicant — 5/11/15 Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 480334 Pct: 4

Community No.: 032510

Certification of Elevation
Required: _____ YES _____ NO _____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 (4)

Application No: 4-15425

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Anthony O. O'Brien

Address: 21408 Buckfawn Dr.
Edinburg Texas 78542

Phone: 240-274-6600

	Approved by Environmental Health:	Temporary Service	Final Service
		Authorized Signature	Authorized Signature
	Inspection/Permit No:		
	Date Approved:	/ /	/ /

Water Supplier: City of Edinburg

Utility Provider: [✓] M.V.E.C. [ ] AEP

Account/ESI No.: 241609-004

[✓] Temporary Pole [ ] Permanent Service

regarding the land described as: lot #1629 Los Venados Ph. VI,

on _____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

yes A plat has been prepared;

yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 10/23/05);

yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

no an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by _____);

yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by _____);

yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

Planning Department Authorized Signature	Hidalgo County Judge	Date

ATTEST: _____ _____
Hidalgo County Clerk Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15425

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Tommy O'Brien

Address: 21408 Buck Fawn Dr.
Edinburg Texas 78542

Phone: 490-274-6600

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Los Venados Plt. V.1 lot # 1629

STATUS OF PERSON OR ENTITY MAKING REQUEST:

___ Subdivider
X Owner of lot in subdivision
___ Resident of lot in a subdivision
___ Entity that provides utility service

Requesting Party (Signature) — Date: 06/16/14

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

✓ Deed
___ Executory Contract
___ Lease
___ Rent Receipt
___ Affidavit
✓ Other (describe) Copy of Permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/14
Date

County Official

Re: Lot 629, Los Venados Subd Phase VI, Hidalgo County, Texas, as per map thereof rec in Vol 49, p 30-37,

NOTICE OF CONFIDENTIALITY RIGHTS
IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER

Assumption Special Warranty Deed

1. Date: January 14, 2012.

2. Grantor: PATRICK ERONINI

3. Grantor's Mailing Address: 2914 Horizon Trail, Edinburg, Hidalgo County, Texas 78541

4. Grantee: ANTHONY O. OBINNA

5. Grantee's Mailing Address: 3741 View Point Drive, Edinburg, Hidalgo County, Texas

6. Consideration: Ten and No/100THS ($10.00) Dollars and other good and valuable consideration, the receipt of which is hereby acknowledged, and the further consideration of the assumption by grantee of one certain promissory note of even date herewith, in the principal sum of FORTY FIVE THOUSAND AND NO/100THS ($45,000.00) payable to the order of GARCO, LTD. the payment of which note is secured by a Deed of Trust of even date therewith of record under Document No.2131040, Official Records, Hidalgo County, Texas, and grantee promises to assume and to perform the covenants of said Deed of Trust.

7. Property: Lot 629, Los Venados Subdivision Phase VI, Hidalgo County, Texas, as per map thereof record in Volume 49, pages 30-37, Map Records of Hidalgo County, Texas, reference to which is here made for all purposes.

8. Reservations from and Exceptions to Conveyance and Warranty: This conveyance is made by Grantor and accepted by Grantee subject to the following, only to the extent that same exist and affect the property, to-wit:

   A. Any and all restrictions, reservations, rights, covenants, conditions, oil and gas and/or mineral reservations and leases thereof, and easements (including, but not limited to easements for utilities, irrigation lines, high pressure gas pipe lines and Irrigation District No. 1 drainage ditch), all of the foregoing and all items listed on Exhibit "A" attached hereto and made a part hereof for all purposes.
   B. All zoning laws, regulations and ordinances of municipal and/or other governmental authorities, if any, relating to the property, or any part hereof.
   C. Anything an on-the-ground A-1 survey would reveal.
   D. The taxes for the year 2012 and subsequent years.

9. Condition of the Property: This Property is sold in its "As Is" condition as set out in Exhibit "B" hereto attached and made a part hereof for all purposes.

10. Prior Liens: Deed of Trust recorded under Document No.1749867, Official Records, Hidalgo County, Texas

e: Lot 629, Los Venados Subd Phase VI, Hidalgo County, Texas, as per map thereof rec in Vol 49, p 30-37,

11. Granting Clause: Grantor, for valuable consideration the receipt of which is hereby acknowledged, and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging (continue below):

12. Special Warranty of Title: To have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty, when the claim is by, through or under Grantor, but not otherwise.

13. Non-examination of Title: **NO TITLE EXAMINATION WAS REQUESTED IN CONNECTION WITH THE PREPARATION OF THIS DOCUMENT NOR WAS ANY MADE. THE PREPARER EXPRESSES NO OPINION AS TO THE TITLE TO THIS PROPERTY.**

15. Miscellaneous: When the context requires, singular nouns and pronouns include the plural.

16. Signature:

PATRICK ERONINI

The State of Texas

(Acknowledgment)

County of Hidalgo

This instrument was acknowledged before me on the 14th day of Jan, 2012, by PATRICK ERONINI.

YOLANDA FLORES
Notary Public, State of Texas
My Commission Expires
July 31, 2012

(SEAL)

Notary Public, State of Texas
My Commission Expires: 1-31-2012

After Recording Return To:
Anthony O. Obinna
3741 View Point Dr.
Edinburg, TX 78539

Chapter 232 Texas LGC Application

APPLICATION NO: 4-15424
Apr. 11, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

[1] OWNER: OBINNA, ANTHONY

3734 VIEWPOINT DR
EDINBURG, TX 78542

Telephone No. -

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: OTHE

[4] PURPOSE OF APPLICATION: MOVED BUILDING
25- RESIDENTIAL NEW SINGLE DWELLING

[5] SIZE OF STRUCTURE: 3,200 Sq. Ft.

[6] USE OF BUILDING: RESD. ZONE-C

[7] LEGAL DESC./NAME OF SUBDIVISION
LOS VENADOS PH 6 LOT#629

240-274-6600

LOCATION: 0 281 & 186

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: BRIC

[10] EST. COST OF CONST.: $249,000

[11] SPECIAL FLOOD HAZARD AREA: ___YES ✓ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
FRONT:100' BACK:15' SIDES:20'
MINIMUM ELEV. 18" ABOVE CENTER LINE OF STREET

Prepared by — Date: 4/11/16

Julio Ruiz
Approved by — Date: 4/8/16

Signature of Owner or Applicant — Date: 04/11/2016

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 480334 Pct: 4

Community No.: 0225B

Certification of Elevation
Required: ___ YES ✓ NO ___ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-1573E

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

	Approved by Environmental Health:	Temporary Service	Final Service
		Authorized Signature	Authorized Signature
	Inspection/Permit No:		OSSF
	Date Approved:	/ /	6 /28/ 16

Name: IRMA AGUIRRE

Address: P.O. BOX 4055
Edinburg, Tx. 78540

Phone: (956) 607-7935

Water Supplier: N/A

Utility Provider: [✓] M.V.E.C. [ ] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as: Prado Verde lot #4,

on _____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 7/18/94);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

No an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by _____);

Yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by _____);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____
Hidalgo County Clerk | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15738

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: IRMA AGUIRRE

Address: 4055 P.O. Box
Edinburg, TX. 78540

Phone: (956) 607-7935

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Prado Verde 10 Ph 4

STATUS OF PERSON OR ENTITY MAKING REQUEST:

____ Subdivider
__✓_ Owner of lot in subdivision
____ Resident of lot in a subdivision
____ Entity that provides utility service

Requesting Party (Signature)

June 28, 2016
Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

__✓_ Deed
____ Executory Contract
____ Lease
____ Rent Receipt
____ Affidavit
__✓_ Other (describe) Copy of permit.

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/16
Date

County Official

1314312

SPECIAL WARRANTY DEED WITH VENDOR'S LIEN

Date: June 10, 2002

Grantor: William Keith Prater and Florence L. Prater

Grantor's Mailing Address (including county):

P.O. Box 432
Edinburg, Tx. 78540-0432
Hidalgo County, Texas

Grantee: Irma Aguirre
Grantee's Social Security Number: [redacted]
Grantee's Phone Number: [redacted]
Grantee's Mailing Address (including county)

RR 8 Box 798-I
Edinburg, Tx. 78539
Hidalgo County, Texas

Consideration: Ten Dollars and other valuable consideration paid by Grantee to Grantor, the receipt of which is hereby acknowledged, and the further consideration of a note of even date that is in the principal amount of Fifteen Thousand and Five Hundred and 00/00 Dollars (15,500.00) and is executed by Grantee, payable to the order of Grantor (the "Purchase Note"). The Purchase Note is secured by a vendor's lien retained in this deed and by a deed of trust of even date to Trustee.

Property (including any improvements):

Lots(s) 4, Prado Verde Subdivision, Hidalgo County, Texas, as shown by the map or plat thereof recorded in Volume 31, Page 86, Map Records, Hidalgo County, Texas, reference to which is here made for all purposes.

Reservations from and Exceptions to Conveyance and Warranty:

1. Visible and apparent easements on or across the subject property;
2. Rights of parties in possession;
3. Easements, right-of-way, and prescriptive rights, whether of record or not;
4. All recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the property;
5. Rights of adjoining owners in any walls and fences situated on a common boundary;
6. Any discrepancies, conflicts, or shortages of an area or boundary lines;
7. Any encroachments or overlapping of improvements;
8. All rights, obligations, and other matters emanating from and existing by reason of the creation, establishment, maintenance, and operation of any Water Improvement District, Irrigation District, or other applicable governmental district, agency, or authority;
9. Taxes for the current year and subsequent years, and subsequent assessments for prior years due to change in land usage or ownership;
10. The prior reservation or conveyance of all oil, gas, and other minerals previously reserved or conveyed by any parties having the right to do so;
11. All Easements, restrictions, set back lines, Drainage Swale requirements, and other matters shown on the plat of Prado Verde Subdivision, recorded in Volume 31, Page 86 Map Records, Hidalgo County,

Texas;
12. The Declaration of Protective Covenants for Prado Verde Subdivision, Hidalgo County, Texas recorded official records of real estate in the office of the County Clerk of Hidalgo County, Texas.

SAVE AND EXCEPT, and there is hereby reserved unto Grantor, Grantor's successors and assigns, all oil, gas, and other minerals in, on, or under, or that may be produced from the Property, together with the right of ingress and egress at all times for the purpose of mining, drilling, exploring, operating, and developing said Property for oil, gas, and/or other minerals and removing the same therefrom.

Grantor, for the consideration and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty, when the claim is by, through, or under Grantor, but not otherwise.

By the acceptance of this deed, Grantee is taking the Property's is", "where is" and "with all faults", and without any representations or warranties whatsoever, express or implied, written or oral, it being the intention of Grantor and Grantee to expressly negate and exclude all representations and warranties, including, but not limited to (i) the physical condition of the property or any element thereof, including, without limitation, warranties related to suitability for habitation, merchantability or fitness for a particular purpose; (ii) the nature or quality of construction, structural design and engineering of any improvements; (iii) the quality of the labor and materials included in any improvements; (iv) the soil conditions; drainage or other conditions existing at the property with respect to any particular purpose, developmental potential or otherwise; (v) all warranties created by any affirmation of fact or promise or by any description of the property; and (vi) all other warranties and representations whatsoever, except the warranty of title expressly set forth herein.

The vendor's lien against and superior title to the property are retained until the Purchase Note is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

William Keith Prater

Florence L. Prater

(Acknowledgment)

State of Texas
County of Hidalgo

This instrument was acknowledged before me on the 11th day of June, 200_, by William Keith and Florence L. Prater.

Maria de Lourdes Lopez
Notary Public, State of Texas
My Comm Exp: 2-20-2005

MARIA DE LOURDES LOPEZ
Notary Public
STATE OF TEXAS
My Comm Exp 02-20-2005

AFTER RECORDING RETURN TO:

Florence L. Prater
P.O. Box 432
Edinburg, Tx. 78540

Filed For Record In:
Hidalgo County
by: J. D. Salinas, III
County Clerk

On: Mar 25, 2004 at 09:28A

As a Recording

Document Number: 1314312
Total Fees 18.00

Receipt Number - 572515
By:
Monique Garcia, Deputy

Chapter 232 Texas LGC Application

APPLICATION NO:
4-15738
Jun. 28, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

P8113-00-000-0004-00

[1] OWNER: AGUIRRE,IRMA

1905 BRANDON ST
EDINBURG, TX 78540
Telephone No. 287-2489

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MOBILE HOMES
44- MOBILE HOMES

[5] SIZE OF STRUCTURE: 720 Sq. Ft.

[6] USE OF BUILDING: RESD. ZONE-B

[7] LEGAL DESC./NAME OF SUBDIVISION
PRADO VERDE LOT 4

LOCATION: 0 ML 17 1/2 & TERRY

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: WOOD

[10] EST. COST OF CONST.: $9,500

[11] SPECIAL FLOOD HAZARD AREA: ____ YES ✓ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
FRONT:30' BACK:15' SIDES:7'
MINIMUM ELEV. 18" ABOVE CENTER LINE OF STREET

Prepared by — Date: 6/28/16

Approved by: Esteban Uresti — Date: 6/24/16

Signature of Owner or Applicant — Date: June 28 2016

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER _____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 480334 Pct: 4
Community No.: 0325C

Certification of Elevation
Required: ____ YES ✓ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-133602

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: RICARDO PENA

Address: 14604 MILA N.
EDCOUCH, TX 78538

Phone: 956-239-2844

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		
Date Approved:	/ /	

Water Supplier: North Alamo

Utility Provider: [ ]M.V.E.C. [ ] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [ ] Permanent Service

regarding the land described as: Evergreen Valley Estates plt. 3 lot #24,

on_____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

yes A plat has been prepared;

yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 3/16/07);

yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

NO an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by _____);

yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by _____);

yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

Planning Department Authorized Signature	Hidalgo County Judge	Date

ATTEST: _____ _____
Hidalgo County Clerk Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

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956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-133602

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Ricardo Reyna

Address: 14604 ML 19 N
Edcouch, TX 78538

Phone: (956)239-3844

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Evergreen Valle Estates Pt 1.3 Lot #44

STATUS OF PERSON OR ENTITY MAKING REQUEST:

- ✓ Subdivider
- ✓ Owner of lot in subdivision
- _____ Resident of lot in a subdivision
- _____ Entity that provides utility service

X _____ Requesting Party (Signature) 6-28-16 Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

- ✓ Deed
- _____ Executory Contract
- _____ Lease
- _____ Rent Receipt
- _____ Affidavit
- ✓ Other (describe) Permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/16 _____
Date **County Official**

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

SPECIAL WARRANTY DEED WITH VENDOR'S LIEN

Date: April 7, 2007

Grantor: Evergreen Valley Inc., a Texas Corporation
Grantor's Mailing Address:
3714 S. Exp. 281
Edinburg, Texas 78539

Grantee: Ricardo Pena and Nancy Pena
Grantee's Phone Number: [redacted]
Grantee's Mailing Address (including county):
601 West Wind Dr
Edinburg, Texas 78541
Hidalgo County, Texas

1744587

Consideration: Ten Dollars and other valuable consideration paid by Grantee to Grantor, the receipt of which is hereby acknowledged, and the further consideration of a note of even date that is in the principal amount of Thirty-Five Thousand Four Hundred Fifty & no/100's ($35,450.00), and is executed by Grantee, payable to the order of Grantor (the "Purchase Note"). The Purchase Note is secured by a vendor's lien retained in this deed and by a deed of trust of even date to Nancy Scurlock, Trustee.

Property (including any improvements):

Lot(s) 44, Evergreen Valley Estates, Phase III, as shown by the map or plat thereof recorded in Volume 52, Pages 135-144, Map Records, Hidalgo County, Texas

Reservations from and Exceptions to Conveyance and Warranty:

1. A lien securing a promissory note (the "Prior Note"), dated October 13, 2006, payable to the order of First National Bank which is described in and secured by a Deed of Trust filed for record in the Office of the County Clerk of Hidalgo County, Texas under Clerk's Document Number 1703891. Grantor shall be obligated to obtain a release of the Property from all liens and security interests securing the Prior Note within 30 days of the date Grantee makes final payment on the Purchase Note;
2. A lien securing a promissory note (the "Prior Note"), dated October 13, 2006, payable to the order of Sundown Developments, Ltd., a Texas Limited Partnership which is described in and secured by a Deed of Trust filed for record in the Office of the County Clerk of Hidalgo County, Texas under Clerk's Document Number 1703892. Grantor shall be obligated to obtain a release of the Property from all liens and security interests securing the Prior Note within 30 days of the date Grantee makes final payment on the Purchase Note;
3. Visible and apparent easements on or across the subject property;
4. Rights of parties in possession;
5. Easements, rights-of-way, and prescriptive rights, whether of record or not;
6. All recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the property;
7. Rights of adjoining owners in any walls and fences situated on a common boundary;
8. Any discrepancies, conflicts, or shortages in area or boundary lines;
9. Any encroachments or overlapping of improvements;
10. All rights, obligations, and other matters emanating from and existing by reason of the creation, establishment, maintenance, and operation of any Water Improvement District, Irrigation District, or other applicable governmental district, agency, or authority;
11. Taxes for the current year and subsequent years, and subsequent assessments for prior years due to change in land usage or ownership;

R.R.
N.P.

12 The prior reservation or conveyance of all oil, gas, and other minerals previously reserved or conveyed by any parties having the right to do so;

13. All Easements, restrictions, set back lines, drainage swale requirements, and other matters shown on the plat of Evergreen Valley Estates, Phase III, as shown on the plat thereof, recorded in Volume 52, Pages 135-144, Map records of Hidalgo County, Texas; and

14. Subdivision Restrictions filed for record in the Office of the County Clerk of Hidalgo County, Texas affecting the subject property.

SAVE AND EXCEPT, and there is hereby reserved unto Grantor, Grantor's successors and assigns, all oil, gas, and other minerals in, on, or under, or that may be produced from the Property, together with the right of ingress and egress at all times for the purpose of mining, drilling, exploring, operating, and developing said Property for oil, gas, and/or other minerals and removing the same there from. If the Property is subject to an existing Lease for oil and gas, or oil, gas and other minerals, Grantor is entitled to receive the royalties and other benefits that are associated with the Property and payable under the Lease.

SAVE AND EXCEPT, and there is hereby reserved unto Grantor, Grantor's successors and assigns, (to the fullest extent permitted by law) all water rights and rights to water (whether riparian, appropriative or otherwise) presently appended or annexed to said property.

Grantor, for the consideration and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty, when the claim is by, through, or under Grantor, but not otherwise.

By the acceptance of this Deed, Grantee is taking the Property "as is", "where is" and "with all faults", and without any representations or warranties whatsoever, express or implied, written or oral, it being the intention of Grantor and Grantee to expressly negate and exclude all representations and warranties, including, but not limited to (i) the physical condition of the property or any element thereof, including, without limitation, warranties related to suitability for habitation, merchantability or fitness for a particular purpose; (ii) the nature or quality of construction, structural design and engineering of any improvements; (iii) the quality of the labor and materials included in any improvements; (iv) the soil conditions; drainage or other conditions existing at the property with respect to any particular purpose, developmental potential or otherwise; (v) all warranties created by any affirmation of fact or promise or by any description of the property; and (vi) all other warranties and representations whatsoever, except the warranty of title expressly set forth herein.

The vendor's lien against and superior title to the property are retained until the Purchase Note is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

Evergreen Valley Inc., a Texas Corporation

BY: _____
Herb Scurlock III, Secretary

(Acknowledgment)

State of Texas
County of Hidalgo

This instrument was acknowledged before me on the 7th day of April, 2007, by Herb Scurlock III, Secretary of Evergreen Valley Inc., a Texas Corporation, on behalf of said Texas Corporation.

_____
Notary Public, State of Texas

ROGELIO MONTERO
Notary Public, State of Texas
My Commission Expires
FEB. 21, 2011

AFTER RECORDING RETURN TO:
Evergreen Valley Inc.
3714 S. Exp. 281
Edinburg, Texas 78539

Chapter 232 Texas LGC Application

APPLICATION NO:
4-13362
May. 27, 2014

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

E8250-03-000-0044-00

[1] OWNER: PENA, RICARDO & NANCY

601 W. WIND DR.
EDINBURG, 78542
Telephone No. 239-2844

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
25- RESIDENTIAL NEW SINGLE DWELLING
[5] SIZE OF STRUCTURE: 3,746 Sq. Ft.

[6] USE OF BUILDING: RES.ZONE-X

[7] LEGAL DESC./NAME OF SUBDIVISION
EVERGREEN VALLEY EST. #3 LOT44

LOCATION: 0 SKINNER & MILE 19

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: BLOC

[10] EST. COST OF CONST.: $100,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES ✓ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY W/ALL REGULATIONS & SETBACKS
FRONT 50' SIDE'S 6' REAR 73' FINISH FLOOR OF ELEV.
18" CENTERLINE OF STREET.

Prepared by — Date: 5/27/14

Approved by — Date: 3/27/14

Signature of Owner or Applicant — Date: 5-27-14

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER _____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0350C Pct: 4
Community No.: 480334

Certification of Elevation Required: _____ YES _____ NO _____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15-348

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		Sean Carmichael
Date Approved:	/ /	6/24/16

Name: Nicolasa Cruz

Address: 6610 Soledad. drive. Montecristo seminary Edinburg TX.

Phone: (956)578-1735

Water Supplier: Edinburg City

Utility Provider: [ ]M.V.E.C. [✓] AEP

Account/ESI No.: 10032789498849477

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as: Paloma del valle III Lote 146 ,

on_____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

YES A plat has been prepared;

YES A plat has been reviewed and approved by the Commissioners Court; (Date approved 7/11/16);

YES water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

YES an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Public Utilities 6-24-16);

NO individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Public Utilities 6-24-16);

YES electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

Planning Department Authorized Signature	Hidalgo County Judge	Date

ATTEST: _____ _____

Hidalgo County Clerk **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 445348

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Nicolasa Cruz

Address: 6610 Soledad drive.
Edinbur, Texas, 78541

Phone: (956) 578-1735

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Paloma del Valle III Lote 496

STATUS OF PERSON OR ENTITY MAKING REQUEST:

____ Subdivider
_V_ Owner of lot in subdivision
____ Resident of lot in a subdivision
____ Entity that provides utility service

Requesting Party (Signature)

06-24-2016
Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

____ Deed
____ Executory Contract
____ Lease
____ Rent Receipt
____ Affidavit
_V_ Other (describe) Water Bill

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/29/16
Date

County Official

WARRANTY DEED WITH VENDOR'S LIEN 2102740

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FORM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

Date: April 27, 2010

Grantor: Paloma Del Valle II, Ltd.

Grantor's Mailing Address (including county): 13201 N. 23rd Street
Edinburg, Texas 78541
Hidalgo County

Grantee: Nicolasa Cruz-Cipriano

Grantee's Mailing Address including County: 1315 Sunshine
Alamo, TX 78516
Hidalgo

Consideration: TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date, that is in the principal amount of SIXTEEN THOUSAND EIGHT HUNDRED SIXTEEN AND 52/100 DOLLARS ($16,816.52) and is executed by Grantee, payable to the order of Grantor. It is secured by a vendor's lien retained in this deed and by a deed of trust of even date, from Grantee to David Crook, Attorney at Law, Trustee.

Subject to Prior Lien(s) (including recording information): A lien in favor of Texas State Bank as recorded in the Deed of Trust dated August 11, 2006, as Document number 1655705, in the Official Records of Hidalgo County, Texas, and all renewals, extensions, transfers or alterations thereof.

Property (including any improvements): Lot 146 of Paloma Del Valle Phase III Subdivision, according to the map recorded in Volume 53, Pages 133-136, Hidalgo County Map Records, Hidalgo County, Texas. SAVE AND EXCEPT all of the Oil, Gas and other Minerals.

Reservations From and Exceptions to Conveyance and Warranty: Easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded instruments, other than liens and conveyances, that affect the property; taxes for the current year, the payment of which Grantee assumes; but not subsequent assessments for the current and prior years due to change in land usage, ownership, or both, the payment of which Grantor assumes.

1. Restrictive Covenants Recorded as Document 1784511 in the Official Records of Hidalgo County, Texas.
2. Taxes for the year 2010 and all subsequent years.
3. Blanket easements, rules, regulations and rights in favor of Hidalgo County Irrigation District in which the property is located.
4. Subject to any and all valid and existing restrictions, easements, rights-of-way, reservations,

...nance charges, together with any lien securing maintenance charges, zoning laws, ordinances of municipal or other governmental agency's or authorities, and conditions and covenants, if any, applicable to and enforceable against the property described herein, whether of record or not; all presently recorded instruments, other than liens or conveyances that effect the property.

5. For Grantor and Grantor's successors, a reservation of all of the oil, gas and other minerals that are in and under the property and that may be produced from it and a reservation of the right of ingress and egress at all times for mining, drilling, exploring, operating, and developing the property for oil, gas, and other minerals and for removing them from the property. If this interest is subject to an existing lease for oil and gas or oil, gas, and other minerals, Grantor is entitled to receive the royalties and other benefits that are associated with the interest and payable under the lease.

Grantor, for the consideration, receipt of which is acknowledged, and subject to the reservations from and exceptions to conveyance and warranty, grants, sells and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

Paloma Del Valle II, Ltd.
By: Jane Cross Enterprises, Inc.
General Partner

BY: _____
Jane Cross , President

ACKNOWLEDGMENT

STATE OF TEXAS §
§
COUNTY OF HIDALGO §

This instrument was acknowledged before me on April 27, 2010, by Jane Cross , President of Jane Cross Enterprises, Inc., as general partner of Paloma Del Valle II, Ltd., a Texas limited partnership, on behalf of said limited partnership.

NELDA C. VILLARREAL NOTARY PUBLIC STATE OF TEXAS EXPIRES 02-24-2012

_____
Notary Public, State of Texas

Nelda C. Villarreal
Notary's typed or printed signature
My commission expires: 2-24-2012

Chapter 232 Texas LGC Application

APPLICATION NO: 4-15348
Mar. 22, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

P3112-03-000-0146-00

[1] OWNER: CIPRIANO, NICOLASA CRUZ

1315 SUNSHINE
ALAMO, TX. 78516
Telephone No. 578-1735

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MOVED BUILDING
05- RESIDENTIAL MOVE-IN/RELO. BUILD

[5] SIZE OF STRUCTURE: 256 Sq. Ft.

[6] USE OF BUILDING: RES. W/F/H. ZONE X

[7] LEGAL DESC./NAME OF SUBDIVISION
PALOMA DEL VALLE PH 3
LOT # 146

LOCATION: 0 MONTECRISTO & SEMINARY

[8] SEWAGE: PUBLI

[9] CONSTRUCTION TYPE: WOOD

[10] EST. COST OF CONST.: $4,000

[11] SPECIAL FLOOD HAZARD AREA: ___YES X NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY W/ALL REGULATIONS AS PER COUNTY
SETBACKS . FRONT 25' REAR 15' SIDE 6'.
18" ABOVE TOP OF CURB.

Prepared by — Date 03/22/16

J. Ruiz — Approved by — Date 03/17/16

Signature of Owner or Applicant — Date 3/22/16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$60.00**

Light [ ] Water [ ]

Flood Zone: NO
Panel No. /Suffix: 480334 Pct: 4

Community No.: 0335 K

Certification of Elevation
Required: ____ YES X NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 2-Hell

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Ricardo Rivas Jr

Address: 20075 old Sotol Rd
Pharr TX 78365

Phone: 281-781-5903

	Temporary Service	Final Service
Approved by Environmental Health:		
	Authorized Signature	Authorized Signature
Inspection/Permit No:		City Sewer
Date Approved:	/ /	6/29/16

Water Supplier: N. Alamo

Utility Provider: [✓] M.V.E.C. [ ] AEP

Account/ESI No.: 291060-002

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as:
El Dora Heights M/H PH 1 Lot 52 ,

on _____, 20____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

yes A plat has been prepared;

yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 4/17/01);

yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by _____);

yes an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by _____);

NO individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by _____);

yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by _____);

_____ _____ _____
Planning Department Authorized Signature **Hidalgo County Judge** **Date**

ATTEST: _____ _____
Hidalgo County Clerk **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 21496

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Ricardo Rivas JR.

Address: 20075 old Sorter Rd
Porter, Tx

Phone: 281-781-5903

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Eldora Heights M/H PH 1 Lot 52

STATUS OF PERSON OR ENTITY MAKING REQUEST:

_____ Subdivider
__✓__ Owner of lot in subdivision
_____ Resident of lot in a subdivision
_____ Entity that provides utility service

Requesting Party (Signature)

6-25-16
Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

__✓__ Deed
_____ Executory Contract
_____ Lease
_____ Rent Receipt
_____ Affidavit
__✓__ Other (describe) permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/28/16
Date

County Official

SPECIAL WARRANTY DEED WITH VENDOR'S LIEN 1057956

Date: March 1, 2002

Grantor: Eldora Heights, L.L.C., a Texas Limited Liability Company
Grantor's Mailing Address:
P.O. Box 5848
McAllen, Texas 78502

Grantee: RICARDO RIVAS JR.
First Grantee's Social Security Number: [redacted]

Grantee's Phone Number [redacted]
Grantee's Mailing Address (including county):
519 E. CARBY
HOUSTON, Texas 77037
HARRIS County, Texas

Consideration: Ten Dollars and other valuable consideration paid by Grantee to Grantor, the receipt of which is hereby acknowledged, and the further consideration of a note of even date that is in the principal amount of Eleven Thousand Five Hundred Dollars and No Cents ($11,500.00), and is executed by Grantee, payable to the order of Grantor (the "Purchase Note"). The Purchase Note is secured by a vendor's lien retained in this deed and by a deed of trust of even date to John G. Phillips, Trustee.

Property (including any improvements):

Lot(s) 52, Eldora Heights Mobile Home Subdivision, Phase I, an addition to the City of San Juan, as shown by the map or plat thereof recorded in Volume 37, Pages 102 and 103, Map Records, Hidalgo County, Texas

SAVE AND EXCEPT, and there is hereby reserved unto Grantor, Grantor's successors and assigns, all oil, gas, and other minerals in, on, or under, or that may be produced from the Property, and there is also hereby reserved unto Grantor, Grantor's successors and assigns, (to the fullest extent permitted by law) all water rights and rights to water (whether riparian, appropriative or otherwise) presently appended or annexed to said property.

Reservations from and Exceptions to Conveyance and Warranty:

1. Visible and apparent easements on or across the subject property;
2. Rights of parties in possession;
3. Easements, rights-of-way, and prescriptive rights, whether of record or not;
4. All recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the property;
5. Rights of adjoining owners in any walls and fences situated on a common boundary;
6. Any discrepancies, conflicts, or shortages an area or boundary lines;
7. Any encroachments or overlapping of improvements;
8. All rights, obligations, and other matters emanating from and existing by reason of the creation, establishment, maintenance, and operation of any Water Improvement District, Irrigation District, or other applicable governmental district, agency, or authority;
9. Taxes for the year 2002 and subsequent years, and subsequent assessments for prior years due to change in land usage or ownership;
10. The prior reservation or conveyance of all oil, gas, and other minerals previously reserved or conveyed by any parties having the right to do so;
11. Easements, reservations and restrictions as may be shown on the recorded map or plat of said subdivision as recorded in Volume 37, Pages 102 and 103, Map Records, Hidalgo County, Texas.
12. Blanket easements, rules, regulations and rights in favor of Hidalgo County Irrigation District No. 2.
13. Terms, stipulations and conditions contained in Oil, Gas and Mineral Lease (s) dated November 22, 1984, recorded in Volume 2066, Page 648, and dated December 27, 1986, recorded in Volume 2397, Page 922, both in the Official Records of Hidalgo County, Texas.
14. Restrictive Covenants as set forth in the "Declaration of Covenants, Conditions and Restrictions: recorded in the Office of the County Clerk of Hidalgo County, Texas, under Document Number 967695.

Grantor, for the consideration and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty, when the claim is by, through, or under Grantor, but not otherwise.

By the acceptance of this Deed, Grantee is taking the Property "as is", "where is" and "with all faults", and without any representations or warranties whatsoever, express or implied, written or oral, it being the intention of Grantor and Grantee to expressly negate and exclude all representations and warranties, including, but not limited to (i) the physical condition of the property or any element thereof, including, without limitation, warranties related to suitability for habitation, merchantability or fitness for a particular purpose; (ii) the nature or quality of construction, structural design and engineering of any improvements; (iii) the quality of the labor and materials included in any improvements; (iv) the soil conditions; drainage or

other conditions existing at the property with respect to any particular purpose, developmental potential [illegible] warranties created by any affirmation of fact or promise or by any description of the property; and (vi) all other warranties and representations whatsoever, except the warranty of title expressly set forth herein.

The vendor's lien against and superior title to the property are retained until the Purchase Note is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

Eldora Heights, L.L.C., a Texas Limited Liability Company

BY: _____
John G. Phillips, President

(Acknowledgment)

State of Texas
County of Hidalgo

This instrument was acknowledged before me on the 1 day of March, 2002, by John G. Phillips, President, President of Eldora Heights, L.L.C., a Texas Limited Liability Company on behalf of said Texas Limited Liability Company.

_____
Notary Public, State of Texas

ELOY GONZALEZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 01-07-2006

AFTER RECORDING RETURN TO:

Eldora Heights, L.L.C.
P.O. Box 5848
McAllen, Texas 78502

Filed For Record In:
Hidalgo County
By J. D. Salinas, III
County Clerk

On: Mar 04,2002 at 03:27p

As a Recording

Document Number: 1057955
Total Fees : 16.00

Receipt Number - 404535
By,
Flo Chavez, Deputy

Chapter 232 Texas LGC Application

APPLICATION NO: 2-1666
Apr. 14, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

E5038-01-000-0052-00

[1] OWNER: RIVAS, RICARDO JR

20075 OLD SORTERS RD
PORTER, TX 77365-7012
Telephone No. 648-8495

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MOVED BUILDING
20- MOBILE HOMES

[5] SIZE OF STRUCTURE: 1,064 Sq. Ft.

[6] USE OF BUILDING: RESD. ZONE-B

[7] LEGAL DESC./NAME OF SUBDIVISION
ELDORA HEIGHTS M/H PH 1 LOT 52
7/13/2010 COMPLAINT FILE

LOCATION: 0 ELODRA & C. CHAVEZ

[8] SEWAGE: PUBLI

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $12,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES ✓ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
FRONT:25' BACK:20' SIDES:6'
MINIMUM ELEV. 18" ABOVE TOP OF STREET

Prepared by — Date: 4/14/16

Approved by: Rodolfo Rias — Date: 4/12/16

Signature of Owner or Applicant — Date: 4-14-16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER _____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO Panel No. /Suffix: 480334 Pct: 2

Community No.: 0425C

Certification of Elevation Required: ____ YES ____ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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Precinct No.1 Substation
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956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Septic tank systems.

Precinct 1 2 3 (4)

Application No: N/A

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Texas Regional Bank Custodian for Richard W. Ruppert & Connie Ruppert IRA

Address: 2810 N. Closner Blvd. Edinburg, TX. 78539

Phone: 383-0868

	Approved by Environmental Health:	Temporary Service	Final Service
			Charles Ramon
		Authorized Signature	Authorized Signature
	Inspection/Permit No:		Pre Installed
	Date Approved:	/ /	6/20/16

Water Supplier: NAWSC

Utility Provider: [✓] M.V.E.C. [ ] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [ ] Permanent Service

regarding the land described as: Tierra De Santa Cruz No. 2 Lots 52-116,

on _____, 20____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 5/25/16);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by Gina Castillo)

No an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Charles Ramon);

Yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Charles Ramon);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by Gina Castillo)

Planning Department Authorized Signature	Hidalgo County Judge	Date

ATTEST: _____ _____

Hidalgo County Clerk — Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Septic tank systems.

Precinct 1 2 3 (4)

Application No: NH

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Texas Regional Bank Custodian for Richard W. Ruppert & Carol Ruppert IRA

Address: 2810 N. Closner Blvd.

Edinburg, Texas 78539

Phone: (956) 383-0868

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.): 16.39 acre tract of land being all of Lots 14, 27 & 28, Tierra de Santa Cruz Subdivision, and Lot 18, Rancho Los Papalotes No.1. Tierra De Santa Cruz NO. 2 lots 52-66

STATUS OF PERSON OR ENTITY MAKING REQUEST:

X Subdivider
____ Owner of lot in subdivision
____ Resident of lot in a subdivision
____ Entity that provides utility service

Requesting Party (Signature) 15 April 2016 Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

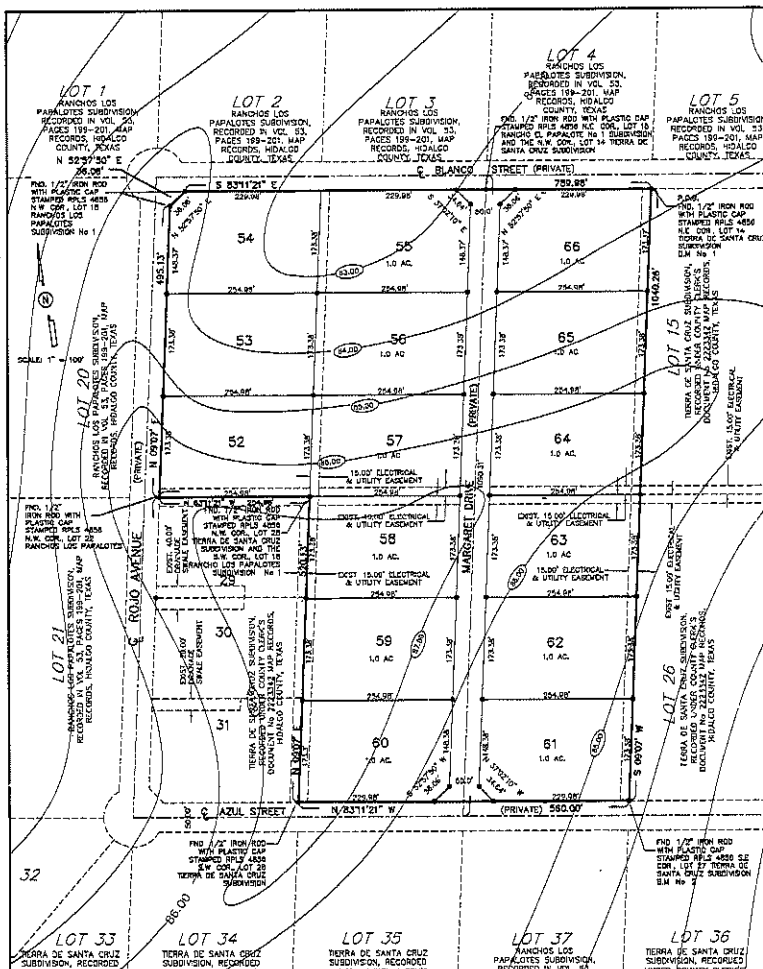
X Deed
____ Executory Contract
____ Lease
____ Rent Receipt
✓ Affidavit
✓ Other (describe) copy of Subd. plat

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

4/06/2016 **Date**

Ilda L. Castillo **County Official**


LOT 1
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 2
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 3
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 4
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 5
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 20
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 21
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 15
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 26
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 33
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342 MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 34
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342 MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 35
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342 MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 37
RANCHOS LOS PAPALOTES SUBDIVISION, RECORDED IN VOL. 53, PAGES 199-201, MAP RECORDS, HIDALGO COUNTY, TEXAS
LOT 36
TIERRA DE SANTA CRUZ SUBDIVISION, RECORDED UNDER COUNTY CLERK'S DOCUMENT No 2223342 MAP RECORDS, HIDALGO COUNTY, TEXAS
℄ BLANCO STREET (PRIVATE)
℄ AZUL STREET (PRIVATE)
ROJO AVENUE
MARGARET DRIVE
SANTA CRUZ
54
55
1.0 AC.
66
53
56
65
52
57
64
58
63
59
62
60
61
30
31
32
S 83°11'21" E 759.95'
N 83°11'21" W (PRIVATE) 580.00'
N 6°09'07" E 1040.26'
S 6°09'07" W
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 14 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 15 TIERRA DE SANTA CRUZ SUBDIVISION D.M. No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 20 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 20 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 21 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 26 TIERRA DE SANTA CRUZ SUBDIVISION D.M. No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 33 TIERRA DE SANTA CRUZ SUBDIVISION
FND 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 SE COR. LOT 37 TIERRA DE SANTA CRUZ SUBDIVISION D.M. No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 34 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 35 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 36 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 N.W. COR. LOT 37 TIERRA DE SANTA CRUZ SUBDIVISION D.M. No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 37 TIERRA DE SANTA CRUZ SUBDIVISION D.M. No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 36 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 35 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 34 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 33 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 32 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 31 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 30 TIERRA DE SANTA CRUZ SUBDIVISION
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 31 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 32 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 21 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 20 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 15 RANCHOS LOS PAPALOTES SUBDIVISION No 1
FND. 1/2" IRON ROD WITH PLASTIC CAP STAMPED RPLS 4656 S.W. COR. LOT 14 RANCHOS LOS PAPALOTES SUBDIVISION No 1
N 52°57'30" E 38.08'
S 52°57'30" W 38.08'
N 37°02'30" W 38.08'
S 37°02'30" E 38.08'
S 6°09'07" W 1040.26'
N 6°09'07" E 1040.26'
N 83°11'21" W 759.95'
S 83°11'21" E 759.95'
229.98'
254.98'
133.38'
123.38'
148.37'
148.38'
63.00'
64.00'
65.00'
66.00'
80.00'
15.00' ELECTRICAL & UTILITY EASEMENT
DEDICATED 40.00' DRAINAGE & UTILITY EASEMENT
DEDICATED 15.00' ELECTRICAL

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Sewer

Precinct 1 2 3 4

Application No: N/A

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Approved by Environmental Health:	Temporary Service	Final Service
		Charles Ramos
	Authorized Signature	Authorized Signature
Inspection/Permit No:		Sewer
Date Approved:	/ /	6/20/16

Name: Aniceto Izaguirre

Address: 500 Sonia DR. Mission, TX. 78574

Phone: 789-0619

Water Supplier: SWSC

Utility Provider: [ ]M.V.E.C. [✓] AEP

Account/ESI No.: N/A

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as: Eduardos No. 13 Lot 1-71,

on_____, 20____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 6-07-16);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by Flor Castillo)

Yes an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Charles Ramos);

NO individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Charles Ramos);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by Flor Castillo);

Planning Department Authorized Signature	Hidalgo County Judge	Date

ATTEST: _____ _____

Hidalgo County Clerk — Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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1304 South 25th Street
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Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 (3) 4

Application No: N/A

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Aniceto Izaguirre

Address: 500 Solar Drive

Mission, Texas 78574

Phone: (956) 789-0619

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

A 20.00 acre tract of land being the north 10.00 acres of Lot 35-5 and the south 10.00 acres of Lot 36-5, West Addition to Sharyland Subdivision, Hidalgo County, Texas Eduardo No. 13 Lot 1-71

STATUS OF PERSON OR ENTITY MAKING REQUEST:

- X Subdivider
- ____ Owner of lot in subdivision
- ____ Resident of lot in a subdivision
- ____ Entity that provides utility service

Aniceto Izaguirre — Requesting Party (Signature)

5.10.16 — Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

- X Deed
- ____ Executory Contract
- ____ Lease
- ____ Rent Receipt
- ✓ Affidavit
- ____ Other (describe) copy of subd. plat

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

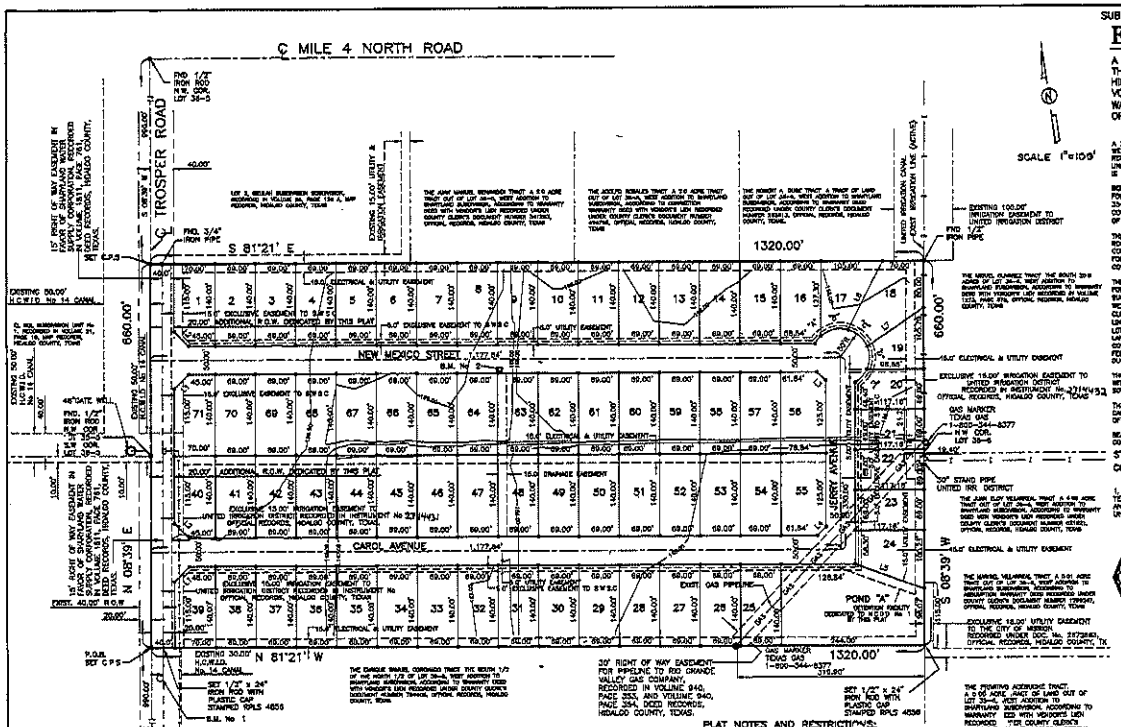
5/20/16 — **Date**

Ilin Cabello — **County Official**

SUBDIVISION PLAT OF:

EDUARDO'S SUBDIVISION No 13

A 20.00 ACRE TRACT OF LAND BEING THE NORTH 10.00 ACRES OF LOT 35-3 AND THE SOUTH 10.00 ACRES OF LOT 36-3, WEST ADDITION TO SHARYLAND SUBDIVISION, HIDALGO COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 1, PAGE 56, MAP RECORDS, HIDALGO COUNTY, TEXAS, AND ACCORDING TO WARRANTY DEED RECORDED UNDER COUNTY CLERK'S DOCUMENT NUMBER 2659581, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS.



METES AND BOUNDS

A 20.00 ACRE TRACT OF LAND BEING THE NORTH 10.00 ACRES OF LOT 35-3 AND THE SOUTH 10.00 ACRES OF LOT 36-3, WEST ADDITION TO SHARYLAND SUBDIVISION, HIDALGO COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 1, PAGE 56, MAP RECORDS HIDALGO COUNTY, TEXAS, AND ACCORDING TO WARRANTY DEED RECORDED UNDER COUNTY CLERK'S DOCUMENT NUMBER 2659581, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS, AND REFERENCE TO WHICH IS HEREBY MADE FOR ALL PURPOSES AND BEING MORE PARTICULARLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS

BEGINNING AT A COTTON PICKER SPINDLE SET ON THE WEST LINE OF LOT 35-3 AND IN THE CENTERLINE OF TROSPER ROAD FOR THE NORTHWEST CORNER OF THE ENRIQUE SAMUEL CORONADO TRACT (THE SOUTH HALF OF THE NORTH HALF OF LOT 35-3, WEST ADDITION TO SHARYLAND SUBDIVISION, ACCORDING TO WARRANTY DEED WITH VENDOR'S LIEN RECORDED UNDER COUNTY CLERK'S DOCUMENT NUMBER 795108, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS) AND THE SOUTHWEST CORNER OF THIS TRACT, SAID SPINDLE BEARS N 00°39' E, 660.00 FEET FROM THE SOUTHWEST CORNER OF LOT 35-3;

THENCE, N 00°39' E, ALONG THE WEST LINE OF LOTS 35-3 AND THE CENTERLINE OF TROSPER ROAD, PASSING A 1/2" IRON ROD FOUND AT 330.00 FEET FOR THE NORTHWEST CORNER OF LOT 35-3 AND THE SOUTHWEST CORNER OF LOT 36-3, AND CONTINUING ALONG THE WEST LINE OF LOT 36-3, A TOTAL DISTANCE OF 660.00 FEET TO A COTTON PICKER SPINDLE SET FOR THE SOUTHWEST CORNER OF BOLIVAR SUBDIVISION (RECORDED IN VOLUME 28, PAGE 126 A, MAP RECORDS, HIDALGO COUNTY, TEXAS) AND THE NORTHWEST CORNER OF THIS TRACT;

THENCE, S 81°21' E, ALONG THE SOUTH LINE OF SAID BOLIVAR SUBDIVISION, PASSING A 3/4" IRON PIPE FOUND AT 20.00 FEET FOR THE EAST RIGHT OF WAY LINE OF TROSPER ROAD, PASSING AT 1320.84 FEET THE SOUTHEAST CORNER OF BOLIVAR SUBDIVISION, THE SOUTHWEST CORNER OF THE JUAN MANUEL BENAVIDEZ TRACT (A 2.0 ACRE TRACT OUT OF LOT 36-3, WEST ADDITION TO SHARYLAND SUBDIVISION, ACCORDING TO WARRANTY DEED WITH VENDOR'S LIEN RECORDED UNDER COUNTY CLERK'S DOCUMENT NUMBER 3412263, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS), AND CONTINUING ALONG THE SOUTH LINE OF THE JUAN MANUEL BENAVIDEZ TRACT, THE SOUTH LINE OF THE ADOLFO ROSALES TRACT (A 2.0 ACRE TRACT OUT OF LOT 36-3, WEST ADDITION TO SHARYLAND SUBDIVISION, AND THE SOUTH LINE OF THE ROBERT A. DUBE TRACT (A TRACT OF LAND OUT OF LOT 36-3, WEST ADDITION TO SHARYLAND SUBDIVISION, ACCORDING TO WARRANTY DEED RECORDED UNDER COUNTY CLERK'S DOCUMENT NUMBER 3433013, OFFICIAL RECORDS, HIDALGO COUNTY, TEXAS), A TOTAL DISTANCE OF 1,320.00 FEET TO A 1/2" IRON PIPE FOUND ON THE EAST LINE OF LOT 36-3 FOR THE SOUTHEAST CORNER OF THE ROBERT A DUBE TRACT AND THE NORTHEAST CORNER OF THIS TRACT

THENCE, S 00°39' W, ALONG THE EAST LINE OF LOT 35-3 AND 36-3, A DISTANCE OF 660.00 FEET TO A 1/2" IRON ROD WITH CAP STAMPED RPLS 4656 SET FOR THE NORTHEAST CORNER OF THE ENRIQUE SAMUEL CORONADO TRACT AND THE SOUTHEAST CORNER OF THIS TRACT

THENCE, N 81°21' W, ALONG THE NORTH LINE OF THE ENRIQUE SAMUEL CORONADO TRACT, PASSING A 1/2" IRON ROD WITH CAP STAMPED RPLS 4656 SET AT 1,300.00 FEET FOR THE EAST RIGHT OF WAY LINE OF TROSPER ROAD, A TOTAL DISTANCE OF 1,320.00 FEET TO THE POINT OF BEGINNING AND CONTAINING 20.00 ACRES OF LAND, MORE OR LESS

BEARINGS ARE IN ACCORDANCE WITH BOLIVAR SUBDIVISION, RECORDED IN VOLUME 28, PAGE 126 A, MAP RECORDS, HIDALGO COUNTY, TEXAS

STATE OF TEXAS
COUNTY OF HIDALGO

I, THE UNDERSIGNED, A REGISTERED PROFESSIONAL LAND SURVEYOR IN THE STATE OF TEXAS, DO HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECT, AND WAS MADE AND PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY DONE ON THE GROUND UNDER MY SUPERVISION

ALFONSO QUINTANILLA, R.P.L.S. No. 4656 — 8-8-15 DATE

STATE OF TEXAS
COUNTY OF HIDALGO

I, THE UNDERSIGNED, A LICENSED PROFESSIONAL ENGINEER IN THE STATE OF TEXAS, DO HEREBY CERTIFY THAT THE PROPER ENGINEERING CONSIDERATIONS HAVE BEEN GIVEN TO THIS PLAT

ALFONSO QUINTANILLA, P.E. No. 85334 — 5-11-16 DATE

PLAT NOTES AND RESTRICTIONS:

1.- FLOOD ZONE DESIGNATION ZONE "C"
AREAS OF MINIMAL FLOODING
COMMUNITY-PANEL NUMBER 480334 0400 C
EFFECTIVE DATE: NOVEMBER 16, 1982

CONSTRUCTION OF RESIDENTIAL HOUSING WITHIN ANY AREA OF THE SUBDIVISION TO BE IN THE 100-YEAR FLOOD PLAIN IS PROHIBITED UNLESS THE HOUSING QUALIFIES FOR INSURANCE UNDER THE NATIONAL FLOOD INSURANCE ACT OF 1968 (42 U.S.C. SECTIONS 4001 THROUGH 4127).

2.- MINIMUM BUILDING SETBACKS:

FRONT	25.00 FEET
REAR	15.00 FEET
SIDE	6.00 FEET
CORNER SIDE ON TROSPER ROAD	20.00 FEET
CORNER SIDE	10.00 FEET
GARAGE FRONT	18.00 FEET

OR EASEMENT WHICHEVER IS GREATER ON ALL CASES

3.- GENERAL NOTE FOR SINGLE FAMILY RESIDENTIAL
NO MORE THAN ONE-SINGLE FAMILY DETACHED DWELLING SHALL BE LOCATED ON EACH LOT. NO COMMERCIAL USE SHALL BE ALLOWED ON ANY LOT(S) THE USE OF DWELLINGS FOR COMMERCIAL USE SHALL BE REVIEWED PRIOR TO OCCUPANCY.

4.- MINIMUM FINISH FLOOR NOTE.
MINIMUM FINISH FLOOR ELEVATION SHALL BE 18" ABOVE CENTERLINE OF THE STREET OR 18" ABOVE NATURAL GROUND, WHICHEVER IS GREATER. ELEVATION CERTIFICATE MAY BE REQUIRED FOR LOTS LOCATED OUTSIDE A DESIGNATED FLOOD ZONE AT THE TIME FOR APPLICATION FOR CONSTRUCTION TO VERIFY PRE AND POST CONSTRUCTION FINISH FLOOR ELEVATIONS. AN ELEVATION CERTIFICATE SHALL BE REQUIRED FOR ALL LOTS WITHIN A DESIGNATED FLOOD ZONE AT THE TIME FOR A DEVELOPMENT PERMIT APPLICATION.

5.- BENCHMARK NOTE:
THE FOLLOWING BENCHMARK IS IDENTIFIED ON THE FACE OF THE PLAT AND ON THE ATTACHED ENGINEERING PLANS:
B.M. No 1:- ELEV=169.27' TOP OF RIM MANHOLE LOCATED 83 FEET SOUTH AND 13 FEET EAST FROM THE SOUTHWEST CORNER OF PROP. SUBD. NAVO 88 DATUM.
B.M. No.2:- ELEV=168.15 TOP OF TOP "A" INLET LOCATED ON THE NORTH WEST CORNER OF LOT 64 OF THIS SUBDIVISION. NAVD 88 DATUM.

6.- DRAINAGE:
IN ACCORDANCE WITH THE HIDALGO COUNTY DRAINAGE DISTRICT No. 1 AND HIDALGO COUNTY REGULATIONS, THIS DEVELOPMENT WILL BE REQUIRED TO DETAIN A TOTAL OF 111,734.00 CUBIC FEET 2.56 ACRE-FEET OF STORM WATER RUNOFF. DRAINAGE DETENTION IN ACCORDANCE WITH THE LOCAL REQUIREMENTS WILL BE ACCOMPLISHED AS FOLLOWS: SEE DRAINAGE REPORT ON SHEET No. 3

7.- NO STRUCTURE SHALL BE PERMITTED OVER ANY EASEMENT. EASEMENTS SHALL BE KEPT CLEAR OF FENCES, BUILDINGS, SHEDS, SHRUBS TREES, AND OTHER PLANTINGS (EXCEPT LOW, LESS THAN 18 INCHES MATURE HEIGHT, GROUND COVER, GRASS, OR FLOWERS) AND OTHER OBSTRUCTIONS THAT WOULD INTERFERE WITH THE OPERATIONS AND MAINTENANCE OF THE EASEMENT.

8.- EACH PURCHASED CONTRACT MADE BETWEEN A SUBDIVIDER AND PURCHASER OF A LOT IN THIS SUBDIVISION SHALL CONTAIN A STATEMENT DESCRIBING HOW AND WHEN WATER, SEWER, ELECTRICITY AND GAS SERVICES WILL BE MADE AVAILABLE TO THE SUBDIVISION

9.- THIS SUBDIVISION HAS SANITARY SEWER SERVICE FROM THE CITY OF MISSION.

10.- LEGEND ● = DENOTES 1/2" IRON ROD SET WITH PLASTIC CAP STAMPED RPLS 4656, UNLESS OTHERWISE NOTED.

11.- ALL PUBLIC UTILITIES EASEMENTS DEDICATED BY THIS PLAT SHALL BE A MINIMUM WIDTH OF 15.00 FEET AS PER THE HIDALGO COUNTY MODEL SUBDIVISION RULES BY SIGNING THIS PLAT PROPERTY OWNER AND ENGINEER CERTIFY THAT ALL OTHER EASEMENTS SHOWN CORRECTLY WITH THE SIZE REQUIRED BY EACH UTILITY PROVIDER COMPANY AS REQUIRED.

12.- ALL LOTS SHALL HAVE A POSITIVE DEVELOPMENT FINISHED GRADE FROM THE REAR OF THE LOT TO THE CURB AND/OR ROADSIDE DITCH AT A 0.5 % SLOPE TO ACCOMPLISH POSITIVE DRAINAGE. THIS IS IN ACCORDANCE WITH HIDALGO COUNTY DRAINAGE DISTRICT No. 1 REGULATIONS § 11.4.

13.- THE DEVELOPER SHALL BE RESPONSIBLE TO DETAIN AND ACCOMMODATE MORE THAN THE DETAINED VOLUME SHOWN ABOVE IF IT DETERMINED AT THE DEVELOPMENT PERMIT STAGE THAT THE DETENTION REQUIREMENTS ARE GREATER THAN STATED ABOVE DUE TO THE LOTS IMPERVIOUS AREAS BEING LESS THAN PLAT DRAINAGE CONSIDERED FOR HIS CALCULATIONS OF THIS SUBDIVISION.

14.- AS PER LOCAL GOVERNMENT CODE REQUIREMENTS, SANITARY SEWER MUST BE CONNECTED TO A RESIDENCE PRIOR TO THE COUNTY PROCESSING A FINAL CLEARANCE FOR A WATER METER. A SEWER TAP INSPECTION SHALL BE PROVIDED FROM THE ENTITY SERVICE PROVIDER PRIOR TO RECEIVING A CLEARANCE FOR WATER METER SET.

15.- LOTS 1, 40, 41 AND 72 SHALL NOT HAVE ACCESS/DRIVEWAY ONTO TROSPER RD.

16.- DRAINAGE FACILITY (DF) FOR THIS DEVELOPMENT SHALL BE DEDICATED TO H.C.D.D. No. 1 AS SHOWN ON THE PLAT. CONSTRUCTION SHALL BE IN ACCORDANCE WITH COUNTY AND H.C.D.D. No. 1 SPECIFICATIONS. H.C.D.D. No. 1 SHALL BE RESPONSIBLE FOR THE MAINTENANCE OF SAID EAT. NO FILL OR PERMANENT STRUCTURES SHALL BE ALLOWED WITHIN THE " DF EASEMENT.

UNITED IRRIGATION DISTRICT CERTIFICATION

THIS PLAT IS HEREBY APPROVED BY THE UNITED IRRIGATION DISTRICT ON THIS THE 16 DAY OF MAY, 2016

NO IMPROVEMENTS OF ANY KIND (INCLUDING WITHOUT LIMITATION, TREES, FENCES, AND BUILDINGS) SHALL BE PLACED UPON UNITED IRRIGATION DISTRICT RIGHTS OF WAYS OR EASEMENTS. APPROVAL OF THIS PLAT DOES NOT RELEASE ANY RIGHTS THAT THE DISTRICT MY HAVE WHETHER SHOWN OR NOT.

ATTEST: _____ PRESIDENT — SECRETARY

INDEX TO SHEETS

SHEET 1
HEADING BLOCK, LOCATION MAP AND KEY PRINCIPAL CONTACTS; MAP, LOT, STREETS, AND EASEMENT LAYOUT; DESCRIPTION (METES AND BOUNDS) STATEMENTS & SURVEYOR'S CERTIFICATION; PLAT NOTES AND RESTRICTIONS OWNER'S ACKNOWLEDGMENT; CITY APPROVAL CERTIFICATE AUTHORIZE OFFICIALS ADMINISTRATIVE APPROVAL; COUNTY ATTEST SIGNATURE; PLANNING & ZONING CERTIFICATE; COUNTY CLERKS RECORDING CERTIFICATE; NOTICE; No. 1; CONSTRUCTION; UNITED IRRIGATION DISTRICT CERTIFICATION; REVISION NOTES.

SHEET 2.
ENGINEERING REPORT; INCLUDING DESCRIPTION OF WATER AND SANITARY SEWER AND ENGINEER'S CERTIFICATION (ENGLISH AND SPANISH VERSION); COUNTY CLERKS RECORDING CERTIFICATE

SHEET 3.
DRAINAGE REPORT INCLUDING DESCRIPTION OF DRAINAGE AND MAP OF TOPOGRAPHY AND DRAINAGE; AND ENGINEERING CERTIFICATION REVISION NOTES COUNTY CLERK'S RECORDING CERTIFICATE

STATE OF TEXAS
COUNTY OF HIDALGO
OWNER'S DEDICATION, CERTIFICATION, AND ATTESTATION

I, ANICETO IZAGUIRRE MANAGER OF IZAGUIRRE REAL ESTATE HOLDINGS, LLC ..... AS OWNER OF THE 20.00 ACRES TRACT OF LAND ENCOMPASSED WITHIN THE PROPOSED EDUARDO'S SUBDIVISION No 13, HEREBY SUBDIVIDE THE LAND AS DEPICTED IN THIS SUBDIVISION PLAT AND DEDICATE TO PUBLIC USE THE STREET, PARK, AND EASEMENTS SHOWN HEREIN.

I CERTIFY THAT I HAVE COMPLIED WITH THE REQUIREMENTS OF TEXAS LOCAL GOVERNMENT CODE §232.032 AND THAT:
(A) THE WATER QUALITY AND CONNECTIONS TO THE LOTS MEET, OR WILL MEET, THE MINIMUM STATE STANDARDS;
(B) SEWER CONNECTIONS TO THE LOTS OR SEPTIC TANKS MEET, OR WILL MEET, THE MINIMUM REQUIREMENTS OF STATE STANDARDS;
(C) ELECTRICAL CONNECTIONS PROVIDED TO THE LOTS MEET, OR WILL MEET, THE MINIMUM STATE STANDARDS; AND
(D) GAS CONNECTIONS, IF AVAILABLE, PROVIDED TO THE THE LOTS MEET, OR WILL MEET, THE MINIMUM STATE STANDARDS.
I ATTEST THAT THE MATTERS ASSERTED IN THIS PLAT ARE TRUE AND COMPLETE.

ANICETO IZAGUIRRE, MANAGER OF IZAGUIRRE REAL ESTATE HOLDINGS, LLC — 5-11-16 DATE

ANICETO IZAGUIRRE MANAGER OF IZAGUIRRE REAL ESTATE HOLDINGS, LLC
P.O. BOX 3372
MISSION, TEXAS 78573

STATE OF TEXAS
COUNTY OF HIDALGO

BEFORE ME, the undersigned notary public, on the day personally appeared ANICETO IZAGUIRRE MANAGER OF IZAGUIRRE REAL ESTATE HOLDINGS, LLC

known to me through his Texas Department of Public Safety Driver License to be the person whose name is subscribed to the foregoing instrument, who, being by me first duly sworn, declared that the statements therein are true and correct and acknowledged that she executed the same for the purposed and consideration thereby expressed.

Given under my hand and seal of office this 11TH day of MAY, 2016

LILIA A. QUINTANILLA, Notary Public, State of Texas, My Commission Expires July 23, 2016 — LILIA A. QUINTANILLA NOTARY PUBLIC

HIDALGO COUNTY
CERTIFICATE OF PLAT APPROVAL
UNDER LOCAL GOVERNMENT CODE § 232.028(c)

WE THE UNDERSIGNED CERTIFY that the plat of the EDUARDO'S SUBDIVISION No 13 was reviewed and approved by the Hidalgo County Commissioners Court on JUNE 7, 2016

6/7/16 DATE — ATTEST: Ramon Garcia, Hidalgo County Judge — 6/7/16 DATE; Letina Benavides Jr., Hidalgo County Clerk — 6-10-16 DATE

APPROVED BY DRAINAGE DISTRICT:
HIDALGO COUNTY DRAINAGE DISTRICT NO. 1 HEREBY CERTIFIES THAT THE DRAINAGE PLANS FOR THIS SUBDIVISION COMPLY WITH THE MINIMUM STANDARDS OF THE DISTRICT ADOPTED UNDER THE TEXAS WATER CODE 49.211(C). THE DISTRICT HAS NOT REVIEWED AND DOES NOT CERTIFY THAT THE DRAINAGE STRUCTURES DESCRIBED ARE APPROPRIATE FOR THE SPECIFIC SUBDIVISION BASED ON INDIVIDUALLY ADOPTED ENGINEERING CRITERIA. IT IS THE RESPONSIBILITY OF THE DEVELOPER AND HIS ENGINEER TO MAKE THESE DETERMINATIONS.

HIDALGO COUNTY DRAINAGE DISTRICT NO. 1

EDDY SEIKEN, P.E., C.F.M. GENERAL MANAGER — 05/05/16 DATE

CITY OF MISSION
CERTIFICATE OF APPROVAL

UNDER LOCAL GOVERNMENT CODE 212.0115(B), WE THE UNDERSIGNED CERTIFY THAT THIS PLAT OF EDUARDO'S SUBDIVISION No 13 WAS REVIEWED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF MISSION:

MAYOR OF CITY OF MISSION — 6/20/16 DATE

ATTEST: Anna Carrillo, CITY SECRETARY — 6/20/16 DATE

PLANNING & ZONING
COMMISSION CERTIFICATION

I, the undersigned, Chairperson of the Planning and Zoning Commission of the City of Mission, hereby certify that this subdivision plat known as EDUARDO'S SUBDIVISION No 13 conforms to all requirements of the Subdivision Regulations of this City whereupon it was approved and has been approved for recording on the 20TH day of JUNE, 2016

CHAIRPERSON-PLANNING & ZONING COMMISSION

REVISION NOTES

No.	Sheet	REVISION	Date	Approved

LEGEND

○ = MANHOLE
○ = CATCHBALL
□ = GAS MARKER

CURVE DATA

CURVE	DELTA	RADIUS	LENGTH
"A"	18°56'48"	50.00'	16.53'
"B"	57°00'20"	30.00'	49.78'
"C"	51°08'03"	50.00'	44.59'
"D"	47°01'10"	50.00'	41.04'
"A"	35°12'43"	50.00'	31.02'

LINE TABLE

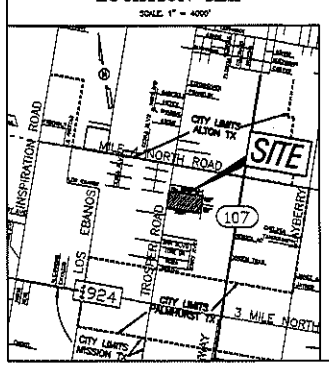
LINE	BEARING	LENGTH
L1	N 53°39' E	38.39'
L2	N 39°51' W	38.39'
L3	S 36°21' E	21.21'
L4	S 53°39' W	21.21'
L5	S 81°39'33" E	134.00'
L6	S 39°11'56" W	136.71'
L7	N 64°23'56" E	119.31'

AREAS TABLE

	AREA (S.F.)
1	9,487.50
3--10	9,650.00
11	9,558.05
17	8,908.00
18	11,317.85
19	8,836.91
20	7,800.30
21 THRU 23	19,994.14
24	9258.86
25 THRU 38	9,650.00
39	9,487.50
40	9650.00
41 THRU 54	9,980.00
55 & 56	10,644.80
57 THRU 70	9,650.00
71	9,487.50

LOCATION MAP

SCALE: 1" = 4000'



LOCATION OF SUBDIVISION WITH RESPECT TO THE EXTRATERRITORIAL JURISDICTION OF A MUNICIPALITY:

EDUARDO'S SUBDIVISION No 13 IS LOCATED IN SOUTHWEST HIDALGO COUNTY ON THE EAST SIDE OF TROSPER ROAD, APPROXIMATELY 890 FEET SOUTH OF MILE 4 NORTH ROAD. THE ONLY NEARBY MUNICIPALITY IS THE CITY OF MISSION, ACCORDING TO THE CITY LIMIT MAP IN THE OFFICE OF THE SECRETARY OF THE CITY OF MISSION (POPULATION 77,058). EDUARDO'S SUBDIVISION No 13 LIES APPROXIMATELY 1.22 MILES FROM THE CITY LIMITS AND IT IS WITHIN THE CITY'S TWO-MILE EXTRA-TERRITORIAL JURISDICTION (ETJ) UNDER LOCAL GOVERNMENT CODE § 42.021 IT LIES IN PCT. 3

PRINCIPAL CONTACTS:

	Name	Address	City & Zip	Phone	Fax
OWNER:	ANICETO IZAGUIRRE MANAGER OF IZAGUIRRE REAL ESTATE HOLDINGS, LLC	505 SOUTH BEVIL	MISSION, TX 78574		
ENGINEER:	ALFONSO QUINTANILLA	124 E. STUBBS	EDINBURG, TX 78539	(956)381-6460	(956)381-0527
SURVEYOR:	ALFONSO QUINTANILLA	124 E. STUBBS	EDINBURG, TX 78539	(956)381-6460	(956)381-0527

QUINTANILLA, HEADLEY AND ASSOCIATES, INC.

CONSULTING ENGINEERS
124 E. STUBBS ST
EDINBURG, TEXAS 78539
ENGINEERING REGISTRATION NUMBER F-1513
SURVEYING REGISTRATION NUMBER 100411-00

LAND SURVEYORS
PHONE 956-381-6460
FAX 956-381-0527
OFFICE@QHADVISORING.COM

FILED FOR RECORD IN HIDALGO COUNTY ARTURO G. GUAJARDO, JR. HIDALGO COUNTY CLERK

ON: 6/9/16 AT 3:18 PM(PM)
INSTRUMENT NUMBER 2719534
OF THE MAP RECORDS OF HIDALGO COUNTY, TEXAS
BY: _____ DEPUTY

SHEET NO. 1 OF 3 SHEETS	P:\SUBDIVISIONS\MISSION\EDUARDO'S SUBDIVISION No 13\PLAT			
	DATE PREPARED: 4-15-16	PREPARED BY: JUAN GARCIA	CHECKED BY:	APPROVED BY:
	DRAWN BY: JUAN GARCIA	CHECKED BY:	APPROVED BY:	
	11-4-15	JUAN GARCIA		

	PLANNING DEPT. PCTS 2 & 4 WATER SERVICE AVAILABILITY	
	APPLICANT	APPLICATION NO.
1.	Ernestina T. and Eusebio C. Torres	4-15725
2.	Paulo Perez and Fidela Reyes	4-15189
3.	Antonia Zavala	4-15365
	COMM. COURT: July 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15785

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Upon the application of:

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:	light only	
Date Approved:	6/23/16	/ /

Name: Ernesting Trevino De Torres

Address: 9410 N. Seminary Rd. Edinburg, Texas 78539

Phone: 956-560-5488

Water Supplier: N/A

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: 10032789401899267

[✓] Temporary Pole [ ] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Seminary Heights W726' N75'-5" Lot 13

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____ **Hidalgo County Clerk** | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15725

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared

Ernesting Trevino De Torres ,

Known to me [*or* proved to me in the oath of Texas Driver Lic **or through** 27928731 **(*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:**

1. **"I am requesting utility service to the following described land:**

Seminary Heights W 926 · N 75-51 Lot 13."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. **"The land described above has been sold or conveyed to me."**

AND [*strike through the statement below that does not apply*]

3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

Esteva Torres (Signature)

SUBSCRIBED AND SWORN TO before me on June 23 **, 20** 16 **, to certify which, witnesses my hand and seal of office.**

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

LAYLA L. VILLASENOR
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES
02-28-2019

704708-DSTC

WARRANTY DEED WITH VENDOR'S LIEN

Date: September 6, 2000

Grantor: CANUTO O. GARZA and wife, ELIA GARZA

Grantor's Mailing Address (including county): 4702 Borage Dr.
Austin, Texas 78744-6422
Travis County, Texas

Grantee: EUSEBIO C. TORRES and wife, ERNESTINA T. DE TORRES

Grantee's Mailing Address (including county): Rt. 7, Box 310-V
Edinburg, Texas 78539
Hidalgo County, Texas

Consideration: Ten Dollars and other valuable consideration to the undersigned paid by the grantee herein named, the receipt of which is hereby acknowledged, and the further consideration of the execution and delivery by grantee of Grantee's one certain promissory note of even date herewith, in the principal sum of EIGHT THOUSAND AND NO/100THS DOLLARS ($8,000.00) payable to the order of COASTAL BANC ssb and bearing interest as therein provided; containing the usual clauses providing for acceleration of maturity and for attorney's fees, the payment of which note is secured by the vendor's lien herein retained, and is additionally secured by a Deed of Trust of even date herewith to TIM GEARHART, Trustee.

Property (including any improvements):

Being 1.25 acre tract, more or less, out of the South half (1/2) of the West half (1/2) of Lot Thirteen (13), Seminary Heights Subdivision, Hidalgo County, Texas, as per map or plat thereof recorded in Volume 9, Page 23, Map Records, Hidalgo County, Texas, said 1.25 acre tract of land being more particularly described by metes and bounds as follows:

BEGINNING at the Southwest corner of this tract, said Southwest corner bears North 08 degrees 39 minutes East, 75.00 feet from the Southwest corner of Lot 13;

THENCE, continuing North 08 degrees 39 minutes East, 75.00 feet with the West boundary line of said Lot 13 to the Northwest corner of this tract;

THENCE, South 81 degrees 21 minutes East, at 20.00 feet passing a half (1/2) inch iron rod set at the East right-of-way of Seminary Road, at 726.00 feet in all to a half (1/2) inch iron rod set for the Northeast corner of this tract;

THENCE, South 08 degrees 39 minutes West, 75.00 feet with the East boundary line of the West half (1/2) of said Lot 13 to a half (1/2) inch iron rod set for the Southeast corner of this tract;

METES AND BOUNDS
TRACT 2

Being a 1.25 acre tract of land out of the South half (1/2) of the West half (1/2) of Lot 13, Seminary Heights Subdivision, Hidalgo County, Texas, as per plat recorded in Volume 9, Page 23, Map Records of Hidalgo County, Texas, said 1.25 acre tract of land being more particularly described by metes and bounds as follows:

BEGINNING at the Southwest corner of Lot 13 for the Southwest corner of this tract;

THENCE North 08° 39' East, 75.00 feet with the West boundary line of said Lot 13 to the Northwest corner of this tract;

THENCE South 81° 21' East, at 20.00 feet passing a half (1/2) inch iron rod set at the East R.O.W. of Seminary Road, at 726.00 feet in all to a half (1/2) inch iron rod set for the Northeast corner of this tract;

THENCE South 08° 39' West, 75.00 feet with the East boundary line of the West half (1/2) of said Lot 13 to a half (1/2) inch iron rod set of the Southeast corner of this tract;

THENCE North 81° 21' West with the South boundary line of said Lot 13, at 706.00 feet passing a three-quarter (3/4) inch pipe found at the East R.O.W. of said Seminary Road, at 726.00 feet in all to the PLACE OF BEGINNING, containing 1.25 acres, more or less.

PREPARED BY:

S.A. GARZA ENGINEERS, INC.
1200 WEST UNIVERSITY DRIVE
EDINBURG, TEXAS 78539

PABLO SOTO, JR. P.E., R.P.L.S.

METES AND BOUNDS
TRACT 1

Being 1.25 acre tract of land out of the South half (1/2) of the West half (1/2) of Lot 13, Seminary Heights Subdivision, Hidalgo County, Texas, as per plat recorded in Volume 9, Page 23, Map Records of Hidalgo County, Texas, said 1.25 acre tract of land being more particularly described by metes and bounds as follows:

BEGINNING at the Southwest corner of this tract, said Southwest corner bears North 08° 39' East 75.00 feet from the Southwest corner of Lot 13;

THENCE continuing North 08° 39' East, 75.00 feet with the West boundary line of said Lot 13 to the Northwest corner of this tract;

THENCE South 81° 21' East, at 20.00 feet passing a half (1/2) inch iron rod set at the East R.O.W. of Seminary Road, at 726.00 feet in all to a half (1/2) inch iron rod set for the Northeast corner of this tract;

THENCE South 08° 39' West, 75.00 feet with the East boundary line of the West half (1/2) of said Lot 13 to a half (1/2) inch iron rod set for the Southeast corner of this tract;

THENCE North 81° 21' West, at 706.00 feet passing a half (1/2) inch iron rod set at the East R.O.W. of said Seminary Road, at 726.00 feet in all to the PLACE OF BEGINNING, containing 1.25 acres, more or less.

PREPARED BY:

S.A. GARZA ENGINEERS, INC.
1200 WEST UNIVERSITY DRIVE
EDINBURG, TEXAS 78539

PABLO SOTO, JR. P.E., R.P.L.S.

STATE OF TEXAS
PABLO SOTO, JR.
4541
REGISTERED PROFESSIONAL LAND SURVEYOR

THENCE, North 81 degrees 21 minutes West, at 706.00 feet passing a half (1/2) inch iron rod set at the East right-of-way of said Seminary Road, at 726.00 feet in all to the PLACE OF BEGINNING, containing 1.25 acres of land, more or less.

Reservations from and Exceptions to Conveyance and Warranty:

Restrictive covenants recorded in VOLUME 1636, PAGE 760, DEED RECORDS, HIDALGO COUNTY, TEXAS.

All the oil, gas and other minerals, in, under or that may be produced from the subject property are excepted herefrom in instrument dated January 23, 1956, recorded in Volume 860, Page 529 and dated June 3, 1978, recorded in Volume 1636, Page 760, Deed Records, Hidalgo County, Texas.

Oil, Gas, and Mineral Lease dated April 15, 1954, recorded in Volume 175, Page 145, Oil and Gas Records, Hidalgo County, Texas.

Subject to any portion of the property described herein within the limits or boundaries of any public or private roadway and/or highway and the rights of the public thereto.

Subject to any portion of subject property described herein lying within canal right of way.

Easements, Rules, Regulations and Rights in favor of Hidalgo County Irrigation District No. 13.

Easements and reservations as may appear upon the recorded map and dedication of said subdivision.

Taxes for the year 2000 and subsequent years.

Grantor, for valuable consideration, the receipt of which is hereby acknowledged, and subject to the reservations from, and exceptions to conveyance and warranty contained in this instrument, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and to hold the Property to Grantee, Grantee's heirs, executors, administrators, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof forever, except as to the reservations from, and exceptions to conveyance and warranty herein contained.

COASTAL BANC ssb, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the Property that is evidenced by the Note described, the vendor's lien and the

superior title to the Property are retained for the benefit of COASTAL BANC ssb, and are transferred to COASTAL BANC ssb, without recourse on Grantor.

When the context requires, singular nouns and pronouns include the plural.

Canuto O. Garza
CANUTO O. GARZA

Elia Garza
ELIA GARZA

(Acknowledgment)

State of Texas
County of Travis

This instrument was acknowledged before me on the 8th of Sep., 2000, by CANUTO O. GARZA.

JAY AHN
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
MARCH 13, 2004

Notary Public, State of Texas

(Acknowledgment)

State of Texas
County of Travis

This instrument was acknowledged before me on the 8th of Sep., 2000, by ELIA GARZA.

JAY AHN
NOTARY PUBLIC STATE OF TEXAS
COMMISSION EXPIRES:
MARCH 13, 2004

Notary Public, State of Texas

AFTER RECORDING RETURN TO:

EUSEBIO C. TORRES
Rt. 7, Box 310-V
Edinburg, Texas 78539

PREPARED BY:

Scott & Lewis
Attorneys At Law
208 West Cano
Edinburg, Texas 78539

File/GF Number: 704705
DK:ncl

220124

CORRECTED WARRANTY DEED

VOL 3104 PAGE 339

Date: June 3, 1991

Grantor: Maria de Jesus B. Garza and husband Luis Garza

Grantor's Mailing Address (including county):
P.O. Box 1132
Alamo, Hidalgo County, Texas 78516

Grantee: Canuto O. Garza and wife Elia Garza

Grantee's Mailing Address (including county):

Consideration: Ten and no/100 DOLLARS -------($10.00)--------

Property (including any improvements):

Being a 1.25 acre tract of land out of the South half (1/2) of the West half (1/2) of Lot 13, Seminary Heights Subdivision, Hidalgo County, Texas, as per plat recorded in Volume 9, Page 23, Map Records of Hidalgo County, Texas, said 1.25 acre tract of land being more particularly described by metes and bounds as follows:

BEGINNING at the Southwest corner of this tract, said Southwest corner bears North 08 degrees 39' East 75.00 feet from the Southwest corner of Lot 13;

THENCE continuing North 08 degrees 39' East, 75.00 feet with the West boundary line of said Lot 13 to the Northwest corner of this tract;

THENCE South 81 degrees 21' East, at 20.00 feet passing a half (1/2) inch iron rod set at the East R.O.W. of Seminary Road, at 726.00 feet in all to a half (1/2) inch iron rod set for the Northeast corner of this tract;

THENCE North 08 degrees 39' West, 75.00 feet with the East boundary line of the West half (1/2) of said Lot 13 to a half (1/2) inch iron rod set of the Southeast corner of this tract;

THENCE North 81 degrees 21' West, at 706.00 feet passing a half (1/2) inch iron rod set at the East R.O.W. of said Seminary Road, at 726.00 feet in all to the PLACE OF BEGINNING, containing 1.25 acres, more or less.

Reservations from and Exceptions to Conveyance and Warranty:

None

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

This deed is made in place of and to correct a deed from Grantor to Grantee, dated June 3, 1991 and recorded in Volume 3091, Page 328, in the real property records of Hidalgo County, Texas. By mistake that deed failed to describe the property by its Metes and Bounds. This correction deed is made by Grantor

and accepted by Grantee to correct that mistake, is effective on June 3, 1991, and in all other respects confirms the former deed.

When the context requires, singular nouns and pronouns include the plural.

MARIA DE JESUS B. GARZA

LUIS GARZA, husband

(ACKNOWLEDGMENT)

STATE OF TEXAS *
*
COUNTY OF HIDALGO *

This instrument was acknowledged before me on the 11th day of July, 1991 by MARIA DE JESUS B. GARZA and LUIS GARZA, husband.

MELISSA KALIFA
NOTARY PUBLIC
State of Texas
Comm. Exp. 10-26-93

NOTARY PUBLIC, State of Texas

AFTER RECORDING RETURN TO:

MARIA DE JESUS B. GARZA
P.O. Box 1132
Alamo, Texas 78516

PREPARED IN THE LAW OFFICE OF:

EMILIO RODRIGUEZ, JR., P.C.
505 West Cano
Edinburg, Texas 78539

Chapter 232 Texas LGC Application

APPLICATION NO:
4-15725
Jun. 23, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

S2400-00-000-0013-00

[1] OWNER: TORRES, EUSEBIO C & ERNESTIN

RR 22 BOX 680
EDINBURG, TX 78541-7578

Telephone No.

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MOBILE HOMES
44- MOBILE HOMES

[5] SIZE OF STRUCTURE: 1,276 Sq. Ft

[6] USE OF BUILDING: RES.

[7] LEGAL DESC./NAME OF SUBDIVISION
SEMINARY HEIGHTS W726'-N75'-S1
' LOT 13 1.25AC GR 1.22AC NET

LOCATION: 0

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $10,000

[11] SPECIAL FLOOD HAZARD AREA: _____YES
_____ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS AND
REGULATION FRONT 25' RESR 15' BOTH SIDES 6'
18" TOP OF CENTER LINE

Prepared by — Date: 06/23/2016

Approved by — Date: 06/22/2016

Signature of Owner or Applicant — Date: 6-23-16.

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$60.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix:_____ Pct: 0

Community No.:_____

Certification of Elevation
Required: _____ YES _____ NO _____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
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Edinburg, Texas 78542
956-318-2840
956-318-2844

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Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 (4)

Application No: 4-15189

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		Existing OSSF
Date Approved:	/ /	6/17/16

Upon the application of:

Name: Paulo ~~Pedro~~ Perez

Address: 1721 N. McColl Rd #161
Edinburg Tx 78541

Phone: (956)-270-9181

Water Supplier: North Alamo

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: C.P.L. ~~19402929~~-10032189494521086

[ ] Temporary Pole [✓] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Rankin Lot #13
107 Sunflower ,

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

Planning Department Authorized Signature | Hidalgo County Judge | Date

ATTEST: _____ Hidalgo County Clerk | Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 (4)

Application No: 4-15189

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared PAULO ~~PABLO~~ PEREZ,

Known to me [*or* proved to me in the oath of IDH12963235-2 *or* through _____ (*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:

1. "I am requesting utility service to the following described land:

Rankin Lot #13."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. "The land described above has been sold or conveyed to me."

AND [*strike through the statement below that does not apply*]

3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

Paulo A Perez (Signature)

SUBSCRIBED AND SWORN TO before me on JUNE 14, 2016 to certify which, witnesses my hand and seal of office.

YOLANDA MARTINEZ
Notary Public, State of Texas
My Commission Expires
November 20, 2017

Yolanda Martinez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

YOLANDA MARTINEZ
Notary Public, State of Texas
My Commission Expires
November 20, 2017

IDH12963235-2

X

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OR ALL OF THE FOLLOWING INFORMATION FROM ANY INSTRUMENT THAT TRANSFERS AN INTEREST IN REAL PROPERTY BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

2638095

SPECIAL
WARRANTY DEED WITH VENDOR'S LIEN

Date: August 14, 2015

Grantor: ALLEN JACKSON, not joined herein by my wife because the property constitutes no part of my homestead

Grantor's Mailing Address:
500 Greystone Circle
Alamo, Texas 78516
Hidalgo County

Grantee: PAULO F. PEREZ and wife, FIDELA REYES

Grantee's Mailing Address:
1721 N. McColl #161
Edinburg, Texas 78541
Hidalgo County

Consideration: TEN AND NO/100THS DOLLARS ($10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged and a note of even date executed by Grantee and payable to the order of Grantor in the principal amount of FOURTEEN THOUSAND FOUR HUNDRED AND NO/100THS DOLLARS ($14,400.00). The note is secured by a first and superior vendor's lien and superior title retained in this deed and by a first-lien deed of trust of even date from Grantee to WILLIAM D. LOWRY, IV, Trustee.

Property (including any improvements):

Lot 13, Rankin Subdivision, Hidalgo County, Texas, according to the map or plat thereof recorded in Volume 21, Page 23, Map Records, Hidalgo County, Texas.

Reservations from Conveyance: None.

Exceptions to Conveyance and Warranty:

1. Taxes for the year 2015 and subsequent years.
2. Easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded restrictions, reservations, covenants, conditions, oil and gas leases, mineral severances, and other instruments, other than liens and conveyances, that affect the property.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof when the claim is by, through, or under Grantor but not otherwise, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

The vendor's lien against and superior title to the Property are retained until each note described is fully paid according to its terms, at which time this deed will become absolute.

When the context requires, singular nouns and pronouns include the plural.

ALLEN JACKSON

(Acknowledgment)

State of Texas
County of Hidalgo

This instrument was acknowledged before me on the 14th day of August, 2015, by ALLEN JACKSON.

WILL LOWRY
Notary Public, State of Texas
My Commission Expires
APRIL 10, 2017

Notary Public, State of Texas

PREPARED BY:
The Law Offices of Mark Freeland
806 Pecan / P.O. Box 2586
McAllen, Texas 78502

AFTER RECORDING RETURN TO:
The Law Offices of Mark Freeland
806 Pecan / P.O. Box 2586
McAllen, Texas 78502

File/GF Number: F #5814-005

Chapter 232 Texas LGC Application

APPLICATION NO: 4-15189
Feb. 16, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

R1200-00-000-0013-00

[1] OWNER: PEREZ, PAULO & FIDELA

1721 N MCCOLL #161
EDINBURG, TX 78541
Telephone No. 386-1483

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: MOVED BUILDING
44- MOBILE HOMES

[5] SIZE OF STRUCTURE: 1,596 Sq. Ft.

[6] USE OF BUILDING: RESD.ZONE-AH

[7] LEGAL DESC./NAME OF SUBDIVISION
RANKIN LOT 13
1/18/05C10032789460816209/F

LOCATION: 0 107 & SUNFLOWER

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: WOOD

[10] EST. COST OF CONST.: $30,000

[11] SPECIAL FLOOD HAZARD AREA: ✓ YES ____ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS & REGULATIONS
FRONT:25 BACK:15' SIDES:6'
MINIMUM ELEV. B.F.E. 73

Prepared by — Date 2/16/16

Approved by Aaron Hinojosa — Date 2/16/16

Signature of Owner or Applicant Fidela Reyes — Date 02/16/16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER ____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 480334 Pct: 4

Community No.: 0325 D

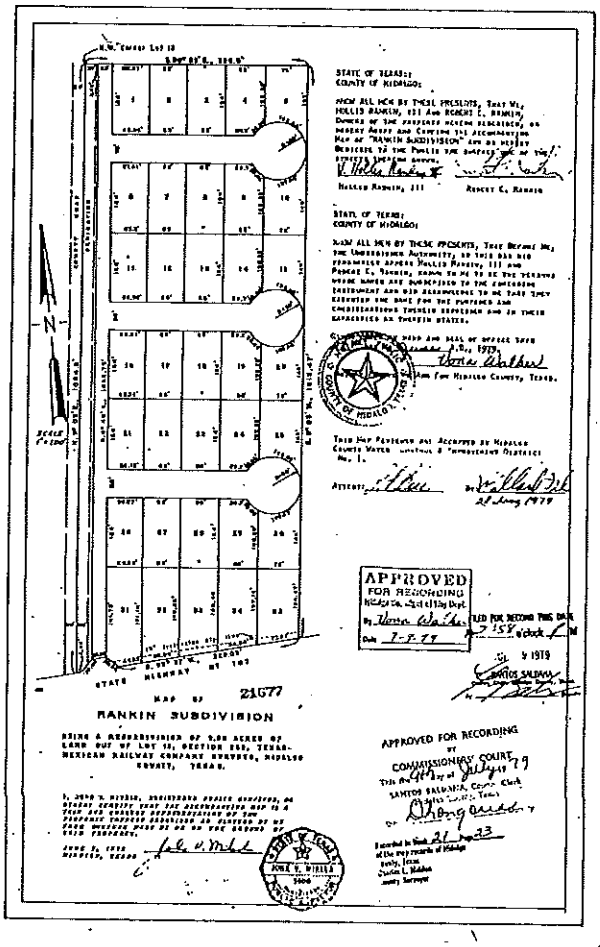
Certification of Elevation Required: ✓ YES ✓ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.



MAP OF 21677

RANKIN SUBDIVISION

BEING A RESUBDIVISION OF 9.00 ACRES OF LAND OUT OF LOT 10, SECTION 880, TEXAS-MEXICAN RAILWAY COMPANY SURVEYS, HIDALGO COUNTY, TEXAS.

STATE OF TEXAS:
COUNTY OF HIDALGO:

KNOW ALL MEN BY THESE PRESENTS, THAT WE, HOLLIS RANKIN, III And ROBERT E. RANKIN, OWNERS OF THE PROPERTY HEREON DESCRIBED, DO HEREBY ADOPT AND CONFIRM THE DEDICATION MAP OF "RANKIN SUBDIVISION" AND DO HEREBY DEDICATE TO THE PUBLIC THE USE(S) OF THE STREETS SHOWN HEREON.

HOLLIS RANKIN, III — ROBERT E. RANKIN

STATE OF TEXAS:
COUNTY OF HIDALGO:

KNOW ALL MEN BY THESE PRESENTS, THAT BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY DID PERSONALLY APPEAR HOLLIS RANKIN, III AND ROBERT E. RANKIN, KNOWN TO ME TO BE THE PERSONS WHOSE NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND DID ACKNOWLEDGE TO ME THAT THEY EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITIES AS THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS ____ A.D., 1979.

Notary Public for Hidalgo County, Texas.

THIS MAP APPROVED AND ACCEPTED BY HIDALGO COUNTY WATER IMPROVEMENT DISTRICT No. 1.

ATTEST: _____ By: _____

APPROVED FOR RECORDING
By _____
Date 1-5-79

FILED FOR RECORD THIS DATE
at 7:58 o'clock A.M.
1979
SANTOS SALINAS

APPROVED FOR RECORDING
BY
COMMISSIONERS' COURT
This 24th day of July 79
SANTOS SALINAS, County Clerk
Hidalgo County, Texas
By _____

I, JOHN W. WELLS, REGISTERED PUBLIC SURVEYOR, DO HEREBY CERTIFY THAT THE DEDICATION MAP IS A TRUE AND CORRECT REPRESENTATION OF THE PROPERTY THEREIN DESCRIBED AS SURVEYED BY ME FROM ACTUAL FIELD SURVEY MADE ON THE GROUND BY ME OR UNDER MY DIRECTION AND SUPERVISION.

JUNE 5, 1979
MISSION, TEXAS

JOHN W. WELLS
5000

Recorded in Book 21 Page 23
of the map records of Hidalgo
County, Texas.
Carlos L. Walker
County Surveyor

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-153605

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		Exempt
Date Approved:	/ /	6 / 29 / 16

Upon the application of:

Name: Antonia Zavala

Address: Po Box 867
La Blanca Tx
78558

Phone: (956) 207-1200

Water Supplier: North Alamo

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: 100 327 894 187669 39

[ ] Temporary Pole [✓] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Englemann Estates Lot #37

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.

-OR-

~~The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.~~

Planning Department Authorized Signature _____ Hidalgo County Judge _____ Date _____

ATTEST: _____ Hidalgo County Clerk _____ Date _____

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 4-15365

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared Antonia Zavala,

Known to me [*or* proved to me in the oath of TX ID # 18882399 *or* through _____ (*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:

1. "I am requesting utility service to the following described land: Englemth Estates Lot #37."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. "The land described above has been sold or conveyed to me."

AND [*strike through the statement below that does not apply*]

3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42, and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

Antonia Zavala (Signature)

SUBSCRIBED AND SWORN TO before me by the said Antonia Zavala on this the 20th day of May, 2019, to certify which, witnesses my hand and seal of office.

MARIA D. CERDA
Notary Public
STATE OF TEXAS
Notary ID# 12888753-3
My Comm. Exp. 02-16-2020

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

3

The State of Texas,
County of HIDALGO

Know All Men by These Presents:

485871

That X AS, INC. WHOSE ADDRESS IS
P. O. BOX 4259
McAllen

of the County of Hidalgo State of Texas for and in consideration

of the sum of Ten and no/100th, a note for $Eight thousand fourteen and twenty-two and other good and valuable consideration DOLLARS

to paid, and secured to be paid, by

us Deed of Trust and the Vendor Lien retained in herein, which is payable as a note of even date herewith provides

have Granted, Sold and Conveyed, and by these presents do Grant, Sell and Convey, unto the said Antonia Zavala whose address is P.O. Box 867 La Blanca

of the County of Hidalgo State of Texas all that certain

Engleman Estates lot #36,37, Hidalgo County, Texas, Subject to all reservations, exceptions, leases, easements, restrictions use, rights, applicable rule, regulations of record or visible and all taxes for 1989 and subsequent years, and any liens

As a material part of the consideration for this Agreement, Grantor and Grantees agree that Grantees is taking the Property "As Is" with any and all latent and patent defects and that there is no warranty by Grantor that the Property is fit for a particular purpose. Grantees acknowledges that Grantees are not relying upon any representation, statement of other assertion with respect to the Property condition, but is relying upon Grantees examination of the Property. Grantees take the Property under the express understanding there are no express or implied warranties (except for limited warranties of title set forth in this document).

This Deed is given in comformance to and in satisfaction of a contract dated in 1995 between Antonia Tavala and Bar Investments, Inc. and is accepted by Grantee as such

The undersigned GRANTEE hereby accepts and concents to the form of Deed attached hereto including, but not limited to, the provision concerning title exceptions contained therein, and acknowledges that same in conformity with GRANTEE intent, and contained therein, and provisions of same shall control in the event of any conflict with the contract GRANTEE has signed regarding the property described in the attached deed.

TO HAVE AND TO HOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging unto the said X AS, INC.

Their and assigns forever and we do hereby bind our successors and assigns, to Warrant and Forever Defend, all and singular the said premises unto the said Antonia Tavala Their heirs and assigns, against every person whomsoever lawfully claiming, or to claim the same, or any part thereof by and through Grantor but not otherwise

But it is expressly agreed and stipulated that the Vendor's Lien is retained against the above described property, premises and improvements, until the above described note, and all interest thereon are fully paid according to face and tenor, effect and reading, when this deed shall become absolute. Grant

WITNESS our hand at this 5 day of October 1995

X AS, INC.

BY H. Hollis Rankin, III

H. HOLLIS RANKIN, III
PRESIDENT

Witness at request of Grantor:

Mailing address of Grantee:

Name: Antonia Zavala
Address: P.O. BOX 867
La Blanca TX 78558

STATE OF TEXAS
COUNTY OF

(Acknowledgment)

This instrument was acknowledged before me on the day of , 19

by

My commission expires:

Notary Public, State of Texas
Notary's printed name:

STATE OF TEXAS
COUNTY OF

(Acknowledgment)

This instrument was acknowledged before me on the day of , 19

by

My commission expires:

Notary Public, State of Texas
Notary's printed name:

STATE OF TEXAS
COUNTY OF Hidalgo

(Corporate Acknowledgment)

This instrument was acknowledged before me on the 5 day of October , 1995,

by H. HOLLIS RANKIN, III
of X AS, INC.
a TEXAS corporation, on behalf of said corporation.

My commission expires:
4-30-97

Diana Vega Perez
Notary Public, State of Texas
Notary's printed name:

DIANA VEGA PEREZ
NOTARY PUBLIC
STATE OF TEXAS
EXPIRES
04-30-97

150

Warranty Deed

(WITH VENDOR'S LIEN)

FROM

X AS, INC.

TO

Antonia Zavala

FILED FOR RECORD

This ..... day of ..... A.D. 19 .....

at ..... o'clock ..... M.

..... County Clerk.

By ..... Deputy

RECORDED

..... A.D. 19 .....

In ..... County Records

In Book ..... on Page .....

..... County Clerk.

By ..... Deputy

Recording Fee $ .....

This instrument should be filed immediately with the County Clerk for record.

WHEN RECORDED RETURN TO

X AS, INC.
P. O. BOX 4259
McAllen, TX 78502

The Odee Company, Dallas, TX 75238

Filed for Record in:
Hidalgo County, Texas
by Jose Eloy Pulido
County Clerk

On: Nov 13, 1995 at 03:02P

As a
Recording

Document Number: 485871
Total Fees : 13.00

Receipt Number - 7605
By,
Olga Torres

Chapter 232 Texas LGC Application

APPLICATION NO: 4-15365
Mar. 28, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
1304 S. 25th Ave EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

E6450-00-000-0037-00

[1] OWNER: ZAVALA, ANTONIA

PO BOX 867
LA BLANCA, TX 78558-0867
Telephone No.

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: N AL

[4] PURPOSE OF APPLICATION: NEW RESIDENCE
25- RESIDENTIAL NEW SINGLE DWELLING
[5] SIZE OF STRUCTURE: 625 Sq. Ft.

[6] USE OF BUILDING: RES.

[7] LEGAL DESC./NAME OF SUBDIVISION
ENGLEMAN ESTATES LOT 37

LOCATION: 0

[8] SEWAGE: EXIST

[9] CONSTRUCTION TYPE: BLOC

[10] EST. COST OF CONST.: $8,000

[11] SPECIAL FLOOD HAZARD AREA: _____YES
_____ NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH ALL COUNTY SETBACKS AND REG.
ULATION. FRONT 25' REAR 15' BOTH SIDES 6' 18"
TOP OF CURB.

Prepared by — Date: 03/28/2016

Approved by: Rudy Rios — Date: 03/28/2016

X Antonia Zavala
Signature of Owner or Applicant — Date: X3-28-16

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER _____
TOTAL AMOUNT $30.00

Light [X] Water [X]

Flood Zone: LO
Panel No. /Suffix: _____ Pct: 0

Community No.: _____

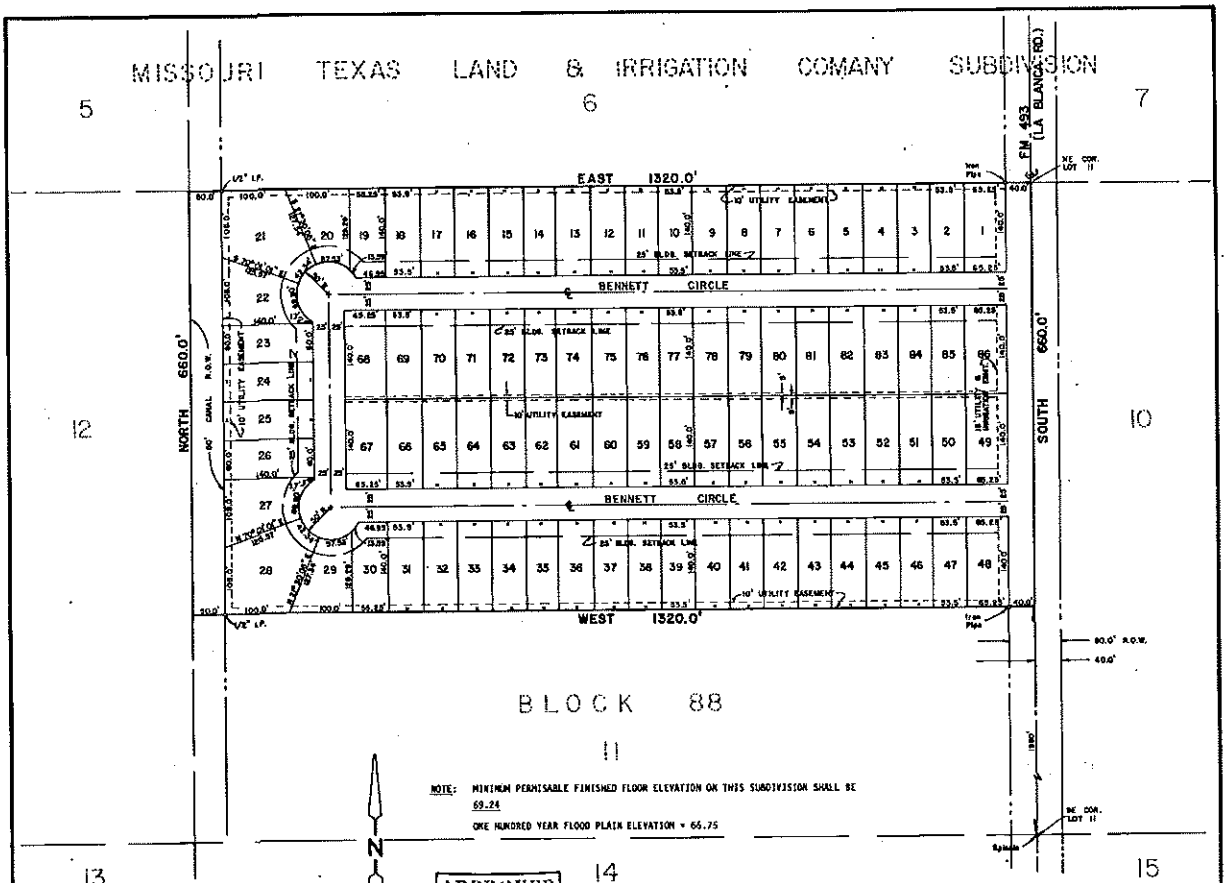
Certification of Elevation
Required: _____ YES _____ NO _____ BFE

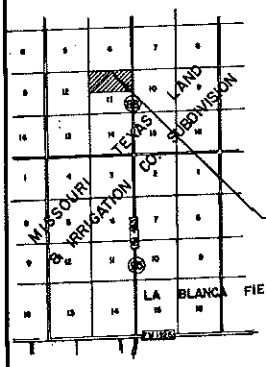
A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.





LOCATION MAP
SCALE: 1" = 2000

APPROVED
FOR RECORDING
Hidalgo Co. Irr. Dist. #9
By Dora Wilson
Date May 14, 1984

FILED
9:16 P.M.
MAY 14 1984
Deputy

ENGLEMAN ESTATES

BEING A 20.0 ACRE SUBDIVISION OUT OF
LOT 11, BLOCK 88
MISSOURI TEXAS LAND AND IRRIGATION COMPANY SUBDIVISION
HIDALGO COUNTY, TEXAS

SCALE: 1" = 100' DATE: 4-12-84

PREPARED BY: WILLMS ENGINEERING
HARLINGEN, TEXAS

Recorded in Book 24 of the Map Records of Hidalgo County, Texas, on the 14th day of May A.D. 1984 at 9:16 o'clock P.M.
Deputy

STATE OF TEXAS
COUNTY OF HIDALGO

KNOW ALL MEN BY THESE PRESENTS, THAT KYLE BENNETT OWNER OF THE LAND SHOWN ON THIS PLAT, AND DESIGNATED HEREIN AS ENGLEMAN ESTATES, A SUBDIVISION TO THE COUNTY OF HIDALGO, TEXAS, AND WHOSE NAME IS SUBSCRIBED HERETO, HEREBY DEDICATE TO THE USE OF THE PUBLIC FOREVER ALL RIGHT OF WAYS AND EASEMENTS THEREON SHOWN FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

Kyle Bennett
KYLE BENNETT

STATE OF TEXAS
COUNTY OF HIDALGO

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED KYLE BENNETT, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT THEY EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATION HEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 14 DAY OF April, 1984.

Ruth A. Combs
NOTARY PUBLIC
HIDALGO COUNTY

STATE OF TEXAS
COUNTY OF HIDALGO

I, THE UNDERSIGNED, A REGISTERED PUBLIC SURVEYOR IN THE STATE OF TEXAS, HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECT AND WAS PREPARED FROM AN ACTUAL SURVEY OF THE PROPERTY MADE UNDER MY SUPERVISION ON THE GROUND AND THAT PROPER ENGINEERING CONSIDERATION HAS BEEN GIVEN TO THIS PLAT.

STATE OF TEXAS
HENRY A. WILLMS
3640
REGISTERED PUBLIC SURVEYOR

Harold Wilson
REGISTERED PUBLIC SURVEYOR
REG. NO. 3640
WILLMS ENGINEERING

STATE OF TEXAS
COUNTY OF HIDALGO

THIS PLAT OF ENGLEMAN ESTATES HAS BEEN SUBMITTED TO AND CONSIDERED BY THE ENGLEMAN GARDENS IRRIGATION DISTRICT OF HIDALGO COUNTY, TEXAS, AND IS HEREBY APPROVED BY SUCH DISTRICT.

DATE: THIS 1st DAY OF May, 1984

ATTEST: Lenny Hershberger
SECRETARY

BY: Juan Lozano
PRESIDENT

CHECKED FOR DRAINAGE
BY: Wal O. Wilson

APPROVED FOR RECORDING
BY
COMMISSIONERS COURT
This the 14 day of May, 1984
J. EDGAR RUIZ, County Clerk
Hidalgo County, Texas
By Cindy Bentsen Deputy

VOL. 24 PG. 18

VOL. 24 PG. 18

	PLANNING DEPT. PCT 3 CERTIFICATE OF PLAT & UTILITY STATUS	
	APPLICANT	APPLICATION NO.
1.	RUBEN CAMARILLO	3-6909
2.		
3.		
4.		
5.		
6.		
7.		
	COMM. COURT: JULY 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 3-6909
7/23/07

HIDALGO COUNTY
CERTIFICATE OF PLAT AND UTILITY STATUS
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

WE THE UNDERSIGNED CERTIFY AS FOLLOWS:

Upon the application of:

Name: Rubén Camarillo

Address: 11800 Melissa Drive
Alton, Tx. 78573

Phone: 956 451 2079

Approved by Environmental Health:	Temporary Service	Final Service
	_____ Authorized Signature	_____ Authorized Signature
Inspection/Permit No:		447625
Date Approved:	/ /	6/21/16

Water Supplier: Agua Skoryland

Utility Provider: [ ]M.V.E.C. [✓]AEP

Account/ESI No.: 100329894

[ ] Temporary Pole [✓] Permanent Service

regarding the land described as:
Merced Ut 1 Lot 5,

on_____, 20_____, the Hidalgo County Commissioners Court, at a meeting duly called and noticed in accordance with the Texas Open Meetings Act, made the following determinations regarding plat and utility status of the land herein described pursuant to Texas Local Government Code Section 232,028(b):

Fill in **"yes"** or **"no"** in each blank

Yes A plat has been prepared;

Yes A plat has been reviewed and approved by the Commissioners Court; (Date approved 11-8-95);

Yes water service facilities have been constructed or installed to service the subdivision under Local Government Code Section 232.023 and are fully operable; (verified by Sandra Cantu);

NO an organized sewage collection and treatment system is to be used, and under sewer service facilities have been constructed or installed to service the subdivision under Section 232.023 and are fully operable; (verified by Sandra Cantu);

Yes individual septic systems are to be used, and lots in the subdivision can be adequately and legally served by septic systems under Section 232.023; (verified by Sandra Cantu);

Yes electrical and gas facilities, if available, have been constructed or installed to service the subdivision under Section 232.023. (verified by Sandra Cantu);

Sandra Cantu 6/21/16
Planning Department Authorized Signature

_____
Hidalgo County Judge

_____
Date

ATTEST: _____
Hidalgo County Clerk

_____
Date

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

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956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 (3) 4

Application No: 3-6909
7/23/07

REQUEST FOR HIDALGO COUNTY CERTIFICATE OF PLAT AND UTILITY STATUS UNDER TEXAS LOCAL GOVT. CODE SECTION 232.028(b)

In my status and for the land indicated below, which is located outside of any municipality, I request that the Hidalgo County Commissioners Court make the determinations regarding plat and utility status described in Texas Local Government Code § 232.028(b) and issue a certificate of such determinations:

PARTY MAKING REQUEST:

Name: Ruben Camarillo

Address: 11800 Melissa Drive
Alton, Tx. 78573

Phone: 956 451 2079

IDENTIFICATION OF LAND (e.g., lot and block number of recorded subdivision, designation on plat, address, description in deed, etc.):

Merced Ut 1 Lot 5

STATUS OF PERSON OR ENTITY MAKING REQUEST:

_____ Subdivider
__✓__ Owner of lot in subdivision
_____ Resident of lot in a subdivision
_____ Entity that provides utility service

Requesting Party (Signature)

6/19/16
Date

ATTACHED COPY OF VERIFICATION OF OWNERSHIP OR RESIDENCY OF LOT:

__✓__ Deed
_____ Executory Contract
_____ Lease
_____ Rent Receipt
_____ Affidavit
__✓__ Other (describe) copy of permit

This part to be filled out by receiving county official:

Location of land verified and completed request accepted by Hidalgo County for processing on:

6/21/16
Date

Sandra Cantu
County Official

715496

WARRANTY DEED WITH VENDOR'S LIEN

Date: September 11, 1998

Grantor: RAMIRO ZAPATA AND WIFE, MERCED A. ZAPATA

Grantor's Mailing Address (including county):

405 Esperanza, McAllen,
Hidalgo County, Texas 78501

Grantee: RUBEN CAMARILLO

Grantee's Mailing Address (including county):

Rt. 20 Box 1012, Mission,
Hidalgo County, Texas 78572

Consideration: TEN AND NO/100 DOLLARS ($10.00) and other valuable consideration to the undersigned paid by the grantee herein named, the receipt of which is hereby acknowledged, and the further consideration of the execution and delivery by grantee of his one promissory note of even date herewith in the principal sum of $9,800.00, payable to the order of RAMIRO ZAPATA AND WIFE, MERCED A. ZAPATA, as therein provided and bearing interest at the rate therein specified and providing for acceleration of maturity in event of default and for attorney's fees, the payment of which note is secured by the vendor's lien herein retained, and is additionally secured by a deed of trust of even date herewith to JESUS RAMIREZ, Trustee,

Property (including any improvements):

All of Lot 5, MERCED SUBDIVISION UNIT 1, Hidalgo County, Texas, according to the map recorded in the Map Records in the Office of the County Clerk of Hidalgo County, Texas

SAVE AND EXCEPT: Seller reserves all oil, gas and other minerals in, under and that may be produced from said property and not heretofore reserved or conveyed by previous grantors.

Reservations from and Exceptions to Conveyance and Warranty:

1. SUBJECT TO all mineral reservations, if any, of record;
2. SUBJECT TO oil and gas leases, if any, of record;
3. SUBJECT TO easements and building restrictions and conditions, if any, of record;
4. SUBJECT TO all easements, rules, regulations and rights in favor of a water improvement district if any, of record;
5. SUBJECT TO all visible easements, if any.
6. Standby fees, taxes and assessments by any taxing authority for the year 1998 and subsequent years, and subsequent taxes and assessments by any taxing authority for prior years due to change in land usage or ownership.

Grantor, for the consideration and subject to the reservations from and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

No Title Examination was prepared in connection with the preparation of this document, nor was any made. The Preparer expresses no opinion as to title to this property.

RAMIRO ZAPATA

Merced A. Zapata
MERCED A. ZAPATA

(Acknowledgment)

STATE OF TEXAS §
COUNTY OF HIDALGO §

This instrument was acknowledged before me on the 5th day of October, 1998, by RAMIRO ZAPATA AND WIFE, MERCED A. ZAPATA.

MARIA ELENA FLORES
Notary Public
STATE OF TEXAS
My Comm. Exp.09-05-2001

Notary Public, State of Texas

Chapter 232 Texas LGC Application

APPLICATION NO: 3-6909
Jul. 23, 2007

COUNTY OF HIDALGO
PLANNING DEPARTMENT
PO DRAWER B EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

M3525-01-000-0005-00

[1] OWNER: CAMARILLO, RUBEN
RR 30 BOX 1012

MISSION TX 78574-1801
Telephone No. 451-2079

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: SHAR

[4] PURPOSE OF APPLICATION: MOVED BUILDING
C-51 NEW RESIDENTIAL

[5] SIZE OF STRUCTURE: 2,000 Sq. Ft.

[6] USE OF BUILDING: RESIDENTIAL

[7] LEGAL DESC./NAME OF SUBDIVISION
MERCED UT 1 LOT 5
C-51

LOCATION: 0

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: BLOC

[10] EST. COST OF CONST.: $95,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES ✓NO

Special Conditions: No construction allowed over any easements.
MUST COMPLY WITH COUNTY SETBACKS AND REGULATIONS
FRONT 25' SIDE 7' BACK 20' SIDE 20'

Rodolfo Ric — Prepared by — 7-23-07 Date

H. Garza — Approved by — 7/13/07 Date

Vicente Camarillo — Signature of Owner or Applicant — Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$0.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0295 D Pct: 0

Community No.: 480334

Certification of Elevation Required: ____ YES ____ NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

	PLANNING DEPT. PCTS 3 WATER SERVICE AVAILABILTY	
	APPLICANT	APPLICATION NO.
1.	MARICELA GARCIA	3-16766
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
	COMM. COURT: JULY 5, 2016	

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

Precinct No.1 Substation
1902 Joe Stephens Ave.
Weslaco, TX 78596
956-968-4734
956-973-7850

Precinct No.3 Substation
2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 3 4

Application No: 3-160764
5/20/16

HIDALGO COUNTY
CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

Upon the application of:

Approved by Environmental Health:	Temporary Service	Final Service
	Authorized Signature	Authorized Signature
Inspection/Permit No:		50681
Date Approved:	/ /	6/17/16

Name: Maricela Garcia

Address: 120 castillo y Diamantes St. Mission, TX 78572

Phone: (956) 904-1283

Water Supplier: Agua SUD

Utility Provider: [ ] M.V.E.C. [✓] AEP

Account/ESI No.: 100327894-

[ ] Temporary Pole [✓] Permanent Service

who is the person requesting utility service to subdivided land ("land") described as follows:

Acevedo #4 Lot 55

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

and who has submitted to the court an affidavit as required by Local Govt. Code Sec. 232.029 (f), on _____, 20____, the Hidalgo County Commissioners Court approved the issuance of this certificate stating as follows (strike through the statement that does not apply)

The land was not subdivided after September 1, 1995, and water service is available within 750 feet of the land.

-OR-

The land was not subdivided after September 1, 1995, and water service is available more than 750 feet from the subdivided land and the extension of water service to the land may be feasible, subject to a final determination by the water service provider.

6/17/16

Planning Department Authorized Signature | **Hidalgo County Judge** | **Date**

ATTEST: _____ _____

Hidalgo County Clerk | **Date**

PLANNING DEPARTMENT

County of Hidalgo

Rev. 06-03-15

Main Office
1304 South 25th Street
Edinburg, Texas 78542
956-318-2840
956-318-2844

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2401 N. Moorefield Rd.
Mission, TX 78572
956-205-7045
956-205-7049

T.J. Arredondo, CFM
Director of Planning

Precinct 1 2 (3) 4

Application No: 3-160764
5/20/14

AFFIDAVIT
TO APPLY TO THE COUNTY OF HIDALGO
FOR CERTIFICATE OF WATER SERVICE AVAILABILITY
UNDER TEXAS LOCAL GOVT. CODE SECTION 232.029(c)(2)

[*Note: To be eligible, the land must not have been subdivided after September 1, 1995.*]

THE STATE OF TEXAS §
COUNTY OF HIDALGO §

BEFORE ME, the undersigned authority, on this day personally appeared

Maricela Garcia Hinojosa ,

Known to me [*or* proved to me in the oath of Texas Driver License ***or* through** TDL#10353911 **(*description of federal or state government ID card with photograph and signature*)], who swore on oath that the following two statements are true:**

1. **"I am requesting utility service to the following described land:**

Acevedo #4 Lot 55 ."

[Insert the lot and block number in recorded subdivision, address, or description in deed, etc]

2. **"The land described above has been sold or conveyed to me."**

AND [*strike through the statement below that does not apply*]

3A. "The land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1995."

-OR-

3B. "The land was on August 31, 1999, located in the extraterritorial jurisdiction of a municipality as determined by Local Govt. Code Chapter 42; and the land was not sold or conveyed to me by the Subdivider or the subdivider's agent after September 1, 1999."

Maricela Garcia (Signature)

SUBSCRIBED AND SWORN TO before me on June 17 , 20 14 , **to certify which, witnesses my hand and seal of office.**

Sandra A. Cantu

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

SANDRA A. CANTU
Notary Public
STATE OF TEXAS
Notary ID# 12888789-1
My Comm. Exp. 02-16-2020

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE.

WARRANTY DEED
WITH VENDOR'S LIEN

DATE: April 7, 2015 2600484

GRANTOR: Maria Lydia G. Garcia joined herein proforma by her husband, Roberto Garcia

GRANTOR'S MAILING ADDRESS: PO Box 498, Sullivan City, Texas 78595

GRANTEE: Maricela Garcia

GRANTEE'S MAILING ADDRESS: 120 Castillos y Diamantes St., Mission, Texas 78572

CONSIDERATION: TEN AND NO/100 DOLLARS and other good and valuable consideration and the further consideration of a note of even date, that is in the principal amount of $13,000.00 and is executed by Grantee, payable to the order of Grantor. It is secured by a vendor's lien retained in this deed and by a deed of trust of even date, from Grantee to Maria Lydia G. Garcia, Trustee.

PROPERTY: Lots 54 and 55, Acevedo Subdivision No. 4, Hidalgo County, Texas, according to map or plat thereof on file and of record in the Office of the County Clerk of Hidalgo County, Texas.

RESERVATIONS FROM AND EXCEPTIONS TO CONVEYANCE AND WARRANTY:

Easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded instruments, other than conveyances of the surface estate, that affect the property; taxes for the current year, the payment of which Grantee assumes.

Grantor, for the consideration and subject to the reservations from the and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor hereby binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

When the context requires, singular nouns and pronouns include the plural.

No title examination was requested in connection with the preparation of this document nor

was any made. The preparer expresses no opinion on title to this property.

Maria Lydia G. Garcia

Roberto Garcia

STATE OF TEXAS
COUNTYOF HIDALGO

ACKNOWLEDGMENT

This instrument was acknowledged before me on this the 4-7, 2015 by Maria Lydia G. Garcia and Roberto Garcia.

SAN JUANITA MONCADA NOTARY PUBLIC STATE OF TEXAS EXPIRES 10-16-2016

Notary Public, State of Texas

AFTER RECORDING RETURN TO:
Maricela Garcia
120 Castillos y Diamantes St.
Mission, Texas 78572

Chapter 232 Texas LGC Application

APPLICATION NO:
3-16766
May. 20, 2016

COUNTY OF HIDALGO
PLANNING DEPARTMENT
PO DRAWER B EDINBURG TX 78539
TEL 318-2840 FAX 318-2844

A0360-04-000-0055-00

[1] OWNER: GARCIA, MARICELA
120 CASTILLO Y DIAMANTES ST.

MISSION TX. 78572
Telephone No. 904-1283

[2] CONTRACTOR: SELF

[3] WATER SYSTEM: AGUA

[4] PURPOSE OF APPLICATION: MOBILE HOMES
44-MOBILE HOMES/ RV 1044
[5] SIZE OF STRUCTURE: ~~980~~ Sq. Ft.

[6] USE OF BUILDING: RES. M/H ZONE-C

[7] LEGAL DESC./NAME OF SUBDIVISION
ACEVEDO #4 LOT 55
C-44

LOCATION: 0 BUS 83 AND SCOTT LANE

[8] SEWAGE: INSTA

[9] CONSTRUCTION TYPE: META

[10] EST. COST OF CONST.: $9,000

[11] SPECIAL FLOOD HAZARD AREA: ____YES ____/NO

Special Conditions: No construction allowed over any easements.
FRONT 40' BACK 15' SIDE 6' CONER 25'
MUST COMPLY W/ALL COUNTY SETBACK AND REGULATIONS
18" TOP OF CURB

Roy Cantu — Prepared by — 5/20/16 Date

Roy Cantu — Approved by — 5/20/16 Date

Maricela Garcia — Signature of Owner or Applicant — 5/20/16 Date

FOR COUNTY USE ONLY
APPLICATION FEES

OTHER_____
TOTAL AMOUNT **$30.00**

Light [X] Water [X]

Flood Zone: NO
Panel No. /Suffix: 0400C Pct: 3

Community No.: 480334

Certification of Elevation
Required: ____ YES ____/NO ____ BFE

A. Setbacks front, side & rear shall be in any deed restrictions.
B. No more than one single family residence per lot.
C. Applicant shall comply with all of the plat and/or deed restrictions and requirements affecting the lot.
D. Permit fee shall be doubled for construction commencing or structures moved in prior to obtaining a permit.
E. Applicant/owner states that no structures exist on this tract of land. If found in violation, permit may be revoked.

[NOTICE]

SEPARATE PERMITS ARE REQUIRED FOR SEPTIC TANKS. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS. OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF ONE YEAR AT ANYTIME AFTER WORK IS COMMENCED.

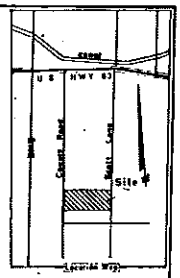
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND REGULATIONS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

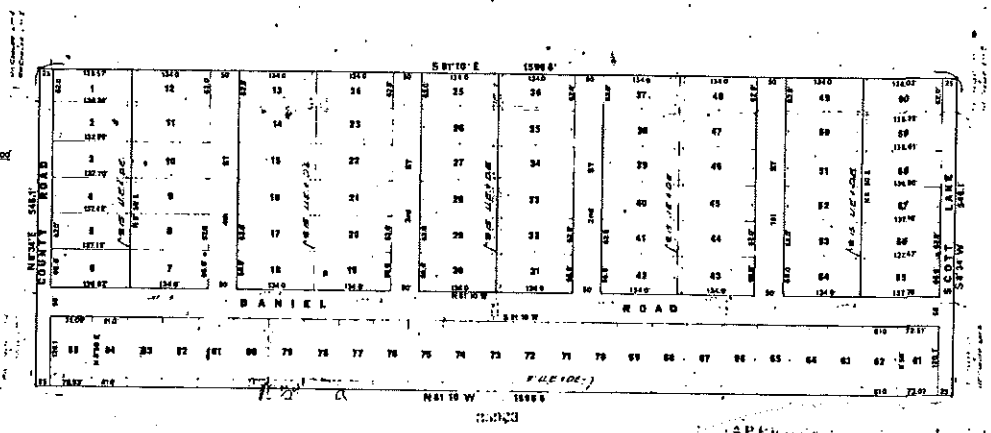
onsite done
6/3/16 ✓

VOL. 22 PAGE 176

I, THE UNDERSIGNED, MAYOR OF THE CITY OF PALMVIEW, TEXAS, HEREBY CERTIFY THAT THIS PLAT CONFORMS TO ALL REQUIREMENTS OF THE SUBDIVISION REGULATIONS OF THIS CITY WHEREIN MY APPROVAL IS REQUIRED.

MAYOR, CITY OF PALMVIEW





ACEVEDO SUBDIVISION
UNIT No 4

THE SOUTH 2.08 ACRES OF LOTS 1 AND 2, BLOCK 8 AND ALL OF LOTS 3 AND 4, BLOCK 8 AND THE NORTH 5.86 ACRES OF LOTS 5, 6, 7 AND 8, BLOCK 8, DEL MONTE ORCHARD COMPANY SUBDIVISION NO. 1, HIDALGO COUNTY, TEXAS.

APPROVED FOR ACCEPTANCE
Date 10-5-82

Recorded in Book 22, Page 176 of the map records of Hidalgo County, Texas
Walden and Haag, Inc.
Consulting Surveyors

11/5/82

STATE OF TEXAS;
COUNTY OF HIDALGO

I, THE UNDERSIGNED, OWNER OF THE LAND SHOWN ON THIS PLAT AND WHOSE NAME IS SUBSCRIBED HERETO, HEREBY DEDICATE TO THE USE OF THE PUBLIC ALL STREETS, ALLEYS, PARKS, DRAINS, EASEMENTS AND PUBLIC PLACES THEREON SHOWN FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED.

4/15/82 DATE — OWNER

STATE OF TEXAS;
COUNTY OF HIDALGO

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____ KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSE AND CONSIDERATION THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE 15th DAY OF April 1982.

NOTARY PUBLIC IN AND FOR
HIDALGO COUNTY, TEXAS

STATE OF TEXAS
COUNTY OF HIDALGO;

I, THE UNDERSIGNED, A REGISTERED ENGINEER AND SURVEYOR IN THE STATE OF TEXAS, HEREBY CERTIFY THAT THIS PLAT IS TRUE AND CORRECTLY MADE AND WAS PREPARED FROM AN ACTUAL SURVEY ON THE GROUND AND FURTHER CERTIFY THAT PROPER ENGINEERING CONSIDERATION WAS GIVEN THIS PLAT.

7-17-82 DATE

REG. PROFESSIONAL ENGINEER WITH REG. PUBLIC SURVEYOR

CHECKED FOR DRAINAGE
BY: _____

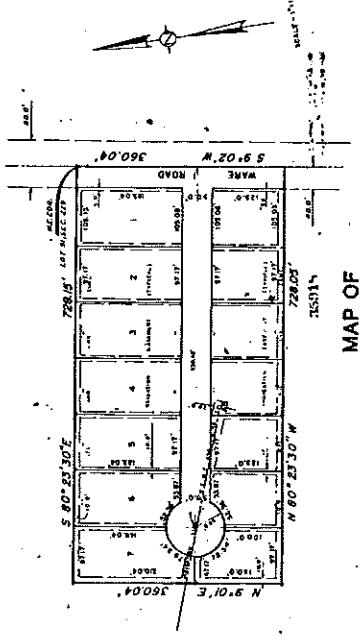
THIS PLAT APPROVED BY HIDALGO COUNTY IRRIGATION DISTRICT NO. 6 SUBJECT TO THE CONDITION THAT IF IRRIGATION FROM SAID DISTRICT IS DESIRED TO THE INDIVIDUAL LOTS IN SAID SUBDIVISION, PROVISION SHALL BE MADE FOR APPURTENANT EASEMENTS FOR THE INSTALLATION OF NECESSARY IRRIGATION FACILITIES TO SUCH LOTS FROM THE CLOSEST WATER DISTRICT DELIVERY POINT AND IT SHALL BE THE RESPONSIBILITY OF THE OWNERS OF THE PROPERTY TO INSTALL SUCH NECESSARY FACILITIES.

DATED THIS THE 6 DAY OF _____, A.D. 1982.

HIDALGO COUNTY IRRIGATION DISTRICT NO. 6

ATTEST: _____ BY: _____

SECRETARY



MAP OF
WARE COUNTRY SUBDIVISION
HIDALGO COUNTY, TEXAS

BEING A RESUBDIVISION OF [illegible] ACRES OUT OF LOT [illegible] SECTION 294, HIDALGO COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 24, PAGE 55, DEED RECORDS OF HIDALGO COUNTY, TEXAS.

I, LARRY L. SMITH, CIVIL ENGINEER AND SURVEYOR, HEREBY CERTIFY THAT THIS PLAT IS A TRUE AND ACCURATE REPRESENTATION OF THE SUBDIVISION OF THE LAND DESCRIBED HEREIN AND SHOWN HEREON.

LARRY L. SMITH
REGISTERED ENGINEER AND SURVEYOR
LAMESA, TEXAS
SURVEYED: 2-25-82 JOB NO. RE0091 TO01-978

STATE OF TEXAS:
COUNTY OF HIDALGO:

KNOW ALL MEN BY THESE PRESENTS:
THAT THE UNDERSIGNED OWNER OF THE PROPERTY HEREON DESCRIBED, DOES HEREBY ADOPT, DEDICATE, AND CONFIRM THE FOREGOING MAP OR PLAT AND HAS DEDICATED TO THE PUBLIC THE SURFACE USE OF THE STREETS AND ALLEYS DESIGNATED THEREON.

RICHARD BENFIELD, OWNER

STATE OF TEXAS;
COUNTY OF HIDALGO:

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED MILTON J. MORITZ, AND RICHARD BENFIELD, OWNERS KNOWN TO ME TO BE THE PERSONS WHOSE NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT THEY EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED. GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS THE ___ DAY OF _____, A.D., 19____.

NOTARY PUBLIC FOR THE STATE OF TEXAS

THIS PLAT APPROVED BY THE HIDALGO COUNTY IRRIGATION DISTRICT NO. 7 SUBJECT TO THE CONDITION THAT THE SUBDIVIDER WILL PROVIDE DOMESTIC WATER SYSTEM TO DISTRIBUTE POTABLE WATER. THIS DISTRICT WILL PROVIDE IRRIGATION WATER. ALL IRRIGATION FACILITIES MUST BE CONSTRUCTED AND MAINTAINED AT THE EXPENSE OF THE OWNER AND CONSISTING OF PIPELINES, VALVES, GATES TO BE CONNECTED TO THE NEAREST DISTRICT FACILITY. DATED THIS THE ___ DAY OF _____, A.D., 19____.

PRESIDENT

ATTEST: _____

SECRETARY

COMMISSIONERS' COURT

CHECKED FOR DRAINAGE
BY: _____

Recorded in Book 22, Page 176 of the map records of Hidalgo County, Texas
Walden and Haag, Inc.
Consulting Surveyors

VOL. 22 PAGE 176

Executive Office 7. A.

AI-55177

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Rebecca Gomez, EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

Approval of Right of Way Permits:
TX Relay Transmission Networks, LLC: A 120' utility pole to be erected on S Tower Rd. 175 feet south of the intersection of Rene St. on S Tower Rd., to be placed on the west side of ROW.

BACKGROUND

Fiscal Impact

Attachments

TX Relay Trans Networks- Pct.2

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/24/2016 09:27 AM
Glinda Pacheco	Glinda Pacheco	06/29/2016 10:49 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Rebecca Gomez Started On: 06/23/2016 08:12 AM

Final Approval Date: 07/01/2016

REVISED JANUARY 2015

THE STATE OF TEXAS §

COUNTY OF HIDALGO §

That the County of Hidalgo, Texas, acting by and through its Commissioners' Court, by virtue of motion and resolution introduced and adopted by said Commissioners' Court on the 5th day of July, 2016 does by these presents **GRANT, GIVE AND RELINQUISH TO**:

TX Relay Transmission Networks, LLC

hereinafter called Permittee, of the County of Hidalgo, Texas, the Right, Privilege and Authority to construct, reconstruct, lay and maintain a 36 inch /water/ gas/ sewer/ irrigation line; said line to be constructed of material along the following public road easement held by the Hidalgo County of Hidalgo, Texas upon the conditions, obligations, and requirements as hereinafter set forth, said public road upon which said water/ gas/ sewer/ irrigation line is to be constructed, reconstructed, laid and maintained, **described as follows**:

A 120' utility pole to be erected on S Tower Rd. 175 feet south of the intersection of Rene St. on S Tower Rd., to be placed on the west side of ROW.

The granting, giving and authorizing of permission for the said aforenamed Permittee to so construct, reconstruct, lay and maintain a utility pole along the above described public road being conditioned that Permittee agrees that:

1. The Permittee will install and shall maintain said pipeline so that the top of the line will always be at least at the minimum depth of forty (40) inches below the flow line of the ditches on either side of said roadway when the pipeline is to be constructed, the Permittee shall contact the Commissioner in the Precinct in which the construction project is located and obtain written instructions, signed by said Commissioner, concerning the location and depth of said line. In this connection, it is agreed and understood that the Permittee will not cut the surface in any manner said public road or any roadway, without first obtaining the written permission of the Commissioners' Court of Hidalgo County, Texas.

2. The Permittee will employ a competent person or firm to do such installation and complete it in accordance with the covenants and conditions herein set forth.

3. Permittee shall stake its line on the location approved by the Commissioner in whose precinct the work is to be done well in advance of beginning its work. Permittee shall contact Commissioner before commencing any work.

4. The Permittee will use all proper caution in performing the work to prevent injury to all persons and property and it will indemnify Hidalgo County against all damages that may be assessed against the County by reasons of the work here permitted and the maintenance of such pipeline.

5. Not withstanding any provision in this Agreement to the contrary, Permittee recognizes that the paramount purpose of the easement and dedication for the said public road is to provide for the establishment and operation of a roadway for the public. Recognizing this as the paramount purpose of the easement and dedication, Permittee agrees that Permitter has the unlimited and unrestricted right to establish, construct, reconstruct and maintain the said public road and to conduct all maintenance for the roadway and all

AI-55163 Tax Refunds 8. A.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Sylvia Perez, TAX OFFICE

Department: TAX OFFICE

Information

CAPTION

ACCOUNT NUMBER	PAYER	AMOUNT
B2644.00.000.0002.00	K.E. ANDREWS & CO	$19,840.72
L3190.00.005.0006.00	MCALLEN LEVCAL LLC	$25,000.00
M1950.99.000.0005.77	ACCOUNT SERVICES PROCESSING CENTER	$2,773.19
P5672.00.000.0064.00	1511 CORELOGIC TAX SERVICES LLC	$5,989.72
P5672.00.000.0097.00	FUNK ROBERT N & KERRI S	$5,116.85
R3000.99.030.0011.00	WONDERFUL CITRUS PACKING LLC	$8,256.62
R3100.99.001.0001.00	WONDERFUL CITRUS PACKING LLC	$7,337.39
W3800.99.040.0000.54	GOWAN USA LLC	$33,903.15

BACKGROUND

Fiscal Impact

Attachments

ComCourt07052016OP

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 09:19 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

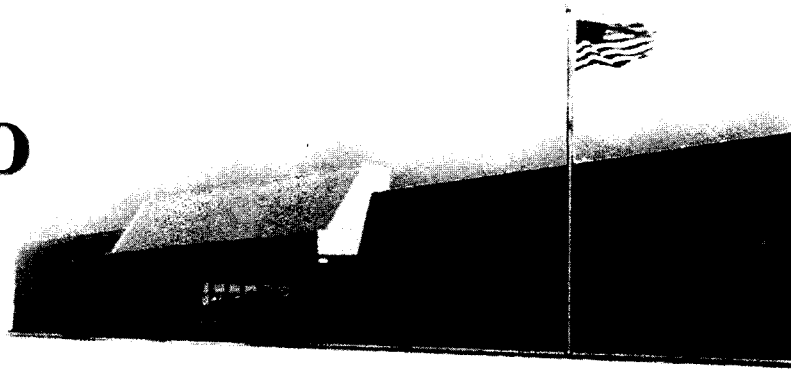
Form Started By: Sylvia Perez Started On: 06/22/2016 08:44 AM

Final Approval Date: 07/01/2016

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

June 21, 2016

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over $2,500.00 dollars is(are) erroneous and/or excessive. 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 required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

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

Respectfully,

Pablo (Paul) Villarreal, Jr., PCC

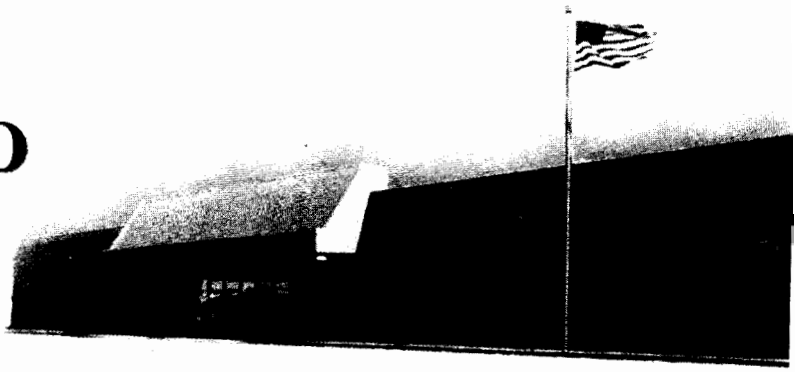
sp

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
B2644.00.000.0002.00	K. E. ANDREWS & CO	$19,840.72
L3190.00.005.0006.00	MCALLEN LEVCAL LLC	$25,000.00
M1950.99.000.0005.77	ACCOUNT SERVICES PROCESSING CENTER	$2,773.19
P5672.00.000.0064.00	1511 CORELOGIC TAX SERVICES LLC	$5,989.72
P5672.00.000.0097.00	FUNK ROBERT N & KERRI S	$5,116.85
R3000.99.030.0011.00	WONDERFUL CITRUS PACKING LLC	$8,256.62
R3100.99.001.0001.00	WONDERFUL CITRUS PACKING LLC	$7,337.39
W3800.99.040.0000.54	GOWAN USA LLC	$33,903.15

APPLICATION FOR TAX REFUND

RECEIVED
MAY 04 2016
Hidalgo County Tax Office
Collections Department

Collection office name	Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE	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 info corrected JE

Owner's name
~~VALLEY BELL ENTERPRISES LLC~~ (PAID BY (K.E. ANDREWS & CO))

Present mailing address *(number and street)*
~~101 E CHEROKEE ST~~. 1900 Dalrock Road ← payer info JE

City, town or post office, state, ZIP code
~~JACKSONVILLE, TX 75766~~ Rowlett, TX 75088

Phone *(area code and number)*
469/298-1594

Legal description (or attach copy of the tax bill or tax receipt):

Step 2: Describe the property

BERMEA LOT 2

Address or location of property: 1006 N TEXAS

20828538

Account number of property: B2644.00.000.0002.00

Tax receipt number: OR 31706638

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	2015	01/29 / 2016	$ 19,840.72	$ 19,840.72
2.		/	$	$
3.		/	$	$
4.		/	$	$
5.		/	$	$ 19,840.72

Taxpayer's reason for refund *(attach supporting documentation)*: PAID IN ERROR CUSTOMER CLAIMS

THAT PROPERTY TAXES SHOULD BE PAID BY SOUTHERN MULTIFOODS

SP

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."

sign here ➡ Signature

Date of application for tax refund: 4/30/16

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 ☒ Approved ☐ Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/16/16

sign here ➡ Authorized official

Date: 6/17/16

sign here ➡ 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)*

Date: 5/17/16 CAR

5/18

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 02/03/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: VR 6/16/16
L. Castillo

RECEIVED
MAY 26 2016
Hidalgo County Tax Office
Collections Department

MCALLEN LEVCAL LLC
1001 WEST LOOP SOUTH STE 600
HOUSTON , TX 77027

Account Number
L3190-00-005-0006-00
HCAD No. 216282

Legal Description of the Property
LAS CUEVAS LOT 6 BLK 5
OLMO ST
OWNER: MEZA ROSA & MARIA M

2015 OVERAGE AMOUNT $25,000.00

1: HIDALGO COUNTY, 39: CITY OF SULLIVAN, 49: LA JOYA ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #:_____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name: McALLEN LEVCAL LLC	Relationship to Property Owner: PROPERTY OWNER
	Mailing Address: 1001 WEST LOOP SOUTH #600	Daytime Telephone Number: 281-840 4502
	City, State, Zip Code: HOUSTON TX 77027	Email Address: jbronikowski@levcor.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year McALLEN LEVCAL, LLC TAX YEAR 2015 and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	☐ Overpaid the account 25,000.00	
	☐ Duplicate payment	
	☐ Paid in error (explain)	
Step 4: Provide payment information **Attach copies of cancelled checks only if refund is over $500.00**	Total amount paid by this taxpayer	1,063,246.57
	Total tax, penalty, and interest amount owed for the year	1,038,246.57
	Amount of refund claimed	+ 25,000.00
Step 5: How should the refund be processed?	✓ Mail to Property Owner	
	☐ Mail to Payer at address in Step 1	
	☐ Transfer this amount to account	For tax year
	☐ Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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	
	SIGN HERE LEVCOR INC, AGENT ON BEHALF OF McALLEN LEVCAL LLC Janice Bronikowski, Accounts Mng.	Date of application: 05/23/16
	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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By:	Date: 6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By:	Date: 5/27/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5-27-16

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 01/26/2016

RECEIVED
MAY 23 2016
Hidalgo County Tax Office
Collections Department

Account Number
M1950-99-000-0005-77 d
HCAD No. 567417 d

Legal Description of the Property
LEASED EQUIPMENT AT SML & CML/NEW ACCT 1997

VAR LOC @ SML & CML

OWNER: GREAT AMERICA FINANCIAL SERVICES CORP d

ACCOUNT SERVICES PROCESSING CENTER d
625 1ST STREET S.E. SUITE 800
CEDAR RAPIDS , IA 52401

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6-15-16

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

2015 OVERAGE AMOUNT $2,773.19 d

Loan #:_____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, pleasc complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name GreatAmerica Financial	Relationship to Property Owner	Owner
	Mailing Address 625 1st St Ste 800	Daytime Telephone Number	3192614409
	City, State, Zip Code Cedar Rapids IA 52401	Email Address:	agriffin@greatamerica.com
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2015 and am the party entitled to the refund.		
Step 3: Mark the reason for the refund and provide a brief explanation	X Overpaid the account acct adjusted after initial tax bill issued		
	Duplicate payment		
	Paid in error (explain)		
Step 4: Provide payment information **Attach copies of cancelled checks only if refund is over $500.00**	Total amount paid by this taxpayer		30894.06
	Total tax, penalty, and interest amount owed for the year		2967.32
	Amount of refund claimed		2773.19
Step 5: How should the refund be processed?	Mail to Property Owner		
	Mail to Payer at address in Step 1		
	X Transfer this amount to account M1950990000057 d / 567417 for tax year 2015		
	Escrow for next year 's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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		
	SIGN HERE Amanda d	Date of application	5-17-16
	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		
AUDITORS USE ONLY:	☑ Approved ☐ Denied By:	Date:	6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By: d	Date:	5/25/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5/26/16

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 01/12/2016

U 2216022

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/15/16

1511 CORELOGIC TAX SERVICES LLC
SERVICED BY CORELOGIC TAX SERVICES LLC
1 CORELOGIC DRIVE
WESTLAKE , TX 76262

Account Number
P5672-00-000-0064-00
HCAD No. 725636

Legal Description of the Property
PEPPER RIDGE LOT 64

1316 POBLANO LN

OWNER: SALVIA MARILYN ELIZABETH

2015 OVERAGE AMOUNT $5,989.72

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 0074604190

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name: CORELOGIC	Relationship to Property Owner: Servicing Agent
	Mailing Address: P. O. BOX 961250	Daytime Telephone Number: 817-699-2601
	City, State, Zip: FT. WORTH, TX 76161 817-699-2601	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year 2015 and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	X Overpaid the account	
	Duplicate payment	
	Paid in error (explain)	
Step 4: Provide payment information **Attach copies of cancelled checks only if refund is over $500.00**	Total amount paid by this taxpayer	$6,475.72
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	$5,989.72
Step 5: How should the refund be processed?	Mail to Property Owner	
	X Mail to Payer at address in Step 1	
	Transfer this amount to account	For tax year
	Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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	
	SIGN HERE Irma Siguenza	Date of application: 04-26-00
	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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By:	Date: 6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By:	Date: 5/17/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5/18

APPLICATION FOR TAX REFUND

Collection office name	Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE	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
FUNK ROBERT N & KERRI S

Present mailing address *(number and street)*
320 S CENTER ST

City, town or post office, state, ZIP code
FALFURRIAS, TX 78355

Phone *(area code and number)*

Legal description (or attach copy of the tax bill or tax receipt):

Step 2: Describe the property

PEPPER RIDGE LOT 97

Address or location of property: 1315 HABANERO LN

725669

Account number of property: P5672.00.000.0097.00

Tax receipt number: OR 30049700

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	2015	11/30 / 2015	$ 5,116.85	$ 5,116.85
2.		/	$	$
3.		/	$	$
4.		/	$	$
5.		/	$	$ 5,116.85

Taxpayer's reason for refund *(attach supporting documentation)*: PAID IN ERROR SEND MONIES TO TAXPAYER SP

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."

sign here — Signature

Date of application for tax refund: 05/25/2016

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 ☑ Approved ☐ Disapproved

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/16/16

sign here — Authorized officer — Date: 6/17/16

sign here — 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)* — Date: 5-26-16

5/20/16

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 02/06/2016

RECEIVED
MAY 09 2016
Hidalgo County Tax Office
Collections Department

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 5/15/16

WONDERFUL CITRUS PACKING LLC
5001 CALIFORNIA AVE STE 230
BAKERSFIELD, CA 93309

Account Number
R3000-99-030-0011-00
HCAD No. 962462

Legal Description of the Property
SUPPLIES FURNITURE FIXTURES MACHINERY & EQUIPMENT AT 6715 W MONTE CRISTO/ NEW ACCT 2015

6715 W MONTE CRISTO 78541

OWNER: PARAMOUNT CITRUS PACKING CO LLC

2015 OVERAGE AMOUNT $8,256.62

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 5: EMS DIST #3, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: _____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 661-720-2446
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	☐ Overpaid the account	
	☐ Duplicate payment	
	☐ Paid in error (explain)	
Step 4: Provide payment information **Attach copies of cancelled checks only if refund is over $500.00**	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	X Mail to Property Owner	
	☐ Mail to Payer at address in Step 1	
	☐ Transfer this amount to account	For tax year
	☐ Escrow for next year 's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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	
	SIGN HERE	Date of application 5.4.16
	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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By: _____	Date: 6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By: _____	Date: 5/17/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5/18

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 02/06/2016

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/15/16

RECEIVED
MAY 09 2016
Hidalgo County Tax Office
Collections Department

WONDERFUL CITRUS PACKING LLC
5001 CALIFORNIA AVE STE 230
BAKERSFIELD , CA 93309

Account Number
R3100-99-001-0001-00
HCAD No. 961701

Legal Description of the Property
INVENTORY SUPPLIES FURNITURE FIXTURES EQUIPMENT & VEHICLES AT 6336 W MONTE CRISTO/ NEW *ACCT 2015*

6336 W MONTE CRISTO 78541

OWNER: PARAMOUNT CITRUS II LLC

2015 OVERAGE AMOUNT $7,337.39

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #:_____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number 661 720-2446
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation		Overpaid the account
		Duplicate payment
		Paid in error (explain)
Step 4: Provide payment information **Attach copies of cancelled checks only if refund is over $500.00**	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	X	Mail to Property Owner
		Mail to Payer at address in Step 1
		Transfer this amount to account For tax year
		Escrow for next year 's taxes
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this 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	
	SIGN HERE	Date of application 5.4.16
	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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By:	Date: 6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By:	Date: 5/17/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5/18

PABLO (PAUL) VILLARREAL JR., PCC
Hidalgo County Tax Assessor - Collector
PO BOX 178 EDINBURG, TX 78540-0178 **Email Address:** REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157
Fax No.: 956-318-2733

Print Date: 03/17/2016

RECEIVED
MAY 20 2016
Hidalgo County Tax Office
Collections Department

GOWAN USA LLC
PO BOX 5569
YUMA , AZ 85366

Account Number
W3800-99-040-0000-54
HCAD No. 591492

Legal Description of the Property
INVENTORY AT 818 EAST EXPRESSWAY 83
(FIDELITY WAREHOUSE) /NEW ACCT 1999

818 E EXPWY 83 (S SIDE) 78596

OWNER: GOWAN

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6-15-16

[redacted] **AMOUNT: $33,903.15**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #:_____

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it[redacted] proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of $500. Please allow 60 days for processing. Notarized Affidavit required on refunds over $500.00

[redacted] **identify the Payer requesting the refund if different than shown above**	Name	Relationship to Property Owner
	Mailing Address	[redacted] Telephone Number (928) 819-1541
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation		Overpaid the account
		Duplicate payment
		Paid in error (explain)
Step 4: Provide payment information [redacted] **ly if refund is over $500.00**	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
[redacted] **How should the refund be processed?**		Mail to Property Owner
	X	Mail to Payer at address in Step 1
		Transfer this amount to account For tax year
		Escrow for next year 's taxes
[redacted] **Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed**	By completing and signing this 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	
	[redacted] **HERE**	[redacted] **Application** 5/16/16
	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	
AUDITORS USE ONLY:	☑ Approved ☐ Denied By: _____	Date: 6/17/16
TAX OFFICE USE ONLY:	☑ Approved ☐ Denied By: _____	Date: 5/25/16

This application must be completed, signed, and submitted with supporting documentation to be valid.

46v1.19 5/24/16

AI-55161 Tax Refunds 8. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Sylvia Perez, TAX OFFICE

Department: TAX OFFICE

Information

CAPTION

ACCOUNT NUMBER	PAYER	AMOUNT
S3003.00.000.005A.00	KOHL'S	$47,286.65
T6835.2C.000.0001.00	KOHL'S	$24,752.49
T6835.2C.000.0001.00	KOHL'S	$23,740.40

BACKGROUND

Fiscal Impact

Attachments

ComCourt07052016CO

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 08:47 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

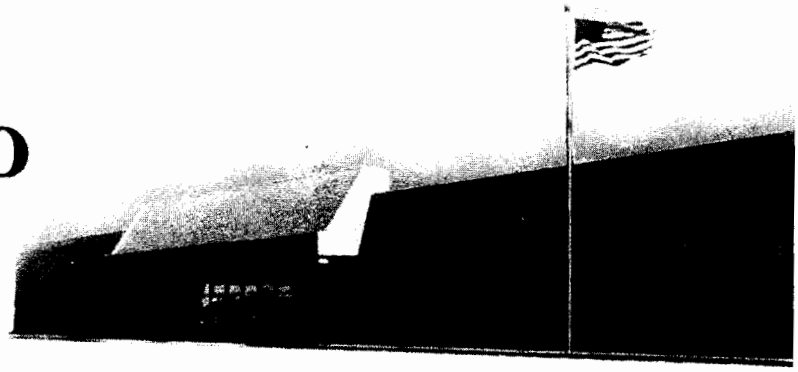
Form Started By: Sylvia Perez Started On: 06/22/2016 08:35 AM

Final Approval Date: 07/01/2016

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

June 21, 2016

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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., PCC

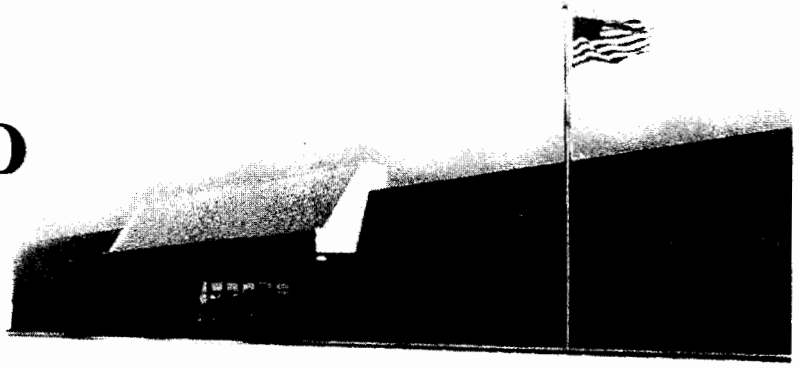
sp

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
S3003.00.000.005A.00	KOHL'S	$47,286.65
T6835.2C.000.0001.00	KOHL'S	$24,752.49
T6835.2C.000.0001.00	KOHL'S	$23,740.40

APPLICATION FOR TAX REFUND

Collection office name	Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE	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	
WEINGARTEN SHARY SOUTH JV (PAID BY: KOHL'S)	
Present mailing address *(number and street)* P.O. BOX 2148	
City, town or post office, state, ZIP code MILWAUKEE, WI 53201-2148	Phone *(area code and number)*

Legal description (or attach copy of the tax bill or tax receipt): SHARYLAND PLACE LOT 5A

Step 2: Describe the property

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6/13/16

Address or location of property:

722796

Account number of property: S3003.00.000.005A.00

Tax receipt number: OR 27949049

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	2014	01/15 / 2015	$ 220,590.93	$ 47,286.65
2.		/	$	$
3.		/	$	$
4.		/	$	$
5. TOTAL		/	$	$ 47,286.65

Taxpayer's reason for refund *(attach supporting documentation)*: COURT ORDER # C-7134-14-H

PER ORDER PAY BY JULY 19, 2016

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."

sign here ➡ Signature | 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 ☑ Approved ☐ Disapproved

sign here ➡ Authorized official | Date 6/17/16

sign here ➡ Collector(s) or taxing unit(s) for refund applications over *(insert amount for which governing body approval is required under Section 31.11, tax code)* | Date 6/9/16

6-10-16

APPLICATION FOR TAX REFUND

Collection office name	Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE	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	
COLE KO MCALLEN TX LLC (PAID BY: KOHL'S)	
Present mailing address *(number and street)* P.O. BOX 2148	
City, town or post office, state, ZIP code MILWAUKEE, WI 53201-2148	Phone *(area code and number)*

Legal description (or attach copy of the tax bill or tax receipt): TRENTON CROSSING SHOPPING CENTER PH 2

Step 2: Describe the property

C LOT 1

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6-17-16

Address or location of property:

20406195

Account number of property:

T6835.2C.000.0001.00

Tax receipt number:

OR 27949049

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	2014	01/15 / 2015	$ 152,744.50	$ 24,752.49
2.		/	$	$
3.		/	$	$
4.		/	$	$
5. TOTAL		/	$	$ 24,752.49

Taxpayer's reason for refund *(attach supporting documentation)*: COURT ORDER # C-7134-14-H

PER ORDER PAY BY JULY 19, 2016

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."

sign here ➡ Signature

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 ☑ Approved ☐ Disapproved

sign here ➡ Authorized official

Date 6/17/16

sign here ➡ 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)*

Date 6/9/16

6-10-16

APPLICATION FOR TAX REFUND

Collection office name	Collecting tax for: (Tax Units)
HIDALGO COUNTY TAX OFFICE	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
COLE KO MCALLEN TX LLC (PAID BY: KOHL'S) d

Present mailing address *(number and street)*
P.O. BOX 2148

City, town or post office, state, ZIP code
MILWAUKEE, WI 53201-2148

Phone *(area code and number)*

Legal description (or attach copy of the tax bill or tax receipt): TRENTON CROSSING SHOPPING CENTER PH 2

Step 2: Describe the property

C LOT 1

Address or location of property:

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: 6-13-16

20406195 d

Account number of property:

T6835.2C.000.0001.00 d

Tax receipt number:

OR 31226786

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	2015	01/26 / 2016	$ 151,081.68	$ 23,740.40
2.		/	$	$
3.		/	$	$
4.		/	$	$
5. TOTAL		/	$	$ 23,740.40 d

Taxpayer's reason for refund *(attach supporting documentation)*: COURT ORDER # C-7134-14-H

PER ORDER PAY BY JULY 19, 2016

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."

sign here ➡ Signature

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 ☑ Approved ☐ Disapproved

sign here ➡ Authorized officer

Date 6/17/16

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 6/9/16 CAS

6-10-16

Membership Dues 9. A.

AI-55276

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Olga Lerma, URBAN COUNTY Submitted By: Olga Lerma, URBAN COUNTY

Department: URBAN COUNTY

Information

CAPTION

Urban County:
Request approval to renew 2016-2017 membership dues in the amount of $2000.00 to the National Community Development Association for Hidalgo County Urban County Program. (Membership dues covering the period July 1, 2016 through June 30, 2017)

BACKGROUND

The National Community Development Association (NCDA) continues to be committed to the goal of assisting local governments in achieving high quality, locally-responsive programs for making communities better places in which to live and work. Membership in NCDA is critical in the fight to protect and preserve funding for safe, decent and affordable housing along with other community development programs.

Fiscal Impact

Attachments

Invoice & Affidavit for NCDA 2016-2017

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:18 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Olga Lerma Started On: 07/01/2016 08:22 AM

Final Approval Date: 07/01/2016

PRESIDENT
Michael Lock
Seattle, WA

VICE PRESIDENT
Bonnie Moore
Shreveport, LA

SECRETARY
Patrick Sullivan
New Bedford, MA

TREASURER
George Mensah
Miami, FL

EXECUTIVE DIRECTOR
Vicki Watson

Invoice

NATIONAL COMMUNITY DEVELOPMENT ASSOCIATION
1825 K Street, NW Suite 515 Washington, DC 20006 • Tel: (202) 587-2772
Website: www.ncdaonline.org
Affiliated with the U.S. Conference of Mayors

Please note our new mailing address.

Bill To
Hildago County Attn: Diana Serna 427 E. Duranta Ave., Ste. 107 Alamo, TX 78516

Date	Invoice #
5/31/2016	FY17-560

Tax I.D. Number	Terms
52-1197647	Due on receipt

Description	Quantity	Rate	Amount
Membership dues covering the period July 1, 2016 through June 30, 2017	1	2,000.00	2,000.00
Please remit to the above address.		**Total**	**$2,000.00**
		Payments/Credits	**$0.00**
If you have any questions about this invoice please email Mike Lightfield at Michael@ncdaonline.org		**Balance Due**	**$2,000.00**

MISSION . . .
To assist local governments to acheive high-quality, locally responsive programs for making communities better places to live and work, particularly for low and moderate income people.

TO THE COUNTY AUDITOR

AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

I, DIANA R. SERNA, do hereby state that my membership in the National Community Development Association, on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official employee of Hidalgo County, I further state to the best of my knowledge and belief the following;

1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
2. The association or organization is not affiliated with labor organization.
3. Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature related to County Government. **This organization advocates for federal funding to Entitlement Communities.**
4. The association or organization may provide information for a member of the legislature to appear before a legislative to provide information related to County Government, but not to attempt to influence legislation: and
5. Neither the association nor organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNAUTRE: Diana R Serna Date: 6-30-16
Diana R. Serna

TITLE: Director

Before me Olga Lerma, a Notary Public, appeared DIANA R. SERNA, and on her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

OLGA LERMA
Notary Public, State of Texas
My Commission Expires
October 07, 2018
#12994757

Olga Lerma
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

Authority To Obtain Affidavit: LGC§ 113.064(b)
Authority to Pay Membership Dues: LGC § 89.002

Funding Year 2015
Acct # 5015-99-2101-6501-P9900

AI-55275

Membership Dues 9. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Olga Lerma, URBAN COUNTY Submitted By: Olga Lerma, URBAN COUNTY

Department: URBAN COUNTY

Information

CAPTION

Urban County:
Request approval to renew 2016-2017 membership dues in the amount of $50.00 to the National Community Development Association, Region VI for Hidalgo County Urban County Program. (Membership dues covering the period July 1, 2016 through June 30, 2017)

BACKGROUND

The National Community Development Association (NCDA) continues to be committed to the goal of assisting local governments in achieving high quality, locally-responsive programs for making communities better places in which to live and work. Membership in NCDA is critical in the fight to protect and preserve funding for safe, decent and affordable housing along with other community development programs.

Fiscal Impact

Attachments

Region NCDA Invoice & Affidavit 2016-2017

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:17 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Olga Lerma Started On: 07/01/2016 08:09 AM

Final Approval Date: 07/01/2016

National Community Development Association Region VI- Southwest
2016-2017 Membership Registration

NCDA Region VI represents local governments in a five state area (Texas, Oklahoma, New Mexico, Louisiana and Arkansas) that are striving for the necessary knowledge and skills for more effective community development. We are part of the National Community Development Association, a national non-profit that serves as a clearing house of ideas for local government officials and federal policy-makers on issues effecting America's communities.

My organization wishes to become a new member of NCDA REGION VI ____ $50.00

My organization wishes to renew our membership _X_ $50.00
(Only one membership per unit of local government)

Name of Organization: Hidalgo County Urban County Program

Name of Organization Executive Director or Representative: Diana R. Serna

Mailing Address: 427 E. Duranta Ave., Ste. 107, Alamo, Texas 78516

Telephone: (956)787-8127 Fax: (956)318-2988

Email: diana.serna@co.hidalgo.tx.us

Please submit this registration form with a check made out to NCDA Region VI-Southwest ($50.00). Membership period: July 1, 2016 through June 30, 2017.

Please remit dues NO LATER THAN OCTOBER 1, 2016 to:

Barbara Ross
City of Denton Community Development
601 E Hickory St Ste B
Denton TX 76210

Phone: 940-349-723 **Email:**
barbara.ross@cityofdenton.com

Membership dues are used to support NCDA Region VI-Southwest Association annual conference, account support, publications, training, scholarships, and support of the National Association. **JOIN NOW TO ENSURE THAT YOUR COMMUNITY RECEIVES NCDA'S FUTURE MAILINGS & REGISTRATION DISCOUNTS FOR REGIONAL CONFERENCES!**

TO THE COUNTY AUDITOR

AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

I, DIANA R. SERNA, do hereby state that my membership in the National Community Development Association Region VI, on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official employee of Hidalgo County, I further state to the best of my knowledge and belief the following;

1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
2. The association or organization is not affiliated with labor organization.
3. Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature related to County Government. **This organization advocates for federal funding to Entitlement Communities.**
4. The association or organization may provide information for a member of the legislature to appear before a legislative to provide information related to County Government, but not to attempt to influence legislation: and
5. Neither the association nor organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNAUTRE: Diana R Serna Date: 6-30-16
Diana R. Serna

TITLE: Director

Before me Olga Lerma, a Notary Public, appeared DIANA R. SERNA, and on her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

OLGA LERMA
Notary Public, State of Texas
My Commission Expires
October 07, 2018

Olga Lerma
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

Authority To Obtain Affidavit: LGC§ 113.064(b)
Authority to Pay Membership Dues: LGC § 89.002

Funding Year 2015
Acct # 5015-99-2101-6501-P9900

Membership Dues 9. C.

AI-55283

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Jaime Gonzalez, PUBLIC DEFENDERS

Submitted By: Patti Loya, PUBLIC DEFENDERS

Department: PUBLIC DEFENDERS

Information

CAPTION

Public Defender's (1100):
Requesting approval to pay Texas Criminal Defense Lawyers Association membership dues in the total amount of $120.00 ($60.00 each) Requisition #301622, for Jose Luis Bravo, First Assistant Public Defender and Sofia Kamal, Public Defender III, with authority for the County Treasurer to issue payment after review, audit, and processing procedures are completed by County Auditor.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-30-085-003-0-810

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds available through requisition #301622.

Attachments

Dues

TCDLA

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:38 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Patti Loya Started On: 07/01/2016 11:22 AM

Final Approval Date: 07/01/2016

TEXAS CRIMINAL DEFENSE LAWYERS ASSOCIATION

MEMBERSHIP RENEWAL NOTICE

Sofia Kamal
100 N Closner Blvd Fl 5
Edinburg, TX 78539-3523

Membership Expires: 8/31/2016
TCDLA ID#: 15852

MEMBERSHIP CATEGORY

Please check appropriate category. Prices include one year of membership.

- ☐ *Regular Member* (renewal) **REG** • $180
- ☐ Voluntary Sustaining Member (required for TCDLA officers and directors) **VS** • $330
- ☐ TCDLA Past President Member **PPRES** • $100
- ☒ Public Defender Member (must be a PD employee) **PD** • $60
- ☐ Affiliate Member **AFF** • $80
  - ☐ Paralegal **PARAL** ☐ Investigator **INV** ☐ Expert **EXP** ☐ Other (law professors and other persons approved by the Board of Directors)
- ☐ Law Student Member **STU** • $20
- ☐ Sustaining Member (required for TCDLA Associate Directors) **SUS** • $230
- ☐ Distinguished Member (70+) **DIS** • $80

☐ I would like to donate to the TCDLEI scholarship, 501(c)(3) organization, in the amount of $ _____.

Tax Notice: $36 of your annual dues ($19 if a student member) is for a one year subscription to the VOICE for the Defense. Dues to TCDLA are not deductible as a charitable contribution but may be deducted as an ordinary business expense. The non-deductible portion of regular and initial membership dues is $39 in accordance with IRC sec. 6033.

LAWYER LOCATOR

☐ Yes! Include me in the online lawyer locator.* You may list up to three practice areas in criminal defense law for public access. (example: DWI, sexual assault, appeals)

_____ _____ _____

*Disclaimer: TCDLA makes no promises, guarantees, or warranties regarding the attorneys listed on its Lawyer Locator. Said attorneys are TCDLA members who have requested inclusion on TCDLA's website to provide the public with choices for possible legal services. TCDLA expressly disclaims all warranties, including the warranties of merchantability, fitness for a particular purpose and non-infringement. Moreover, content contained on or made available through this website is not intended to and does not constitute legal advice and no attorney-client relationship is formed. The accuracy, completeness, adequacy or currency of the content is not warranted or guaranteed. Your use of information on the website or materials linked from the website is at your own risk.

INFORMATION UPDATE

Please indicate below any changes to your address or contact information.

Name _____ Company _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Email _____ Website _____

Communication Preferences (legislative, SDR's, seminars, events and other announcements related to criminal defense)

☐ Exclude me from fax communication ☐ Exclude me from email communication

PAYMENT METHOD

☐ Check payable to TCDLA ☐ Credit Card (Visa, Mastercard, Amex or Discover)

Credit Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

RENEW

- Mail completed form with payment to:
  TCDLA Membership • 6808 Hill Meadow Drive • Austin, TX 78736
- Renew online at **www.tcdla.com**
- Fax completed form with credit card to **512.469.9107**

TCDLA office use only: Amount: _____ Check/CC: _____

TEXAS CRIMINAL DEFENSE LAWYERS ASSOCIATION

MEMBERSHIP RENEWAL NOTICE

RECEIVED
JUL 01 2016
PUBLIC DEFENDER'S OFFICE

Jose Luis Bravo
100 N Closner, Fifth Floor
Edinburg, TX 78539

Membership Expires: 8/31/2016
TCDLA ID#: *11780*

MEMBERSHIP CATEGORY

Please check appropriate category. Prices include one year of membership.

- ☐ Regular Member (renewal) **REG** • $180
- ☐ Law Student Member **STU** • $20
- ☐ Voluntary Sustaining Member (required for TCDLA officers and directors) **VS** • $330
- ☐ Sustaining Member (required for TCDLA Associate Directors) **SUS** • $230
- ☐ TCDLA Past President Member **PPRES** • $100
- ☐ Distinguished Member (70+) **DIS** • $80
- ☑ Public Defender Member (must be a PD employee) **PD** • $60
- ☐ Affiliate Member **AFF** • $80
  - ☐ Paralegal **PARAL** ☐ Investigator **INV** ☐ Expert **EXP** ☐ Other (law professors and other persons approved by the Board of Directors)
- ☐ I would like to donate to the TCDLEI scholarship, 501(c)(3) organization, in the amount of $ _____.

Tax Notice: $36 of your annual dues ($19 if a student member) is for a one year subscription to the VOICE for the Defense. Dues to TCDLA are not deductible as a charitable contribution but may be deducted as an ordinary business expense. The non-deductible portion of regular and initial membership dues is $39 in accordance with IRC sec. 6033.

LAWYER LOCATOR

☐ Yes! Include me in the online lawyer locator.* You may list up to three practice areas in criminal defense law for public access. (example: DWI, sexual assault, appeals)

_____ _____ _____

***Disclaimer:** TCDLA makes no promises, guarantees, or warranties regarding the attorneys listed on its Lawyer Locator. Said attorneys are TCDLA members who have requested inclusion on TCDLA's website to provide the public with choices for possible legal services. TCDLA expressly disclaims all warranties, including the warranties of merchantability, fitness for a particular purpose and non-infringement. Moreover, content contained on or made available through this website is not intended to and does not constitute legal advice and no attorney-client relationship is formed. The accuracy, completeness, adequacy or currency of the content is not warranted or guaranteed. Your use of information on the website or materials linked from the website is at your own risk.

INFORMATION UPDATE

Please indicate below any changes to your address or contact information.

Name _____ Company _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Email _____ Website _____

Communication Preferences (legislative, SDR's, seminars, events and other announcements related to criminal defense)

- ☐ Exclude me from fax communication
- ☐ Exclude me from email communication

PAYMENT METHOD

- ☐ Check payable to TCDLA
- ☐ Credit Card (Visa, Mastercard, Amex or Discover)

Credit Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

RENEW

- Mail completed form with payment to:
  TCDLA Membership • 6808 Hill Meadow Drive • Austin, TX 78736
- Renew online at **www.tcdla.com**
- Fax completed form with credit card to **512.469.9107**

TCDLA office use only: Amount: _____ Check/CC: _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, Jose Luis Bravo , do hereby state that membership in the Texas Criminal Defense Lawyers Association, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- ☒ To obtain statutorily required continuing professional education.
- ☒ To obtain continuing education necessary to maintain a license or certification.
- ☒ To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
  - Publications
  - Periodicals
  - Training
  - Annual Conference
  - Award Programs
  - Representation
  - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

I further state that Texas Crininal Defense Lawyers Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Jose Bravo DATE: 7/1/2016
TITLE: First Asst. Public Defender

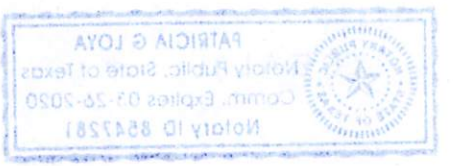
Before me Patricia G. Loya, a Notary Public, appeared Jose Luis Bravo , and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(SEAL)
PATRICIA G LOYA
Notary Public, State of Texas
Comm. Expires 03-26-2020
Notary ID 8547281

Patricia G. Loya
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012


PATRICIA G LOYA
Notary Public, State of Texas
Comm. Expires 03-26-2020
Notary ID 8542281

TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, Sofia Kamal, do hereby state that membership in the Texas Criminal Defense Lawyers Association, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

☒ To obtain statutorily required continuing professional education.
☒ To obtain continuing education necessary to maintain a license or certification.
☒ To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:

- Publications
- Periodicals
- Training
- Annual Conference
- Award Programs
- Representation
- Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

I further state that Texas Crininal Defense Lawyers Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Sofia Kamal DATE: 7/1/2016
TITLE: Public Defender III

Before me Patricia G. Loya, a Notary Public, appeared Sofia Kamal, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

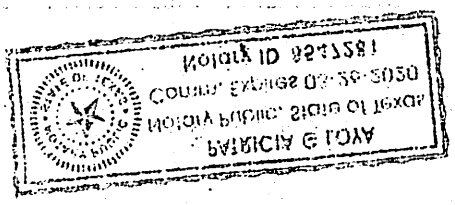
PATRICIA G LOYA
Notary Public, State of Texas
Comm. Expires 03-26-2020
Notary ID 8547281

(SEAL)

Patricia G. Loya
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012


PATRICIA G LOYA
Notary Public, State of Texas
Comm. Expires 02-26-2030
Notary ID 132152481

Membership Dues 9. D.

AI-55164

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Elizabeth Castro, FIRE MARSHAL'S DEPT.
Department: FIRE MARSHAL'S DEPT.

Information

CAPTION

Fire Marshal (1100):
Approval to pay membership dues for Tommy Ureste to the International Association of Arson Investigators Inc. for $135.00 (Requisition #00301039) with authority for county treasurer to issue payment after review and auditing procedures are completed.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-422-10-300-001-0-810
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:
Funds available through requisition # 301039.

Attachments

Tommy IAAI

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/22/2016 02:38 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Elizabeth Castro Started On: 06/22/2016 09:56 AM
Final Approval Date: 07/01/2016

RECEIVED

JUN 2 2 2016

Hidalgo County
Fire Marshal's Office

BILL TO:
TOMMY URESTE HIDALGO CO. FIRE MARSHAL 'S OFFICE 1124 NORTH M ROAD EDINBURG TX 78542

REMIT TO:	
IAAI 2111 Baldwin Avenue, Suite 203 Crofton, MD 21114 iaai@firearson.com	
PHONE:	FAX:
410-451-3473	410-451-9049

INVOICE NO.	MEMBER ID:	PO/REF NO:	DUES DATES		INVOICE DATE	DUE DATE
91168	1306698	PENDING	07/01/2016	07/01/2017	05/11/2016	07/01/2016

DESCRIPTION	QTY	RATE	AMOUNT
Active-Active in fire/arson investigation	1	$100.00	$100.00
Texas Chapter IAAI Chapter Dues	1	$35.00	$35.00
Please note that processing this membership cannot be completed until we receive the payments/balance.			

PRIOR BALANCE	$0.00
INVOICE AMOUNT	$135.00
PAYMENTS	$0.00
TOTAL DUE	135.00

INVOICES RECEIVED BY: Elizabeth Castro 06/22/16
GOODS/SERVICES R... Tommy Ureste ON 07/01/16 - 07/01/17
PURCHASE ORDER:
ACCOUNT: 6-1100-422-13-3000-001-0-810
APPROVED BY:
_____ ON _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, Tommy Ureste, do hereby state that membership in the International Association of Arson Investigators Inc. (IAAI) and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

☒ To obtain statutorily required continuing professional education.
☒ To obtain continuing education necessary to maintain a license or certification.
☒ To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:

- Publications
- Periodicals
- Training
- Annual Conference
- Award Programs
- Representation
- Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

I further state that International Association of Arson Investigators Inc. (IAAI) is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: _____ DATE: 6/22/16
TITLE: Fire Investigator

Before me Elizabeth Sweet Castro, a Notary Public, appeared Tommy Ureste, and on his oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

ELIZABETH SWEET CASTRO
MY COMMISSION EXPIRES
September 28, 2016

Elizabeth Sweet Castro
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012

AI-55151

Auditor's Office 10. A.

CC CONSENT
Meeting Date: 07/06/2016
Submitted By: Maria Medina, AUDITOR'S OFFICE
Department: AUDITOR'S OFFICE

Information

CAPTION

Discussion, consideration and approval to process the City of Mission 2015-2016 TIRZ payment, in the amount of $2,407,788.18 pursuant to the interlocal agreement between the City of Mission, Hidalgo County, and the Reinvestment Zone No. 1, City of Mission.

BACKGROUND

Fiscal Impact

Attachments

Agreement

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/20/2016 04:02 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Maria Medina Started On: 06/20/2016 03:59 PM
Final Approval Date: 07/01/2016

THE STATE OF TEXAS

COUNTY OF HIDALGO

(43)
58086

AGREEMENT

I. PARTIES

A. Address

THIS AGREEMENT ("Agreement") is made by and between the CITY OF MISSION, TEXAS ("City"), a municipal corporation and home-rule city of the State of Texas principally situated in the County of Hidalgo, acting by and through its governing body, the City Council; HIDALGO COUNTY ("County"), located at 100 E. Cano, Edinburg Texas 78539; and the REINVESTMENT ZONE NUMBER ONE, CITY OF MISSION, TEXAS (the "Reinvestment Zone"), a reinvestment zone created by the City of Mission pursuant to Chapter 311 of the Texas Tax Code, acting by and through its Board of Directors. This Agreement is made pursuant to Section 311.013 of the Texas Tax Code, which Section permits a taxing unit to enter into agreements to pay into the tax increment fund any of its tax increment produced from property located in a reinvestment zone.

The initial addresses of the parties, which one party may change by giving written notice of its changed address to the other parties, are as follows:

City	County	The Reinvestment Zone
City Manager or Designee City of Mission, Texas 900 Doherty Mission, Texas 78752	Hidalgo County Attention County Judge 100 E. Cano, 2nd Floor Edinburg, Texas 78539	Reinvestment Zone Number One, City of Mission, Texas Attention: Chairman c/o Mission Economic Development Authority PO Box 968 Mission, Texas 78573-0968

201 E. 8th Street Mission, TX 78757

X6

B. Index

The City, the County and the Reinvestment Zone hereby agree to the terms and conditions of this Agreement. This Agreement consists of the following sections:

Section/Description	Page
I. PARTIES	1
II. DEFINITIONS	5
III. BACKGROUND	6
IV. OBLIGATIONS OF THE COUNTY	6
V. OBLIGATIONS OF CITY AND THE REINVESTMENT ZONE	8
VI. TERM AND TERMINATION	8
VII. MISCELLANEOUS	8

Exhibit "A" - City of Mission Ordinance No. 2683

Exhibit "B" – City of Mission Resolution No. 1022

C. Parts Incorporated

All of the above described sections and documents are hereby incorporated into this Agreement by this reference for all purposes.

XG·A

IN WITNESS HEREOF, the City, the County and the Reinvestment Zone have made and executed this Agreement in multiple copies, each of which is an original.

CITY OF MISSION, TEXAS,
a home rule municipality

4-8-02
City Mayor Date

ATTEST:

Mona Martinez 4-9-02
City Secretary Date

(SEAL)

COUNTERSIGNED:

4/8/02
City Manager Date

APPROVED AS TO FORM:

4/8/02
City Attorney Date

HIDALGO COUNTY

County Judge Date

Sylvia Obando 3/19/02
Commissioner Date

3/19/02
Commissioner Date

3-26-2002
Commissioner Date

Commissioner Date

APPROVED AS TO FORM:

Atlas & Hall, L.L.P.
By: 3-26-02
Attorney Date

X6-B

REINVESTMENT ZONE NUMBER ONE.
CITY OF MISSION, TEXAS

By: _____
Title: Chairman, Board of Directors, Date

ATTEST/SEAL:

By: _____
Title: Secretary, Board of Directors, Date

[The remainder of this page is intentionally left blank.]

X6-C

II. DEFINITIONS

As used in this Agreement, the following terms shall have the meanings set out below:

"Administrative Costs" means the costs of organizing the Reinvestment Zone, the costs of operating the Reinvestment Zone and the imputed administrative costs associated with the Reinvestment Zone incurred by the City in connection with the implementation of the project plan.

"Agreement" means this agreement between the City, the County and the Reinvestment Zone.

"Agreement Term" is defined in Section VI.

"Captured Appraised Value" means the captured appraised value of the Reinvestment Zone as defined by Chapter 311, Texas Tax Code.

"City" is defined in Section I of this Agreement and includes its successors and assigns.

"Countersignature Date" means that date shown as the date countersigned by the City Manager on the signature page of this Agreement.

The "County" is defined in Section I of this Agreement and includes its successors and assigns.

The "County Tax Increment Participation" means the amount of the County tax levy on the Captured Appraised Value which the County agrees to contribute to the Reinvestment Zone pursuant to Subsections A and B of Section IV of this Agreement.

"Project Plan" means the project plan and reinvestment zone financing plan for the Reinvestment Zone adopted by the board of directors of the Reinvestment Zone and approved by the City Council of the City.

"Reinvestment Zone" means Reinvestment Zone Number One, City of Mission, Texas created by the City on September 24, 2001, by Ordinance No. 2683, attached as Exhibit A" and as enlarged by the City on December 10, 2001, by Resolution No. 1022, attached as Exhibit "B" and includes its successors and assigns.

"Tax Increment Fund" means the tax increment fund created by the City in the City Treasury for the Reinvestment Zone.

XII-D

Otherwise, the terms used herein shall have the meanings ascribed to them in Chapter 311, Texas Tax Code, as applicable.

III. BACKGROUND

The City created and enlarged the Reinvestment Zone by Ordinance No. 2683, adopted September 24, 2001 and by Resolution No. 1022, adopted December 10, 2001, for the purposes of development and redevelopment in the area of the Reinvestment Zone. The City will deposit tax increments produced in the Reinvestment Zone in the Tax Increment Fund. The County desires to participate in the Reinvestment Zone in consideration for the agreements set forth below.

The County received written notice from the City of the City's intent to establish the Reinvestment Zone. Such notice was not received more than sixty (60) days before the public hearing on the creation of the Reinvestment Zone, however, the County has agreed to waive this requirement as provided for in 311.003(e) of the Texas Tax Code.

IV. OBLIGATIONS OF THE COUNTY

A. Tax Increment Participation by the County

For and in consideration of the agreements of the parties set forth herein, and subject to the remaining subsections of this section, the County agrees to participate in the Reinvestment Zone by contributing the below listed amounts of the tax increment produced in the Reinvestment Zone attributable to the County to the Tax Increment Fund during the term of this Agreement (the "County Tax Increment Participation").

The amount in the years 2002 through 2030 is the amount of taxes collected by the County in each of such years at a County tax rate of $0.5095100 per $100 valuation on the Captured Appraised Value. If the County tax rate is less than $0.5095 during such period, then the County Tax Increment Participation is the total amount of taxes collected by the County at the actual tax rate of the County on

X6.E

the Captured Appraised Value. Taxes collected during such period by result of a County tax levy at a tax rate greater than $0.5095 shall be retained by the County.

The County's Tax Increment Participation and obligation to participate in the Reinvestment Zone shall be restricted to its tax increment collected on the Captured Appraised Value in the Reinvestment Zone in the amount shown above. The County shall not be obligated to pay its County Tax Increment Participation from other County taxes or revenues or until the County Tax Increment Participation in the Reinvestment Zone is actually collected. The obligation to pay the County Tax Increment Participation shall accrue as taxes representing the County tax increment are collected and payment shall be due on the first day of each calendar quarter.

As provided for in ' 311.013(d), the County is not required to pay a tax increment into the tax increment fund of the Reinvestment Zone after September 24, 2004 unless the following conditions exist or have been met prior to September 24, 2004:

(1) bonds have been issued for the Reinvestment Zone under ' 311.015 of the Texas Tax Code;

(2) the City has acquired property in the Reinvestment Zone pursuant to the project plan; or

(3) construction of improvements pursuant to the project plan has begun in the Reinvestment Zone.

B. Expansion of the Investment Zone

The obligation of the County to participate in the Reinvestment Zone is limited to the area described in Exhibit "A" and Exhibit "B" attached hereto. The County's participation shall not extend to the tax increment on any additional property added to the Reinvestment Zone by the City unless the County approves the participation.

C. Board of Directors

X6-F

The County has the right to appoint one (1) member on the Reinvestment Zone Board of Directors.

V. OBLIGATIONS OF CITY AND THE REINVESTMENT ZONE

A copy of the Reinvestment Zone Project Plan and any amendments thereto shall be provided to the County before any such plan is finally approved by the Reinvestment Zone.

VI. TERM AND TERMINATION

A. Agreement Term

This Agreement shall become effective as of the date of the final signature hereto, and shall remain in effect until December 31, 2030. The first payment of the County Tax Increment Participation shall be for those taxes levied by the County in the year 2002 and the last payment by the County under this Agreement is for those taxes levied by the County in the year 2030.

B. Early Termination

The City shall not adopt an ordinance terminating the Reinvestment Zone earlier than the duration of the Zone established in Ordinance No. 2683, without the prior consent of the County, provided that the Reinvestment Zone may otherwise terminate by operation of law.

C. Disposition of Tax Increments

Upon termination of the Reinvestment Zone, if all public improvements in the Project Plan have been constructed and financed and if all Reinvestment Zone debt is paid in full, the City and the Reinvestment Zone shall pay to the County all monies remaining in the Tax Increment Fund that are attributable to the County Tax Increment Participation.

VII. MISCELLANEOUS

A. Severability

X10-G

In the event any term, covenant or condition herein contained shall be held to be invalid by any court of competent jurisdiction, such invalidity shall not affect any other term, covenant or condition herein contained, provided that such invalidity does not materially prejudice either the County, the City or the Reinvestment Zone in their respective rights and obligations contained in the valid terms, covenants or conditions hereof.

In the event any term, covenant or condition shall be held invalid and affects in any manner the limitations on the County's contributions or participation, then this Agreement shall be void as to the County and the County shall have no liability for any incremental or other payments as may otherwise be provided for in this Agreement.

B. **Entire Agreement**

This Agreement merges the prior negotiations and understandings of the parties hereto and embodies the entire agreement of the parties, and there are no other agreements, assurances, conditions, covenants (express or implied) or other terms with respect to the covenants, whether written or verbal, antecedent or contemporaneous, with the execution hereof.

C. **Written Amendment**

Unless otherwise provided herein, this Agreement may be amended only by written instrument duly executed on behalf of each party.

D. **Notices**

All notices required or permitted hereunder shall be in writing and shall be deemed delivered when actually received or, if earlier, on the third (3rd) day following deposit in a United States Postal Service post office or receptacle with proper postage affixed (certified mail, return receipt requested) addressed to the respective other party at the address prescribed in Section I of this Agreement or at such other address as the receiving party may have theretofore prescribed by notice to the sending party.

E. **Non-Waiver**

XG-H

Failure of any party hereto to insist on the strict performance of any of the agreements herein or to exercise any rights or remedies accruing hereunder upon default or failure of performance shall not be considered a waiver of the right to insist on, and to enforce by any appropriate remedy, strict compliance with any other obligation hereunder or to exercise any right or remedy occurring as a result of any future default or failure of performance.

F. Assignment -

No party shall assign this Agreement at law or otherwise without the prior written consent of the other parties.

No party shall delegate any portion of its performance under this Agreement without the written consent of the other parties.

G. Successors

This Agreement shall bind and benefit the parties and their legal successors. This Agreement does not create any personal liability on the part of any officer or agent of the City or of any trustee, officer, agent or employee of the County.

H. No Waiver of Immunity

No party hereto waives or relinquishes any immunity or defense on behalf of itself, its trustees, officers, employees, and agents as a result of its execution of this Agreement and performance of the covenants contained herein.

16-I

AI-55176

Budget and Management 11. A.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Debbie Tamez, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

2016 Salary Sweep (1100):
Approval to transfer lapsed salaries from various departments into Countywide Administration-Contingency.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: Various G/F accounts

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 06-24-16; refer to the attached G/F Salary Sweep Analysis.

Attachments

Salary Sweep

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 04:26 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Debbie Tamez Started On: 06/22/2016 04:47 PM

Final Approval Date: 07/01/2016

Hidalgo County

Department of Budget & Management

3rd Salary Sweep (Obj. 113)
As of Wednesday, June 22, 2016

			Amounts based on BAP Salary Schedule			ALIO	
Account No.	Department Name	Obj. Code	2016 Approved Actual Salary	Payroll Amount per Pay Period (D/26)	Remaining Estimated Salaries For Year-End (E*14.5)	Obj. 113 Available Balance as of 6-22-16	Salary Sweep (Obj. 113)
1100412000450010	CRIMINAL AUXILIARY COURT	113	$217,310.00	8,358.08	121,192.12	148,728.88	(27,536.76)
1100412000610010	JP PCT 1/PL 1	113	$203,008.00	7,808.00	113,216.00	115,455.87	(2,239.87)
1100412000630010	JP PCT 2/PL 1	113	$187,322.00	7,204.69	104,468.04	109,638.07	(5,170.03)
1100412000650010	JP PCT 3/PL 1	113	$164,998.00	6,346.08	92,018.12	112,071.76	(20,053.64)
1100412000680010	JP PCT 4/PL 2	113	$256,607.00	9,869.50	143,107.75	145,631.49	(2,523.74)
1100412000700010	INDIGENT DEFENSE	113	$233,346.00	8,974.85	130,135.27	130,508.25	(372.98)
1100412000800020	CRIM DA	113	$5,110,615.00	196,562.12	2,850,150.67	2,963,247.05	(113,096.38)
1100412000800130	DA CIVIL LITIGATION	113	$380,676.00	14,641.38	212,300.08	271,434.69	(59,134.61)
1100412000800160	DA BOND FORFEITURE COMMISSIONS	113	$165,297.00	6,357.58	92,184.87	95,616.28	(3,431.41)
1100412000900010	DIST CLERK	113	$2,146,286.00	82,549.46	1,196,967.19	1,239,515.37	(42,548.18)
1100412300850030	PUBLIC DEFENDER	113	$821,642.00	31,601.62	458,223.42	495,862.03	(37,638.61)
1100413001100060	CO JUDGE	113	$602,083.00	23,157.04	335,777.06	456,879.78	(121,102.72)
1100413001100770	PUBLIC AFFAIRS	113	$192,299.00	7,396.12	107,243.67	112,665.52	(5,421.85)
1100414001300010	ELECTIONS DEPT	113	$758,066.00	29,156.38	422,767.58	445,270.02	(22,502.44)
1100415002000010	INFORMATION TECHNOLOGY	113	$1,000,492.00	38,480.46	557,966.69	579,228.87	(21,262.18)
1100415141150010	BUDGET & MANAGEMENT	113	$750,067.00	28,848.73	418,306.60	509,338.47	(91,031.87)
1100415151400010	TAX OFF	113	$4,219,903.00	162,303.96	2,353,407.44	2,550,239.74	(196,832.30)
1100415181600010	PURCHASING	113	$967,854.00	37,225.15	539,764.73	696,118.68	(156,353.95)
1100415401800010	CO CLERK	113	$2,037,761.00	78,375.42	1,136,443.63	1,205,325.37	(68,881.74)
1100415501900020	HUMAN RESOURCES	113	$356,724.00	13,720.15	198,942.23	244,074.67	(45,132.44)
1100419102100010	PLANNING DEPT	113	$669,108.00	25,734.92	373,156.38	404,678.61	(31,522.23)
1100419402200010	FACILITIES MANAGEMENT	113	$2,702,672.00	103,948.92	1,507,259.38	1,545,273.94	(38,014.56)
1100419701250360	ENVIROMENTAL COMPLIANCE	113	$211,474.00	8,133.62	117,937.42	130,580.38	(12,642.96)
1100421000800030	AUTOPSIES	113	$78,568.00	3,021.85	43,816.77	48,170.22	(4,353.45)
1100421001250110	TX DPS	113	$142,802.00	5,492.38	79,639.58	81,643.44	(2,003.86)
1100421002800010	SHERIFF	113	$16,364,611.00	629,408.12	9,126,417.67	8,929,579.91	196,837.76
1100421002910010	CONSTABLE PCT.1	113	$691,024.00	26,577.85	385,378.77	387,678.54	(2,299.77)
1100421002930010	CONSTABLE PCT.3	113	$774,675.00	29,795.19	432,030.29	437,855.66	(5,825.37)
1100421002940010	CONSTABLE PCT.4	113	$799,477.00	30,749.12	445,862.17	457,902.31	(12,040.14)
1100422103000010	FIRE MARSHAL	113	$253,694.00	9,757.46	141,483.19	164,602.08	(23,118.89)
1100423003200340	ALTERNATIVE INCARCERATION PRG	113	$214,703.00	8,257.81	119,738.21	121,076.95	(1,338.74)
1100423212800020	JAIL	113	$14,428,613.00	554,946.65	8,046,726.48	8,242,405.42	(195,678.94)
1100429001100750	EMERGENCY MANAGEMENT	113	$269,612.00	10,369.69	150,360.54	151,935.08	(1,574.54)
1100432001210010	SANITATION PCT.1	113	$598,039.00	23,001.50	333,521.75	336,138.87	(2,617.12)
1100432001220010	SANITATION PCT.2	113	$303,797.00	11,684.50	169,425.25	195,840.56	(26,415.31)
1100432001230010	SANITATION PCT.3	113	$1,035,329.00	39,820.35	577,395.02	581,033.73	(3,638.71)
1100432001240010	SANITATION PCT.4	113	$295,972.00	11,383.54	165,061.31	205,595.69	(40,534.38)
1100441003400010	HEALTH ADM	113	$1,135,882.00	43,687.77	633,472.65	796,028.90	(162,556.25)
1100441003400030	HEALTH CLINICS	113	$2,740,213.00	105,392.81	1,528,195.71	1,767,758.51	(239,562.80)
1100444002400010	HUMAN SERVICES	113	$857,407.00	32,977.19	478,169.29	516,676.24	(38,506.95)
1100452001210130	PARKS PCT.1	113	$566,334.00	21,782.08	315,840.12	317,871.97	(2,031.85)

Hidalgo County
Department of Budget & Management

3rd Salary Sweep (Obj. 113)
As of Wednesday, June 22, 2016

			Amounts based on BAP Salary Schedule			ALIO	
Account No.	Department Name	Obj. Code	2016 Approved Actual Salary	Payroll Amount per Pay Period (D/26)	Remaining Estimated Salaries For Year-End (E*14.5)	Obj. 113 Available Balance as of 6-22-16	Salary Sweep (Obj. 113)
1100452001220080	PARKS PCT.2	113	$376,438.00	14,478.38	209,936.58	215,291.17	(5,354.59)
1100452001230080	PARKS PCT.3	113	$440,962.00	16,960.08	245,921.12	257,043.18	(11,122.06)
1100452001240090	PARKS PCT.4	113	$288,192.00	11,084.31	160,722.46	242,833.72	(82,111.26)
1100461003800010	TX AGRILIFE EXT	113	$120,559.00	4,636.88	67,234.83	113,658.68	(46,423.85)
1100466001220820	PCT 2 CRC - ALAMO	113	$86,552.00	3,328.92	48,269.38	70,956.12	(22,686.74)
1100466001240770	PCT 4 CRC	113	$33,752.00	1,298.15	18,823.23	50,832.96	(32,009.73)
			67,252,817.00	**2,586,646.81**	**37,506,378.71**	**39,397,793.70**	**(1,891,414.99)**

1100-415-00-115-002-0-899 CO WIDE ADM-CONTINGENCY **1,891,414.99**

TOTALS **-**

To sweep lapsed salaries (obj. 113) expenditures to the Co Wide Administration- Contingency account.

AI-55193

Budget and Management 11. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Sergio Cruz, BUDGET & MANAGEMENT

Submitted By: Angelica M. Tapia, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

Self-Insured (2202)

Requesting approval of reimbursement of the Hidalgo County Workers' Comp. Claims paying account for claims paid by Tristar Risk Management for the period of June 16-30, 2016 in the amount of $36,902.18 and requesting approval of wire transfer.

BACKGROUND

Fiscal Impact

Attachments

INVOICE

BY ORGANIZATION

CERTIFICATION

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/01/2016 11:13 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Angelica M. Tapia Started On: 06/27/2016 10:06 AM

Final Approval Date: 07/01/2016

Tristar Risk Management
100 Oceangate Suite #700
Long Beach, CA 90802
(562) 495-6600
TIN: 95-2791831

July 1, 2016

Hidalgo County Workers Compensation Fund
2818 S. Bus Hwy. 281
Edinburg, TX 78539
Flora Vasquez
Director of Risk Management

L HIDAL.WC1
Invoice Number: 98701

Loss Replenishment

Re: Workers Compensation

Tristar Risk Management hereby certifies that the attached billings for Losses Paid 6/16-6/30/16 (Check #524289-524407) are in accordance with our contract with Hidalgo County Exhibit A, dated July 1st	36,902.18
TOTAL CURRENT CHARGES	$ 36,902.18
Previous Balance Due	$ 46,562.28

Payments and Credits

06/27/16	Payment received - thank you	46,562.28CR
	Total Payments and Credits	$ 46,562.28CR
	Total Balance Due	$ 36,902.18

Due Upon Receipt

If you have any questions or need wire instructions, please call:
(562) 495-6600 ext 1019 to speak with Adriana German or ext 1048 to speak with Annette Rivas

Custom Payment Total

Hildalgo County WC losses paid 6/16-6/30/16

Processed	Check Date	Chk/Vchr #	Claim Number	Claimant	Incident	Transaction Type	Payee	Dates of Service	Method	Amount
Alternate Organization 1 : Headstart										
					Alternate Organization 1 Total:	25				2,939.56
Alternate Organization 1 : Hidalgo County										
					Alternate Organization 1 Total:	175				33,962.62
					Grand Total:	200				36,902.18

HIDALGO COUNTY DEPT. OF BUDGET & MANAGEMENT/EMPLOYEE BENEFITS DIVISION
CERTIFICATION OF WORKERS' COMP CLAIMS PAID BY TRISTAR RISK MANAGEMENT
FOR THE PERIOD OF: June 16-30, 2016

Hidalgo County's Self-Funded Workers' Compensation, Third Party Administrator (TPA) TRISTAR RISK MANAGEMENT has submitted to my office a request to reimburse the County's Claims Paying account in the amount of $ 36,902.18 .

TRISTAR is certifying to my office that it has paid Workers' Compensation Claims on behalf of injured employees:

Losses Paid for Period: 6/16-30/16

(Check #524289-524407)

1).	Hidalgo County	$ 33,962.62
2).	Hidalgo County Head Start Program	$ 2,939.56
3).	Community Service Agency	$ -
4).	Drainage District No. 1	$ -
	TOTAL:	$ 36,902.18

Total Reimbursement requested by TRISTAR RISK MANAGEMENT:

Hidalgo County Department of Budget & Management/Employee Benefits Division is requesting approval of this payment on the Commissioner's Court Agenda of July 6, 2016 .

Initial amount advanced by Commissioners' Court to TRISTAR RISK MANAGEMENT to pay claims: $ 150,000.00

Balance left in the Hidalgo County Workers' Compensation Fund at Citizens Business Bank (estimate) $ 113,097.82

I hereby approve this reimbursement and certify that I and/or my staff have reviewed each claim included on the attached check register and to the best of my knowledge ensure that:

* All the claimants are in fact employees of Hidalgo County, Hidalgo County Head Start Program, Community Service Agency and Drainage District No. 1.
* All fees to vendors are appropriate for the type of service provided.
* All fees paid to Hidalgo County for salary continuation were in fact received by Hidalgo County, and have been received by my department and deposited with the Hidalgo County Treasurer's Office and credited to the corresponding salary account. I have forwarded a copy of the Treasurer's receipts for each check shown as issued to Hidalgo County.
* All types of expenditures reflected on this claim report are appropriate for the Hidalgo County Workers' Compensation Fund (Escrow Fund).
* The Office of the County Auditor will receive a copy of the monthly bank statement for the Hidalgo County Workers' Compensation Bank Account (held at Citizens Business Bank in California) no later than the 10th day of the following month.

Flora Vazquez
Employee Benefits Director

07/01/2016
Date

Budget Officer

7/1/2016
Date

Commissioners' Court Approval

Date

AI-54941

Budget and Management 11. C.

CC CONSENT

Meeting Date: 07/06/2016

Submitted By: Angelica M. Tapia, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

1. Approval of reimbursement in the amount of $1,022,526.06 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 06/04/16 to 06/17/16.

06/04-10/16	$ 448,501.25
06/11-17/16	$ 574,024.81
TOTAL	$1,022,526.06

2. Approval of wire transfer to cover claims paid.

BACKGROUND

Fiscal Impact

Attachments

Invoices

BCBS 6/4-10/16

BCBS 6/11-17/16

CERTIFICATION

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	06/27/2016 10:38 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Angelica M. Tapia Started On: 06/07/2016 08:22 AM

Final Approval Date: 07/01/2016

BlueCross BlueShield of Texas

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY
Invoice Period: 06/04/2016 - 06/10/2016 Process Date: 06/10/2016

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 06/04/2016 - 06/10/2016

Cust Nbr	Set Nbr	ASC Nbr	Association Name	Total Claims Month To Date	Total Claims Week To Date	Drug Claims	Dental Claims	All Claims But Drug, Dental	Claim Count
TX433	01	001	HIDALGO COUNTY	$609,751.73	$399,984.26	$104,356.40	$0.00	$295,627.86	2,368
TX433	01	002	HEAD START	$76,614.13	$26,271.48	$10,672.72	$0.00	$15,598.76	402
TX433	01	003	APPRAISAL DISTRICT	$12,986.28	$6,326.14	$3,181.81	$0.00	$3,144.33	88
TX433	01	004	COMMUNITY SERVICE	$8,778.34	$3,698.64	$480.90	$0.00	$3,217.74	36
TX433	01	005	DRAINAGE DISTRICT	$23,126.73	$12,129.62	$349.97	$0.00	$11,779.65	93
TX433	01	006	RETIREES	$13,553.20	$10,921.68	$1,032.06	$0.00	$9,889.62	39
TX433	01	007	COBRA	$50,715.94	$31,938.85	$69.01	$0.00	$31,869.84	71
			STOPLOSS	($75,233.41)	($42,769.42)	$0.00	$0.00	$0.00	0
			Customer Total Claims	$795,526.35	$491,270.67	$120,142.87	$0.00	$371,127.80	3,097
			STOPLOSS Total	($75,233.41)	($42,769.42)	$0.00	$0.00	$0.00	0
			Customer Grand Total	$720,292.94	$448,501.25	$120,142.87	$0.00	$371,127.80	3,097

BlueCross BlueShield of Texas

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY
Invoice Period: 06/11/2016 - 06/17/2016 Process Date: 06/17/2016

Invoice Detail

Invoice Detail summarizes claims activity by association.

Claim Period: 06/11/2016 - 06/17/2016

Cust Nbr	Set Nbr	ASC Nbr	Association Name	Total Claims Month To Date	Total Claims Week To Date	Drug Claims	Dental Claims	All Claims But Drug, Dental	Claim Count
TX433	01	001	HIDALGO COUNTY	$944,367.13	$334,615.40	$76,154.89	$0.00	$258,460.51	2,470
TX433	01	002	HEAD START	$280,057.78	$203,443.65	$36,083.18	$0.00	$167,360.47	502
TX433	01	003	APPRAISAL DISTRICT	$23,370.68	$10,384.40	$5,060.93	$0.00	$5,323.47	67
TX433	01	004	COMMUNITY SERVICE	$10,749.23	$1,970.89	($180.83)	$0.00	$2,151.72	22
TX433	01	005	DRAINAGE DISTRICT	$36,840.01	$13,713.28	$959.30	$0.00	$12,753.98	91
TX433	01	006	RETIREES	$17,187.18	$3,633.98	$2,261.38	$0.00	$1,372.60	68
TX433	01	007	COBRA	$58,903.74	$8,187.80	$61.99	$0.00	$8,125.81	19
			STOPLOSS	($77,158.00)	($1,924.59)	$0.00	$0.00	$0.00	0
			Customer Total Claims	$1,371,475.75	$575,949.40	$120,400.84	$0.00	$455,548.56	3,239
			STOPLOSS Total	($77,158.00)	($1,924.59)	$0.00	$0.00	$0.00	0
			Customer Grand Total	$1,294,317.75	$574,024.81	$120,400.84	$0.00	$455,548.56	3,239

BlueCross BlueShield of Texas

Group # 021185 **HIDALGO COUNTY**
Settlement ID: **TX433010006**
Processed Date
Period **6/4/2016 to 6/10/2016**

SECTION			
0001-0011	HIDALGO COUNTY	$	399,984.26
0002-0012	HEAD START	$	26,271.48
0003-0013	APPRAISAL DISTRICT	$	6,326.14
0004-0014	COMMUNITY SERVICE AGENCY	$	3,698.64
0005-0015	DRAINAGE DISTRICT NO.1	$	12,129.62
0006-0016	RETIREES	$	10,921.68
9001-9002	COBRA	$	31,938.85
	STOP LOSS	$	(42,769.42)
	TOTAL	$	448,501.25

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843024878	1053317362	00002016162508885P60X	Family Subscriber	5/26/2016	$ 128.20	$ 128.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843530330	1053317362	00002016159500D3470X	Family Subscriber	6/3/2016	$ 216.23	$ 216.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	844041147	1053317362	00002016160506 5P770X	Family Member	6/1/2016	$ 385.71	$ 385.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	840672343	1053317362	00002016138504W5880X	Family Member	5/12/2016	$ 287.02	$ 287.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838102460	1053317362	00002016162506 35A10X	Family Subscriber	6/8/2016	$ 674.12	$ 674.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8435405 53	1619924719	00002016159500D5230X	Single	5/31/2016	$ 4,912.47	$ 4,912.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	834676620	1770573586	00002016161509H2050X	Family Member	6/4/2016	$ 1,778.03	$ 1,778.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	840548364	1770573586	00002016160508541C0X	Family Member	4/13/2016	$ 1,631.03	$ 1,631.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8402954 76	1053317362	00002016162509 01P80X	Family Subscriber	6/3/2016	$ 340.10	$ 340.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843258711	1770573586	00002016160508295C0X	Single	5/31/2016	$ 1,103.14	$ 1,103.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	840107253	1053317362	00002015211509 88X90X	Family Member	6/30/2015	$ (439.15)	$ (439.15)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	840107253	1053317362	00002015211509 88X90X	Family Member	6/30/2015	$ 439.15	$ 439.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838888391	1053317362	00002016161501 2710X	Family Member	6/6/2016	$ 580.55	$ 580.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838133161	1053317362	00002016159501D0700X	Family Subscriber	6/4/2016	$ 401.73	$ 401.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8459423 80	1861488579	00002016162509 5B620X	Family Member	5/26/2016	$ 12,203.94	$ 12,203.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837834468	1053317362	00002016162508 33P70X	Family Member	6/5/2016	$ 7,337.15	$ 7,337.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841335696	1770573586	00002016089505V6760X	Single	3/22/2016	$ (1,246.04)	$ (1,246.04)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841335696	1770573586	00002016089505V6760X	Single	3/22/2016	$ 1,246.04	$ 1,246.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	848392332	1205833985	00002016158503800W0X	Family Member	5/31/2016	$ 2,204.13	$ 2,204.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8350947 90	1053317362	00002016158506510A0X	Family Subscriber	5/31/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8350947 90	1053317362	00002016160506 4P470X	Family Subscriber	5/30/2016	$ 1,577.71	$ 1,577.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8350947 90	1053317362	00002016137 50C7270X	Family Member	3/30/2016	$ 2,011.83	$ 2,011.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8350947 90	1053317362	00002016160506 5P970X	Family Member	5/31/2016	$ 231.88	$ 231.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8201630 50	1053317362	00002016162506 37A00X	Single	6/8/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8203571 91	1053317362	00002016161501 4300X	Single	6/7/2016	$ 52.58	$ 52.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8393479 18	1770573586	00002016158508620N0X	Family Member	5/30/2016	$ 2,653.03	$ 2,653.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8356166 56	1053317362	00002016161501 2010X	Single	6/7/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8479544 33	1053317362	00002016160506 7P650X	Family Subscriber	6/3/2016	$ 883.03	$ 883.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8370066 93	1053317362	00002016126505 1D670X	Family Subscriber	5/2/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8208654 99	1053317362	00002016162506 36A00X	Single	6/8/2016	$ 162.86	$ 162.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8422978 66	1053317362	00002016158501391V0X	Family Subscriber	6/1/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8401500 99	1154618742	00002016158501966U0X	Single	5/28/2016	$ 6,229.58	$ 6,229.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8415666 16	1053317362	00002016161508H2310X	Family Subscriber	6/6/2016	$ 385.71	$ 385.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8420218 36	1053317362	00002016161501 2610X	Family Member	6/7/2016	$ 122.11	$ 122.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8415074 57	1053317362	00002016160501 52H30X	Family Member	6/6/2016	$ 377.32	$ 377.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8278685 31	1053317362	00002016137509572P0X	Family Subscriber	5/11/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	9037913 25	1619924719	00002016158503855A0X	Family Member	5/30/2016	$ 910.03	$ 910.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8376553 52	1053317362	00002016138503W2900X	Family Subscriber	5/12/2016	$ 252.82	$ 252.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8396690 06	1053317362	00002016161501 0640X	Family Subscriber	6/7/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8435020 99	1053317362	00002016159501D0400X	Family Subscriber	6/2/2016	$ 89.75	$ 89.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8416434 55	1770573586	00002016159502U6210X	Family Member	6/2/2016	$ 513.80	$ 513.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8424723 66	1770573586	00002016161508H9450X	Single	6/3/2016	$ 9,431.01	$ 9,431.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8464990 54	1619924719	00002016130504 9J310X	Family Member	4/24/2016	$ 47,623.75	$ 47,623.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8379496 66	1861488579	00002016099503641Q0X	Single	3/28/2016	$ (3,189.80)	$ (3,189.80)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8379496 66	1861488579	00002016099503641Q0X	Single	3/28/2016	$ 3,189.80	$ 3,189.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8427927 49	1053317362	00002016158505453A0X	Single	6/1/2016	$ 1,006.29	$ 1,006.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8337129 46	1053317362	00002016158506966A0X	Single	6/2/2016	$ 146.25	$ 146.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8455017 21	1053317362	00002016159500D0560X	Single	6/4/2016	$ 531.18	$ 531.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8355903 79	1982666111	00002016161505C6220X	Family Member	6/3/2016	$ 5,662.48	$ 5,662.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8326835 18	1770573586	00002016159502U6260X	Family Member	6/2/2016	$ 513.82	$ 513.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8206817 79	1053317362	00002016159500D3860X	Single	6/4/2016	$ 266.25	$ 266.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8460584 89	1053317362	00002016158500997V0X	Family Subscriber	6/1/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8373697 01	1053317362	00002016160506 5P440X	Family Subscriber	6/2/2016	$ 1,509.00	$ 1,509.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8383589 07	1053317362	00002016159500D7410X	Single	6/3/2016	$ 158.63	$ 158.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8387580 80	1770573586	00002016158509883N0X	Single	6/1/2016	$ 1,778.15	$ 1,778.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8345918 19	1619924719	00002016158501107A0X	Family Member	5/31/2016	$ 1,976.14	$ 1,976.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8334803 41	1205833985	00002016160502168D0X	Family Member	6/1/2016	$ 731.43	$ 731.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8404208 62	1053317362	00002016162506 34A00X	Family Subscriber	6/8/2016	$ 137.46	$ 137.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8413097 65	1205833985	00002016131508848V0X	Family Subscriber	5/2/2016	$ 488.62	$ 488.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8370425 38	1053317362	00002016158500444A0X	Single	6/2/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8362591 61	1205833985	00002016160501589D0X	Family Subscriber	6/1/2016	$ 949.11	$ 949.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8499394 30	1053317362	00002016137507324P1X	Family Member	2/23/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8415093 97	1053317362	00002016158506728W0X	Family Subscriber	6/3/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8319237 17	1053317362	00002016158500793V0X	Family Member	6/2/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8442280 99	1770573586	00002016161509H1660X	Family Member	6/3/2016	$ 1,225.10	$ 1,225.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8395450 59	1619924719	00002016159500D5190X	Family Subscriber	6/1/2016	$ 910.02	$ 910.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8418378 46	1053317362	00002016137507503S0X	Family Member	5/11/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8477353 42	1619924719	00002016160502 45H80X	Family Member	6/3/2016	$ 34.00	$ 34.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8417535 58	1770573586	00002016162501909A0X	Single	6/3/2016	$ 256.86	$ 256.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8394316 46	1053317362	00002016161501 5800X	Single	6/6/2016	$ 180.90	$ 180.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8343973 46	1053317362	00002016160503365D0X	Family Subscriber	6/3/2016	$ 2,263.50	$ 2,263.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	8213947 52	1053317362	00002016109 50T42641X	Single	4/14/2016	$ (79.51)	$ (79.51)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	839221589	1053317362	00002016133501750	Family Member	3/30/2016	$ 141.60	$ 141.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	839221589	1053317362	00002016155502U3830X	Family Member	4/20/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Reimbursement	839947470	1619924719	00002015335506B1870X	Family Subscriber	11/25/2015	$ (455.01)	$ (341.26)	25.00%	$113.75	11018196
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836787688	1568544229	00002016160507520	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832011719	1558570416	00002016158504379L0X	Family Subscriber	5/18/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161639	1851627764	00002016155501 9G490X	Family Subscriber	5/25/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840962485	1669708780	00002016084503085V0X	Family Member	3/16/2016	$ 13.34	$ 13.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840962485	1669708780	00002016084503085V0X	Family Member	3/16/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840962485	1669708780	00002016084503085V0X	Family Member	3/16/2016	$ 6.51	$ 6.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840962485	1669708780	00002016084503085V0X	Family Member	3/16/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837846848	1366470932	00002016158501734V0X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016161501B7580X	Family Member	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016161501B7580X	Family Member	6/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016161501B7580X	Family Member	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016158 50C7346 0X	Family Member	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016158 50C7346 0X	Family Member	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1730257106	00002016158 50C7346 0X	Family Member	6/4/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835797141	1437478302	00002016158502275S0X	Single	5/26/2016	$ 63.38	$ 63.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835797141	1053596320	00002016159 50N04110X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835797141	1053596320	00002016159 50N04110X	Single	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835797141	1053596320	00002016159 50N04110X	Single	6/3/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835797141	1275687428	00002016159507H2650X	Single	5/26/2016	$ 178.98	$ 178.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843530330	1346440047	00002016159 50U15000X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	2/17/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	3/2/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	3/15/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	3/30/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	4/7/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	4/14/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016135503330	Family Member	4/21/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 11.60	$ 11.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 3.65	$ 3.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 16.93	$ 16.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 12.75	$ 12.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 40.70	$ 40.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1568840593	00002016007505070	Family Subscriber	12/11/2015	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1013981034	00002016138501 0S350X	Family Subscriber	5/16/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839745939	1407829633	00002016159506X5180X	Family Subscriber	5/19/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839745939	1407829633	00002016159506X5180X	Family Subscriber	5/19/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839745939	1407829633	00002016159506X5180X	Family Subscriber	5/19/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844041147	1346554656	00002016159505 1J640X	Family Member	6/1/2016	$ 47.82	$ 47.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844041147	1255604179	00002016161507K9010X	Family Member	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834837638	1215286638	00002016161509037V0X	Family Member	6/4/2016	$ 509.60	$ 509.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1124006390	00002016158 50G78830X	Family Subscriber	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1124006390	00002016158 50G78830X	Family Subscriber	6/1/2016	$ 15.80	$ 15.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1124006390	00002016158 50G78830X	Family Subscriber	6/1/2016	$ 29.20	$ 29.20	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1124006390	00002016158500G78830X	Family Subscriber	6/1/2016	$ 0.65	$ 0.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1124006390	0000201615850G78830X	Family Subscriber	6/1/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1386648798	00002016160506081P0X	Family Subscriber	6/3/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1730257106	0000201615850C69360X	Family Member	6/5/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1730257106	0000201615850C69360X	Family Member	6/5/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1730257106	0000201615850C73650X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840672343	1861455735	0000201616250980J60X	Family Member	6/2/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1558570416	0000201615850450L0X	Single	5/26/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1780600510	0000201615850494SZ0X	Single	6/2/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1780600510	0000201615850494SZ0X	Single	6/2/2016	$ 5.39	$ 5.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1780600510	0000201615850494SZ0X	Single	6/2/2016	$ 10.02	$ 10.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1780600510	0000201615850494SZ0X	Single	6/2/2016	$ 5.14	$ 5.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823768348	1639368889	0000201615950 23A960X	Single	5/27/2016	$ 128.01	$ 128.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839936474	1952311441	0000201615850D03530X	Single	5/3/2016	$ 215.60	$ 215.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	0000201615950 0Y0290X	Family Member	5/5/2016	$ 34.12	$ 34.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	0000201615950 0Y0310X	Family Member	5/26/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	0000201615950 0Y6360X	Family Member	5/12/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	0000201615950 0Y6390X	Family Member	5/12/2016	$ 7.74	$ 7.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	0000201615950 0Y6430X	Family Member	5/26/2016	$ 7.74	$ 7.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843693188	1699197731	0000201615850984J40X	Single	5/20/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843693188	1699197731	0000201615850984J40X	Single	5/20/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843693188	1699197731	0000201615850984J40X	Single	5/20/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843693188	1699197731	0000201615850984J40X	Single	5/20/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834768526	1942241146	0000201616050 6967E0X	Single	5/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834768526	1942241146	0000201616050 6967E0X	Single	5/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834768526	1942241146	0000201616050 6967E0X	Single	5/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838102460	1679825681	0000201616250511J40X	Family Subscriber	6/7/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838102460	1679825681	0000201616250511J40X	Family Subscriber	6/7/2016	$ 105.15	$ 105.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 19P440X	Family Subscriber	5/24/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 21P350X	Family Subscriber	5/17/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 21P400X	Family Subscriber	5/18/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 21P430X	Family Subscriber	5/25/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 21P460X	Family Subscriber	5/19/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 21P520X	Family Subscriber	5/20/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 22P310X	Family Subscriber	5/16/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 22P320X	Family Subscriber	5/26/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 22P370X	Family Subscriber	5/23/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	0000201615650 22P440X	Family Subscriber	5/27/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1598958431	0000201615650 89K150X	Family Subscriber	5/30/2016	$ 109.16	$ 109.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1306966403	0000201615850 882F90X	Family Subscriber	5/28/2016	$ 147.03	$ 147.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/20/2016	$ 131.93	$ 131.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/21/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/22/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/23/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/24/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/25/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/26/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/27/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/28/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/29/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1164729810	0000201615950 S0692 0X	Family Subscriber	5/30/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1598958431	0000201616050 16V990X	Family Subscriber	5/27/2016	$ 46.97	$ 46.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1609866003	0000201616050 33X360X	Family Subscriber	5/30/2016	$ 7.82	$ 7.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1609866003	0000201616050 33X360X	Family Subscriber	5/30/2016	$ 25.23	$ 25.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1609866003	0000201616050 33X880X	Family Subscriber	5/30/2016	$ 36.35	$ 36.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1609866003	0000201616050 33X880X	Family Subscriber	6/1/2016	$ 7.82	$ 7.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1699769513	0000201616150V16060X	Family Subscriber	5/11/2016	$ 853.30	$ 853.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1598958431	0000201616150 6477Z0X	Family Subscriber	6/1/2016	$ 25.33	$ 25.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838096643	1548588841	0000201613850 1K3220X	Family Subscriber	4/14/2016	$ 2,154.39	$ 2,154.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838096643	1548588841	0000201613850 1K3220X	Family Subscriber	4/14/2016	$ 1,883.89	$ 1,883.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676214	1104192806	0000201609250 4333A0X	Family Member	3/17/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676214	1104192806	0000201609250 4333A0X	Family Member	3/17/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676214	1104192806	0000201609250 4333A0X	Family Member	3/17/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1760878979	0000201616250 055S30X	Family Member	6/8/2016	$ 110.18	$ 110.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1760878979	0000201616250 055S30X	Family Member	6/8/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1780600510	0000201616250 387V50X	Family Member	6/8/2016	$ 6.04	$ 6.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843540553	1023175403	0000201615850 310U30X	Single	5/31/2016	$ 42.91	$ 42.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843540553	1467473033	0000201615950 5N8520X	Single	5/31/2016	$ 479.62	$ 479.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840229043	1245386473	0000201613850 07E020X	Family Member	3/25/2016	$ 84.42	$ 84.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840229043	1245386473	0000201613850 07E020X	Family Member	4/27/2016	$ 317.30	$ 317.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838265921	1013037423	0000201615850 0629S0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838265921	1013037423	0000201615850 0629S0X	Family Member	6/3/2016	$ 29.20	$ 29.20	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838265921	1013037423	00002016158500629S0X	Family Member	6/3/2016	$ 8.40	$ 8.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838265921	1013037423	0000201615850O629S0X	Family Member	6/3/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838265921	1013037423	00002016158500629S0X	Family Member	6/3/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829679184	1871832113	00002016159505260O0X	Single	5/24/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ 60.00	$ 60.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ (6.32)	$ (6.32)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ (16.32)	$ (16.32)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1689985665	00002016091508 2D560X	Family Subscriber	3/28/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1538270285	00002016155503 0G380X	Family Member	6/2/2016	$ 43.85	$ 43.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1003953050	00002016161505B5670X	Family Member	6/2/2016	$ 36.52	$ 36.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1023173507	0000201616050543U70X	Family Member	6/7/2016	$ 50.27	$ 50.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	00002016159501 1E800X	Family Member	5/26/2016	$ 60.49	$ 60.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	00002016159501 3E180X	Family Member	6/7/2016	$ 56.18	$ 56.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	0000201616150Y72080X	Family Member	6/8/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	0000201616150T7300X	Family Member	6/9/2016	$ 56.18	$ 56.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	0000201616150 7T320X	Family Member	6/9/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	0000201615850A47810X	Family Member	5/25/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	0000201615850A47810X	Family Member	5/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	0000201615850A47810X	Family Member	5/25/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	0000201616050839 7E0X	Family Member	5/31/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201607850D39980X	Single	3/16/2016	$ 76.50	$ 76.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201607850D39980X	Single	3/16/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201608550 0L9220X	Single	3/23/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201609150Z0980X	Single	3/30/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201609950 K49820X	Single	4/7/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844132213	1497989479	0000201610950 U54210X	Single	4/14/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	0000201615950 2J4860X	Single	6/2/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840420862	1619026507	0000201616050 3963N0X	Family Member	6/6/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840420862	1619026507	0000201616050 3963N0X	Family Member	6/6/2016	$ 25.83	$ 25.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843830380	1356361976	0000201616050 6956N0X	Single	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833499712	1699197731	0000201615850 972J40X	Family Subscriber	5/20/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	0000201615850A48180X	Family Member	5/25/2016	$ 53.39	$ 53.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1356361976	0000201616150F11150X	Family Member	6/3/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836805960	1053552281	0000201616250 28L570X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836805960	1053552281	0000201616250 28L570X	Family Member	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832982164	1073508545	0000201615950 04N540X	Family Subscriber	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1346570355	0000201615850 9256D0X	Family Subscriber	5/31/2016	$ 217.01	$ 217.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1346570355	0000201615850 9846D0X	Family Subscriber	5/31/2016	$ 476.14	$ 476.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1891855656	0000201616250 80F460X	Family Subscriber	6/3/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1891855656	0000201616250 80F460X	Family Subscriber	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1891855656	0000201616250 80F990X	Family Subscriber	5/25/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845305492	1649545716	0000201616150 F18260X	Family Member	6/6/2016	$ 59.74	$ 59.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845305492	1710149372	0000201616250 615Y30X	Family Member	6/7/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845305492	1710149372	0000201616250 615Y30X	Family Member	6/7/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	0000201615850A20320X	Single	6/1/2016	$ 56.09	$ 56.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437478302	0000201616050 6335B0X	Single	6/1/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437478302	0000201616050 6408B0X	Single	6/2/2016	$ 43.56	$ 43.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	0000201616150 J25300X	Single	6/6/2016	$ 566.76	$ 566.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	0000201616150 J25300X	Single	6/6/2016	$ 259.35	$ 259.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	0000201616150 J25300X	Single	6/6/2016	$ 202.86	$ 202.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	0000201616250 750F50X	Single	6/7/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	0000201616250 771F60X	Single	6/1/2016	$ 88.18	$ 88.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832511992	1497989479	0000201610950 V47800X	Family Subscriber	4/13/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832511992	1497989479	0000201610950 V47800X	Family Subscriber	4/13/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P460X	Family Member	5/31/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P520X	Family Member	5/26/2016	$ 188.46	$ 188.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P520X	Family Member	5/27/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P520X	Family Member	5/28/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P520X	Family Member	5/29/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615650 37P520X	Family Member	5/30/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1811944101	0000201615850 350P00X	Family Member	5/30/2016	$ 52.73	$ 52.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615950 N40410X	Family Member	6/1/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1366735169	0000201615950 N40410X	Family Member	6/2/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	0000201615950 07G450X	Family Member	5/31/2016	$ 137.66	$ 137.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	0000201615950 07G450X	Family Member	5/31/2016	$ 22.74	$ 22.74	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159500 7G450X	Family Member	5/31/2016	$ 18.02	$ 18.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159500 7G470X	Family Member	5/31/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159500 7G650X	Family Member	5/30/2016	$ 16.31	$ 16.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159506X3540X	Family Member	5/28/2016	$ 40.71	$ 40.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159506X3630X	Family Member	5/27/2016	$ 34.22	$ 34.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159506X3750X	Family Member	5/27/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159506X8530X	Family Member	5/26/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1467562728	00002016159506X8530X	Family Member	5/26/2016	$ 44.63	$ 44.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1477727949	00002016161503G3240X	Family Member	5/31/2016	$ 84.30	$ 84.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1477727949	00002016162506 49V20X	Family Member	6/2/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1477727949	00002016162507 50N20X	Family Member	6/1/2016	$ 84.30	$ 84.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838932409	1497989479	00002016083505 2B520X	Single	3/22/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838932409	1497989479	00002016083505 2B520X	Single	3/22/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841384813	1851627764	00002016158500 G77830X	Single	5/28/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832374956	1881929321	00002016159500 W56600X	Single	5/12/2016	$ 162.52	$ 162.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832374956	1881929321	00002016159500 W57620X	Single	5/9/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832374956	1881929321	00002016159500 W57620X	Single	5/9/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832374956	1881929321	00002016159500 W57620X	Single	5/9/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016099500 K44570X	Family Member	4/7/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016099500 K48140X	Family Member	4/1/2016	$ 76.50	$ 76.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016099500 K48140X	Family Member	4/1/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016105505 K56350X	Family Member	4/13/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840816264	1851597876	00002016160508 55K60X	Family Subscriber	5/25/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820485815	1609066257	00002016159509 5D520X	Family Member	5/27/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820485815	1609066257	00002016159509 5D520X	Family Member	5/27/2016	$ 0.27	$ 0.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820485815	1609066257	00002016159509 5D520X	Family Member	5/27/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 4.52	$ 4.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508371Y0X	Family Subscriber	6/6/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508964Y0X	Family Member	6/6/2016	$ 11.54	$ 11.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842191414	1407035298	00002016161508964Y0X	Family Member	6/6/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820195687	1699846444	00002016158030 77980C	Family Subscriber	5/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842829139	1073508545	00002016159500 1N930X	Single	6/3/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842829139	1073508545	00002016159500 1N930X	Single	6/3/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842829139	1073508545	00002016159500 1N930X	Single	6/3/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842829139	1073508545	00002016159500 1N930X	Single	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842829139	1073508545	00002016159500 1N930X	Single	6/3/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831718256	1407037633	00002016160501 680B0X	Single	5/26/2016	$ 97.69	$ 97.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835649854	1356433379	00002016158502 355N0X	Single	5/26/2016	$ 241.73	$ 241.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835649854	1356433379	00002016158502 355N0X	Single	5/26/2016	$ 59.06	$ 59.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835649854	1467707687	00002016159503 7A760X	Single	5/26/2016	$ 231.42	$ 231.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.80	$ 5.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 5.29	$ 5.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 3.66	$ 3.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 15.02	$ 15.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	00002016126502 9G350X	Single	4/28/2016	$ 4.23	$ 4.23	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 16.96	$ 16.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 20.35	$ 20.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842080026	1568840593	000020161265029G350X	Single	4/28/2016	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1912142019	000020161605065S050X	Family Subscriber	6/1/2016	$ 6.28	$ 6.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842948913	1780029462	000020161615OQ31490X	Family Member	6/1/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835353132	1992010730	000020161633350P83290X	Family Member	3/8/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821429795	1023175403	000020161605040 2K30X	Family Member	12/12/2015	$ 13.73	$ 13.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821429795	1023175403	000020161605040 2K30X	Family Member	12/12/2015	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836347934	1932205838	000020161615030A040X	Single	5/28/2016	$ 49.71	$ 49.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836347934	1932205838	000020161615030A040X	Single	5/28/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836347934	1932205838	000020161615030A040X	Single	5/28/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836347934	1932205838	000020161615030A040X	Single	5/28/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1962631143	000020161605063 96N0X	Family Member	5/31/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841335696	1356361976	000020161585045 1F50X	Single	6/2/2016	$ 18.42	$ 18.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841335696	1356361976	000020161615038A300X	Single	5/13/2016	$ 94.39	$ 94.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836117245	1912035783	000020161605039 6K40X	Family Subscriber	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823514936	1255373809	000020161585048 89V0X	Family Member	6/5/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838386384	1003953050	000020161625O344A00X	Family Member	6/3/2016	$ 85.64	$ 85.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1558503995	000020160845O149C40X	Family Member	3/16/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J7600X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J7600X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J7600X	Family Member	4/27/2016	$ 83.22	$ 83.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J7600X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J8380X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J8380X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J8380X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O0J8380X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 13.82	$ 13.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	000020161595O3J4020X	Family Member	4/26/2016	$ 50.00	$ 50.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1023175403	000020161605040 0K70X	Family Member	5/31/2016	$ 124.28	$ 124.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1366475923	000020161615O8V0090X	Family Member	5/19/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1386697209	000020161625O125K90X	Family Member	4/2/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842787793	1326246901	000020161565036T280X	Single	5/31/2016	$ 124.24	$ 124.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842787793	1326246901	000020161565036T280X	Single	5/31/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842787793	1013913888	000020161595009N350X	Single	5/31/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842787793	1013913888	000020161595009N350X	Single	5/31/2016	$ 240.40	$ 240.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842787793	1013913888	000020161595009N350X	Single	5/31/2016	$ 12.36	$ 12.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842711216	1669708780	000020161625079 1J80X	Family Member	5/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 6.19	$ 6.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	000020161625010Q960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 3.04	$ 3.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 2.89	$ 2.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1881679751	00002016162501OQ960X	Single	6/7/2016	$ 14.43	$ 14.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1881929321	00002016160504770U70X	Family Subscriber	5/31/2016	$ 120.32	$ 120.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1881929321	00002016160504770U70X	Family Subscriber	5/31/2016	$ 142.05	$ 142.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1831131143	00002016161509V6690X	Family Subscriber	5/30/2016	$ 182.63	$ 182.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835589576	1891029963	00002016160502BV720X	Family Member	3/15/2016	$ 105.67	$ 105.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835589576	1891029963	00002016160502BV720X	Family Member	3/15/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835589576	1891029963	00002016160502BV720X	Family Member	3/15/2016	$ 275.09	$ 275.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835589576	1891029963	00002016160502BV720X	Family Member	3/15/2016	$ 63.32	$ 63.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835589576	1891029963	00002016160502BV720X	Family Member	3/15/2016	$ 30.43	$ 30.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903610137	1013995273	00002016162502175S10X	Family Member	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903610137	1013995273	00002016162502175S10X	Family Member	6/8/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903610137	1013995273	00002016162502175S10X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903610137	1013995273	00002016162502175S10X	Family Member	6/8/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903610137	1013995273	00002016162502175S10X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	00002016159508 7L520X	Family Subscriber	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839931162	1790125698	00002016162504 4J40X	Single	5/26/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839931162	1790125698	00002016162504 4J40X	Single	5/26/2016	$ 234.80	$ 234.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838464575	1093792624	00002016162501 1F090X	Single	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016106506 88A20X	Family Member	4/12/2016	$ 23.80	$ 23.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 1.30	$ 1.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 209.20	$ 209.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 3,278.00	$ 3,278.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 34.10	$ 34.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 60.34	$ 60.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 268.13	$ 268.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 295.50	$ 295.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016133502567V0X	Family Member	5/9/2016	$ 13.08	$ 13.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016158508273D0X	Family Member	6/1/2016	$ 104.12	$ 104.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016160502470N0X	Family Member	6/6/2016	$ 143.97	$ 143.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832524926	1811944101	00002016162501132Z90X	Family Member	6/8/2016	$ 123.28	$ 123.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837833029	1790005585	00002016162507 39G40X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 19.36	$ 19.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016158509844G0X	Family Subscriber	5/27/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1427136357	00002016159500J6890X	Single	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1427136357	00002016159500J6890X	Single	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1427136357	00002016159500J6890X	Single	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1427136357	00002016159501J0620X	Single	4/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1629195177	00002016159501 0E340X	Single	6/3/2016	$ 59.01	$ 59.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1629195177	00002016159501 0E690X	Single	6/2/2016	$ 89.10	$ 89.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841203562	1952311441	00002016158500 D04960X	Family Subscriber	5/5/2016	$ 378.84	$ 378.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747213	1790721538	00002016158503 6W780X	Single	5/26/2016	$ 19.70	$ 19.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747213	1790721538	00002016158503 6W780X	Single	5/26/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016159507 5D330X	Family Member	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841338683	1427295468	00002016133508544H0X	Family Subscriber	5/6/2016	$ 103.87	$ 103.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838524394	1114222817	00002016132501K4730X	Single	4/11/2016	$ 795.00	$ 795.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845896109	1265518914	00002016159509 6D960X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845896109	1780600510	00002016161501 U93880X	Family Member	6/6/2016	$ 6.04	$ 6.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843927889	1841398013	00002016158500000V0X	Single	5/26/2016	$ 97.69	$ 97.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843927889	1841398013	00002016158500000V0X	Single	5/26/2016	$ 28.78	$ 28.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843927889	1841398013	00002016158500000V0X	Single	5/26/2016	$ 28.78	$ 28.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ (68.99)	$ (68.99)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ (3.43)	$ (3.43)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ (3.88)	$ (3.88)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626036	1427020676	00002016064500386N0X	Single	2/26/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847957252	1942467113	00002016158505696D0X	Family Member	5/28/2016	$ 965.37	$ 965.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ (489.51)	$ (489.51)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ 489.51	$ 489.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ (108.34)	$ (108.34)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ 108.34	$ 108.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ (78.60)	$ (78.60)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ 78.60	$ 78.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1386648798	00002016070507V13500X	Single	3/2/2016	$ 75.02	$ 75.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839347918	1982994075	00002016159S0W24030X	Family Member	5/30/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839347918	1982994075	00002016159S0W24030X	Family Member	5/30/2016	$ 13.73	$ 13.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840315407	1982827150	00002016158032878300C	Family Member	4/11/2016	$ 263.00	$ 263.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841782166	1780634766	00002016160501914A50X	Family Member	6/7/2016	$ 48.88	$ 48.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841782166	1780634766	00002016160501914A50X	Family Member	6/7/2016	$ 13.06	$ 13.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 26.26	$ 26.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838223853	1396967659	00002016159503OG010X	Family Subscriber	5/31/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821078657	1104033174	00002016160504OS940X	Family Subscriber	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821078657	1104033174	00002016160504IS020X	Family Subscriber	5/20/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500071N10X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500071N10X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500071N10X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500071N10X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/12/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/12/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/13/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/13/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/14/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/14/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500130N80X	Family Member	2/15/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/16/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/16/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/16/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/16/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/16/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/17/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/17/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/17/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/17/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/17/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/18/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/18/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/18/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/18/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/19/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/19/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/19/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/19/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/20/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/20/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/20/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/20/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/21/2016	$ 7.70	$ 7.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154500133N20X	Family Member	1/21/2016	$ 3.85	$ 3.85	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670231	1881929321	00002016154501 33N20X	Family Member	1/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835353132	1992906762	00002016159500 6L830X	Family Member	5/27/2016	$ 49.71	$ 49.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 19.36	$ 19.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844660812	1720318744	00002016162505 45J30X	Family Subscriber	6/7/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158501 88P60X	Family Subscriber	6/3/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158501 88P60X	Family Subscriber	6/3/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 128.01	$ 128.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1013995273	00002016158502 18P50X	Family Subscriber	6/3/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1427479906	00002016159501 21540X	Family Subscriber	6/3/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1427479906	00002016159501 21540X	Family Subscriber	6/3/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1619241437	00002016161506 P2300X	Family Subscriber	6/8/2016	$ 281.65	$ 281.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1346554656	00002016162504 101A0X	Family Subscriber	6/6/2016	$ 16.66	$ 16.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1427479906	00002016162509 37W90X	Family Subscriber	6/10/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1427479906	00002016162509 37W90X	Family Subscriber	6/10/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1700812468	00002016138506 9X640X	Family Member	5/16/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841883326	1700812468	00002016159505 X9320X	Family Subscriber	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 124.69	$ 124.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 81.68	$ 81.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 39.32	$ 39.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 27.67	$ 27.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1780916585	00002016160505066U0X	Family Member	5/27/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846384110	1861530735	00002016160503 7S460X	Family Member	5/24/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846384110	1861530735	00002016160503 7S460X	Family Member	5/24/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842297866	1346554656	00002016158509 0Z180X	Family Subscriber	6/1/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842297866	1346554656	00002016158509 0Z180X	Family Subscriber	6/1/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836883498	1073508545	00002016162501 82S00X	Single	6/7/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840150099	1609866003	00002016158502 14F00X	Single	5/28/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016161508 382V0X	Single	5/12/2016	$ 176.26	$ 176.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016161508 382V0X	Single	5/12/2016	$ 201.42	$ 201.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016161508 382V0X	Single	5/12/2016	$ 98.82	$ 98.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016161508 382V0X	Single	5/12/2016	$ 87.88	$ 87.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016161508 382V0X	Single	5/12/2016	$ 64.60	$ 64.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838494018	1073508545	00002016162501 62S40X	Single	6/7/2016	$ 59.21	$ 59.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839162588	1114249471	00002016160501 53Y50X	Family Member	5/25/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839162588	1114249471	00002016160501 53Y50X	Family Member	5/25/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839162588	1114249471	00002016160501 53Y50X	Family Member	5/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839162588	1114249471	00002016160501 53Y50X	Family Member	5/25/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839162588	1114249471	00002016160501 53Y50X	Family Member	5/25/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844113400	1730257106	00002016159508 X7690X	Family Member	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844113400	1730257106	00002016159508 X7690X	Family Member	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844113400	1730257106	00002016159508 X7690X	Family Member	6/2/2016	$ 6.14	$ 6.14	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 87.22	$ 87.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 33.72	$ 33.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 25.09	$ 25.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1780916585	00002016161 50A16090X	Family Member	6/1/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 6.65	$ 6.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 10.67	$ 10.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 12.44	$ 12.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 6.65	$ 6.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 29.50	$ 29.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5065F600X	Family Member	6/1/2016	$ 31.48	$ 31.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5068F820X	Family Member	6/1/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5068F820X	Family Member	6/1/2016	$ 21.20	$ 21.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1194769497	00002016162 5068F820X	Family Member	6/1/2016	$ 13.81	$ 13.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838299263	1588820849	00002016160 501416G0X	Family Subscriber	6/6/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838299263	1588820849	00002016160 501416G0X	Family Subscriber	6/6/2016	$ 24.62	$ 24.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838299263	1588820849	00002016160 501416G0X	Family Subscriber	6/6/2016	$ 28.26	$ 28.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1346554656	00002016162 504309A0X	Family Subscriber	6/6/2016	$ 47.82	$ 47.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836917076	1902839046	00002016160 507724N0X	Single	6/7/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835688513	1790721538	00002016158 5086W380X	Family Subscriber	5/26/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835688513	1790721538	00002016158 5086W380X	Family Subscriber	5/26/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835688513	1538157086	00002016161 500W3590X	Family Subscriber	5/26/2016	$ 17.09	$ 17.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838995149	1750349700	00002016132 50101P00X	Family Member	11/30/2015	$ 81.68	$ 81.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842021836	1558477513	00002016160 501224G0X	Family Member	6/7/2016	$ 70.80	$ 70.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1427258912	00002016111 507K6200X	Single	4/18/2016	$ (32.10)	$ (32.10)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1427258912	00002016111 507K6200X	Single	4/18/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1427258912	00002016111 507K6200X	Single	4/18/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1427258912	00002016111 507K6200X	Single	4/18/2016	$ (3.88)	$ (3.88)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1427258912	00002016111 507K6200X	Single	4/18/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820816964	1265655781	00002016158 502078S0X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842021836	1932146636	00002016148 503U9760X	Family Subscriber	5/2/2016	$ (21.95)	$ (21.95)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842021836	1932146636	00002016148 503U9760X	Family Subscriber	5/2/2016	$ 53.00	$ 53.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842021836	1932146636	00002016148 503U9760X	Family Subscriber	5/2/2016	$ (21.95)	$ (21.95)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842021836	1932146636	00002016148 503U9760X	Family Subscriber	5/2/2016	$ 21.95	$ 21.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834636947	1790721538	00002016158 5089W540X	Single	5/31/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834636947	1790721538	00002016158 5089W540X	Single	5/31/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834636947	1790721538	00002016158 5089W540X	Single	5/31/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834636947	1790721538	00002016158 5089W540X	Single	5/31/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834636947	1790721538	00002016158 5089W540X	Single	5/31/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844020136	1598958431	00002016160 5031V650X	Family Subscriber	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844020136	1598958431	00002016160 5031V650X	Family Subscriber	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825974400	1639183973	00002016161 504D4740X	Family Member	6/8/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1508884412	00002016158 503754L0X	Single	3/18/2016	$ 10.47	$ 10.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1508884412	00002016158 503754L0X	Single	3/18/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1508884412	00002016158 503754L0X	Single	3/18/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1508884412	00002016158 503754L0X	Single	3/18/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1508884412	00002016158 503754L0X	Single	3/18/2016	$ 19.22	$ 19.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ (68.99)	$ (68.99)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ (37.03)	$ (37.03)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ 37.03	$ 37.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ (19.65)	$ (19.65)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ (19.66)	$ (19.66)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400761	1609066257	00002016146 5031J880X	Family Member	5/14/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838866852	1356361976	00002016158 50660A90X	Single	5/24/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838866852	1356361976	00002016158 50660A90X	Single	5/24/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838866852	1356361976	00002016160 506280N0X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840621614	1528039120	00002016159 50L89630X	Single	3/21/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833680923	1851731319	00002016159 50S01280X	Single	6/6/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841304659	1982884284	00002016160 509982E0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841304659	1982884284	00002016160 509982E0X	Family Member	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822417014	1245428465	00002016160 505613N0X	Family Subscriber	5/26/2016	$ 129.64	$ 129.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822417014	1245428465	00002016160 505613N0X	Family Subscriber	5/26/2016	$ 66.97	$ 66.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843868220	1376857706	00002016156 5032K150X	Family Member	6/2/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1437153244	00002016160 502859U0X	Family Subscriber	6/3/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125 508F5560X	Family Member	5/2/2016	$ (9.95)	$ (9.95)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125 508F5560X	Family Member	5/2/2016	$ 9.95	$ 9.95	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ (6.76)	$ (6.76)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ (2.65)	$ (2.65)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 8.57	$ 8.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ (20.38)	$ (20.38)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1073508545	00002016125508F5560X	Family Member	5/2/2016	$ 16.68	$ 16.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 25.39	$ 25.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 33.72	$ 33.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 91.48	$ 91.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 75.71	$ 75.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1255373809	000020161595079D750X	Family Member	6/6/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849759381	1306005095	00002016161506D4810X	Family Subscriber	4/26/2016	$ 674.60	$ 674.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841439014	1770699639	000020161615062A730X	Single	6/1/2016	$ 117.75	$ 117.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843795294	1043589435	00002016162507 98G90X	Family Subscriber	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843795294	1043589435	00002016162507 98G90X	Family Subscriber	6/2/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833526317	1376857706	00002016162501 0G690X	Family Member	6/6/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833526317	1376857706	00002016162501 0G690X	Family Member	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833526317	1376857706	00002016162501 0G690X	Family Member	6/6/2016	$ 13.37	$ 13.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 6.71	$ 6.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 13.67	$ 13.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1790721538	00002016159508W9130X	Family Subscriber	6/1/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016159505 61200X	Family Subscriber	5/20/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016159505 61200X	Family Subscriber	5/20/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016159505 61200X	Family Subscriber	5/20/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016159505 61200X	Family Subscriber	5/20/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016159505 61200X	Family Subscriber	5/20/2016	$ 0.03	$ 0.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016160502 68A40X	Family Subscriber	5/27/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016160502 68A40X	Family Subscriber	5/27/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016160502 68A40X	Family Subscriber	5/27/2016	$ 2.53	$ 2.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016160502 68A40X	Family Subscriber	5/27/2016	$ 0.03	$ 0.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1073508545	00002016158508848U0X	Single	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1073508545	00002016161500L3830X	Single	6/6/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1073508545	00002016161500L3830X	Single	6/6/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1073508545	00002016161500L3830X	Single	6/6/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 157.50	$ 157.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 80.85	$ 80.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 210.00	$ 210.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 133.00	$ 133.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 59.50	$ 59.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 45.69	$ 45.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838676751	1063588143	00002016092504 1Q130X	Family Member	3/25/2016	$ 1.50	$ 1.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836341061	1770699639	000020161615062A690X	Single	6/1/2016	$ 12.03	$ 12.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836341061	1770699639	000020161615062A690X	Single	6/1/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836341061	1770699639	000020161615062A690X	Single	6/1/2016	$ 30.09	$ 30.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838788716	1679825681	00002016162505 12J40X	Single	6/7/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1972692986	00002016159609H9950H	Family Member	6/5/2016	$ 6.54	$ 6.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1972692986	00002016159609H9950H	Family Member	6/5/2016	$ 77.84	$ 77.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1972692986	00002016159609H9950H	Family Member	6/5/2016	$ 7.94	$ 7.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1972692986	00002016159609H9950H	Family Member	6/5/2016	$ 11.12	$ 11.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ (51.54)	$ (51.54)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ (9.72)	$ (9.72)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ 9.72	$ 9.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ (15.73)	$ (15.73)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002015349500J7600X	Single	12/14/2015	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016014 50T26880X	Single	1/13/2016	$ (54.22)	$ (54.22)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016014507268 80X	Single	1/13/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	0000201601450T26880X	Single	1/13/2016	$ (9.72)	$ (9.72)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	0000201601450T26880X	Single	1/13/2016	$ 9.72	$ 9.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	0000201601450T26880X	Single	1/13/2016	$ (15.73)	$ (15.73)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	0000201601450T26880X	Single	1/13/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839891942	1770604688	00002016158504463L0X	Family Subscriber	5/30/2016	$ 34.56	$ 34.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844344427	1790721538	0000201615858 5W110X	Single	5/27/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844344427	1790721538	0000201615858 3W610X	Single	5/27/2016	$ 8.50	$ 8.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	8211751 39	1073508545	0000201615950 02N680X	Single	6/3/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1073508545	0000201615950 02N680X	Single	6/3/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1073508545	0000201615950 02N680X	Single	6/3/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821506731	1538237763	00002016161502G0530X	Family Member	5/31/2016	$ 40.76	$ 40.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843327917	1184697773	0000201615950 31A590X	Single	4/25/2016	$ 65.00	$ 65.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843327917	1184697773	0000201615950 32A860X	Single	4/28/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843954396	1538206198	0000201615850 A24210X	Family Member	5/27/2016	$ 47.77	$ 47.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 28A670X	Single	6/1/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1932205838	0000201616150 30A430X	Single	6/1/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839246081	1992906762	0000201615950 06L660X	Single	6/1/2016	$ 49.71	$ 49.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 154.04	$ 154.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 43.65	$ 43.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 29.18	$ 29.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 1.39	$ 1.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 8.27	$ 8.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 0.69	$ 0.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 9.41	$ 9.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 2.77	$ 2.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 5.66	$ 5.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 56.57	$ 56.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201612350C17340X	Family Subscriber	4/12/2016	$ 1.95	$ 1.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1023439163	0000201615850 260U40X	Family Subscriber	5/20/2016	$ 19.91	$ 19.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 442.79	$ 442.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 40.20	$ 40.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 82.64	$ 82.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 55.95	$ 55.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 64.31	$ 64.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 30.52	$ 30.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 67.53	$ 67.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 0.72	$ 0.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 9.84	$ 9.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 8.65	$ 8.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 3.38	$ 3.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 43.41	$ 43.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 0.72	$ 0.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 12.32	$ 12.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 7.20	$ 7.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 5.92	$ 5.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 35.51	$ 35.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1497112973	0000201616050 106H10X	Family Subscriber	5/20/2016	$ 0.72	$ 0.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1164720777	0000201616050 903K20X	Family Subscriber	5/20/2016	$ 828.83	$ 828.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1164720777	0000201616050 903K20X	Family Subscriber	5/20/2016	$ 133.94	$ 133.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844107567	1780719146	0000201616150 Y89400X	Family Member	7/18/2015	$ 20.00	$ 20.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844107567	1649453200	0000201615950 6P0590X	Family Subscriber	6/5/2016	$ 65.31	$ 65.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844107567	1649453200	0000201615950 6P0590X	Family Subscriber	6/5/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844107567	1649453200	0000201615950 6P0590X	Family Subscriber	6/5/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844107567	1780719146	0000201616150 Y92990X	Family Subscriber	7/18/2015	$ 20.00	$ 20.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840718073	1679917371	0000201615960 3G3830H	Family Member	5/9/2016	$ 278.00	$ 278.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840718073	1679917371	0000201615960 3G3830H	Family Member	5/9/2016	$ 5.01	$ 5.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840718073	1699741637	0000201616050 1706P0X	Family Subscriber	5/27/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924833936	1255373809	0000201616150 3P1610X	Family Member	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839904078	1487632378	0000201613203038580C	Family Subscriber	3/24/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540200	1568578326	0000201611350V49860X	Single	4/21/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540200	1568578326	0000201611350V49860X	Single	4/21/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843502099	1326246901	00002016161506G0930X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S050X	Single	6/1/2016	$ 13.55	$ 13.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S050X	Single	6/1/2016	$ 6.61	$ 6.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 2.56	$ 2.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 3.84	$ 3.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 6.28	$ 6.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 4.62	$ 4.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 2.41	$ 2.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 2.41	$ 2.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 3.45	$ 3.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 1S120X	Single	6/1/2016	$ 6.54	$ 6.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 5S350X	Single	6/1/2016	$ 8.35	$ 8.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 5S350X	Single	6/1/2016	$ 18.66	$ 18.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1912142019	00002016160506 5S350X	Single	6/1/2016	$ 11.63	$ 11.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1497933162	00002016160509 78K10X	Single	6/1/2016	$ 67.64	$ 67.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840659962	1346554656	00002016155502 4F100X	Single	5/26/2016	$ 52.66	$ 52.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840659962	1346554656	00002016155502 4F100X	Single	5/26/2016	$ 52.66	$ 52.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838175940	1104024579	00002016160504 794B0X	Family Member	6/1/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820485815	1790721538	00002016158505 2W830X	Family Subscriber	5/27/2016	$ 4.93	$ 4.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838175940	1437153244	00002016160502 855U0X	Family Subscriber	6/3/2016	$ 218.17	$ 218.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640340	1598815797	00002016160501 489G0X	Single	6/6/2016	$ 70.15	$ 70.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640340	1598815797	00002016162503 6V790X	Single	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 120.49	$ 120.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845088632	1932205838	00002016161502 7A870X	Family Subscriber	5/28/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829778532	1194020453	00002016161 50W19430X	Family Subscriber	6/6/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841620346	1770604688	00002016160509 710F0X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1497989479	00002016085500 L8290X	Family Subscriber	3/23/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1497989479	00002016085500 L8290X	Family Subscriber	3/23/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1497989479	00002016090501 83U40X	Family Subscriber	3/29/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1497989479	00002016109 50U53060X	Family Subscriber	4/14/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1497989479	00002016112 5030E790X	Family Subscriber	4/20/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1013037423	00002016160501 057P0X	Family Subscriber	6/6/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1013037423	00002016160501 057P0X	Family Subscriber	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1013037423	00002016160501 057P0X	Family Subscriber	6/6/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844913332	1053596320	00002016160502 8S500X	Single	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839906963	1467562728	00002016161503 P3430X	Family Member	4/20/2016	$ 10.73	$ 10.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837610919	1609066257	00002016162509 60W80X	Family Member	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837610919	1609066257	00002016162509 60W80X	Family Member	6/4/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837610919	1609066257	00002016162509 60W80X	Family Member	6/4/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838848423	1184896854	00002016155030 00370C	Family Subscriber	5/23/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838848423	1184896854	00002016155030 00370C	Family Subscriber	5/23/2016	$ 128.01	$ 128.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016161 50V11780X	Family Member	4/24/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1245548759	00002016161 508K7400X	Family Member	4/27/2016	$ 9.87	$ 9.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	00002016162 510J10X	Family Member	4/25/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840449181	1043515166	00002016162 5080 4J30X	Single	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841529212	1073508545	00002016161 500L4240X	Family Member	6/5/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503 647L0X	Family Subscriber	3/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503 647L0X	Family Subscriber	3/14/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503 647L0X	Family Subscriber	3/14/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503 647L0X	Family Subscriber	3/14/2016	$ 4.89	$ 4.89	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 5.02	$ 5.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834177479	1508884412	00002016158503647L0X	Family Subscriber	3/14/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842652768	1346570355	00002016159503N8990X	Single	2/26/2016	$ 327.18	$ 327.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840366231	1700196292	00002016161509K7590X	Family Member	5/19/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836482200	1770558447	00002016159508D9260X	Family Subscriber	5/31/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640477	1023086345	00002016155504Y3320X	Family Member	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640477	1023086345	00002016155504Y3320X	Family Member	6/1/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831551996	1285643304	00002016160509 92K00X	Family Member	3/22/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839284749	1386697209	00002016158509 5Z520X	Single	3/31/2016	$ 120.87	$ 120.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841963617	1093959751	00002016162500 17S60X	Single	6/8/2016	$ 65.31	$ 65.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ (35.01)	$ (35.01)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ (33.12)	$ (33.12)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 33.12	$ 33.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ (19.65)	$ (19.65)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ (11.10)	$ (11.10)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ (18.42)	$ (18.42)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835632609	1609066257	00002016061502 92G90X	Family Member	2/17/2016	$ 18.42	$ 18.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839883514	1093792624	00002016158501 43C80X	Family Subscriber	5/26/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924248146	1558570416	00002016158504241L0X	Single	5/24/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924248146	1558570416	00002016158504241L0X	Single	5/24/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820034974	1891855656	00002016162508 0F980X	Single	6/6/2016	$ 48.62	$ 48.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820034974	1891855656	00002016162508 0F980X	Single	6/6/2016	$ 105.15	$ 105.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834534955	1790125698	00002016162501 8G900X	Single	5/24/2016	$ 218.17	$ 218.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834534955	1790125698	00002016162501 8G900X	Single	5/24/2016	$ 40.19	$ 40.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 4.52	$ 4.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840302239	1407035298	00002016132509 2A570X	Single	4/29/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842792749	1912035783	00002016158502 36U50X	Single	6/1/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842792749	1912035783	00002016158502 36U50X	Single	6/1/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842792749	1912035783	00002016162504 45J00X	Single	6/9/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1881679751	00002016158500 53G30X	Family Subscriber	6/2/2016	$ 9.08	$ 9.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1881679751	00002016158500 53G30X	Family Subscriber	6/2/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1881679751	00002016158500 53G30X	Family Subscriber	6/2/2016	$ 14.43	$ 14.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1821073792	00002016162502 4Q610X	Family Subscriber	6/2/2016	$ 22.76	$ 22.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1821073792	00002016162502 4Q610X	Family Subscriber	6/2/2016	$ 30.16	$ 30.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1821073792	00002016162502 4Q610X	Family Subscriber	6/2/2016	$ 30.16	$ 30.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1821073792	00002016162502 4Q610X	Family Subscriber	6/2/2016	$ 31.44	$ 31.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1821073792	00002016162502 4Q610X	Family Subscriber	6/2/2016	$ 14.22	$ 14.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835388652	1790721538	00002016161504 D0490X	Family Subscriber	5/16/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835388652	1790721538	00002016161504 D0490X	Family Subscriber	5/16/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841064192	1255604179	00002016158508 973Q0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1811944101	00002016158508 701D0X	Single	6/1/2016	$ 265.05	$ 265.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1104855717	00002016161 50K04040X	Single	6/1/2016	$ 80.49	$ 80.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N63380X	Single	6/1/2016	$ 6.11	$ 6.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N63380X	Single	6/1/2016	$ 3.83	$ 3.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N63380X	Single	6/1/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 35.66	$ 35.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 9.05	$ 9.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 8.04	$ 8.04	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 9.27	$ 9.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 63.94	$ 63.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 38.90	$ 38.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1588971899	00002016161 50N65360X	Single	6/1/2016	$ 894.61	$ 894.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838947389	1104855717	00002016162 5058Q580X	Single	6/1/2016	$ 17.77	$ 17.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5020 6L90X	Family Subscriber	4/28/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5020 6L90X	Family Subscriber	4/28/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5020 6L90X	Family Subscriber	4/28/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5020 6L90X	Family Subscriber	4/28/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5038 5K00X	Family Subscriber	4/27/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5038 5K00X	Family Subscriber	4/27/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5038 5K00X	Family Subscriber	4/27/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016160 5038 5K00X	Family Subscriber	4/27/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839537097	1407035298	00002016158 50064C00X	Single	5/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839537097	1407035298	00002016158 50064C00X	Single	5/10/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924069106	1780916585	00002016158 50A41960X	Family Member	5/25/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842740918	1891897518	00002016162 5075Q200X	Family Subscriber	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833712946	1093959751	00002016158 502158D0X	Single	6/2/2016	$ 5.45	$ 5.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821883111	1588732127	00002016161 50W13800X	Single	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835310072	1962692574	00002016161 50A13110X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846842012	1558570416	00002016158 504240L0X	Single	5/26/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1790721538	00002016133 506448X0X	Single	5/5/2016	$ 19.70	$ 19.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1790721538	00002016133 506448X0X	Single	5/5/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016133 507577D0X	Single	1/27/2016	$ 195.00	$ 195.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1700896826	00002016133 50919T70X	Single	5/5/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840778165	1790721538	00002016158 5043W790X	Single	5/26/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840778165	1790721538	00002016158 5043W790X	Single	5/26/2016	$ 5.78	$ 5.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840778165	1790721538	00002016158 5043W790X	Single	5/26/2016	$ 1.67	$ 1.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840778165	1790721538	00002016158 5043W790X	Single	5/26/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845501721	1326246901	00002016160 5047S930X	Single	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845501721	1326246901	00002016160 5047S930X	Single	6/4/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845501721	1326246901	00002016160 5047S930X	Single	6/4/2016	$ 92.99	$ 92.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845501721	1326246901	00002016160 5047S930X	Single	6/4/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845501721	1326246901	00002016160 5047S930X	Single	6/4/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1023289584	00002016133 50U67130X	Family Member	4/27/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5036W520X	Family Member	5/27/2016	$ 33.33	$ 33.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5042W630X	Family Subscriber	5/25/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5042W630X	Family Subscriber	5/25/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5042W630X	Family Subscriber	5/25/2016	$ 11.21	$ 11.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5042W630X	Family Subscriber	5/25/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1790721538	00002016158 5042W630X	Family Subscriber	5/25/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834317311	1700812468	00002016159 505X9250X	Single	6/6/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834317311	1700812468	00002016159 505X9250X	Single	6/6/2016	$ 28.26	$ 28.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839330982	1609066257	00002016159 5097D990X	Family Member	5/28/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1346554656	00002016155 5024F090X	Family Member	5/25/2016	$ 17.73	$ 17.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1467633867	00002016158 50091Y80X	Family Member	5/27/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1467633867	00002016161 50V88950X	Family Member	5/25/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016160 5057S730X	Family Member	6/3/2016	$ 101.26	$ 101.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016160 5060S360X	Family Member	6/3/2016	$ 17.18	$ 17.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016160 5061S460X	Family Member	6/3/2016	$ 14.41	$ 14.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016160 5061S460X	Family Member	6/3/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016161 507Y1530X	Family Member	6/4/2016	$ 13.86	$ 13.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903238668	1780634766	00002016160 50191A40X	Family Member	6/7/2016	$ 48.88	$ 48.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903238668	1780634766	00002016160 50191A40X	Family Member	6/7/2016	$ 13.06	$ 13.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1134416431	00002016161 507D5450X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1134416431	00002016161 507D5450X	Family Subscriber	6/6/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1134416431	00002016161 507D5450X	Family Subscriber	6/6/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1134416431	00002016161 507D5450X	Family Subscriber	6/6/2016	$ 3.87	$ 3.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1134416431	00002016161 507D5450X	Family Subscriber	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	00002016158 509724G0X	Family Member	4/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	00002016158 509724G0X	Family Member	4/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1194769497	00002016159 50L43400X	Family Member	6/1/2016	$ 8.59	$ 8.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1194769497	00002016159 50N22310X	Family Member	6/1/2016	$ 7.89	$ 7.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	827928557	1164720777	00002016161 50W29450X	Family Subscriber	6/4/2016	$ 61.77	$ 61.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	00002016158 509675G0X	Family Member	4/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	00002016158 509675G0X	Family Member	4/8/2016	$ 10.90	$ 10.90	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836784978	1598815797	00002016161 50N49030X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836784978	1417163098	00002016161 5039A650X	Single	6/3/2016	$ 11.78	$ 11.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836784978	1417163098	00002016161 5039A650X	Single	6/3/2016	$ 52.74	$ 52.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839912810	1275687428	00002016162 5043 5B60X	Family Member	4/22/2016	$ 20.55	$ 20.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839912810	1275687428	00002016162 5043 5B60X	Family Member	4/22/2016	$ 24.28	$ 24.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839912810	1275687428	00002016162 5043 5B60X	Family Member	4/22/2016	$ 19.80	$ 19.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	00002016160 5048S100X	Single	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	00002016160 5048S100X	Single	6/4/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	00002016160 5048S100X	Single	6/4/2016	$ 23.49	$ 23.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	00002016160 5048S100X	Single	6/4/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 207.34	$ 207.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 26.35	$ 26.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 118.82	$ 118.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 0.63	$ 0.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 8.50	$ 8.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1497112973	00002016160 5086H10X	Family Member	5/28/2016	$ 11.02	$ 11.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842695801	1164720777	00002016160 5074 2K70X	Family Member	5/28/2016	$ 446.30	$ 446.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820052966	1528125234	00002016158 5043 9W90X	Family Member	6/2/2016	$ 149.34	$ 149.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820052966	1528125234	00002016158 5043 9W90X	Family Member	6/2/2016	$ 6.17	$ 6.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846623784	1508070038	00002016159 5085L710X	Family Subscriber	6/3/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	00002016134 501U9030X	Family Member	5/9/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	00002016134 501U9030X	Family Member	5/9/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	00002016134 501U9030X	Family Member	5/9/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	00002016134 501U9030X	Family Member	5/9/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	00002016134 501U9030X	Family Member	5/9/2016	$ 107.55	$ 107.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846058489	1669786950	00002016161 50Q43130X	Family Subscriber	5/13/2016	$ 33.90	$ 33.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821113629	1811944101	00002016160 503241N0X	Family Member	6/3/2016	$ 49.72	$ 49.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839966460	1013037423	00002016160 501113P0X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839966460	1013037423	00002016160 501113P0X	Family Subscriber	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804623	1346554656	00002016159 5051J580X	Family Member	5/31/2016	$ 52.12	$ 52.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842950595	1932146636	00002016161 508T6190X	Single	6/8/2016	$ 53.00	$ 53.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842950595	1932146636	00002016161 508T6190X	Single	6/8/2016	$ 21.95	$ 21.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837369701	1326246901	00002016158 501379D0X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837369701	1326246901	00002016158 501379D0X	Family Subscriber	6/3/2016	$ 92.99	$ 92.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837369701	1326246901	00002016158 501379D0X	Family Subscriber	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1548588841	00002016161 508128V0X	Family Subscriber	5/19/2016	$ 70.15	$ 70.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1548588841	00002016161 508128V0X	Family Subscriber	5/19/2016	$ 6.80	$ 6.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1548588841	00002016161 508128V0X	Family Subscriber	5/19/2016	$ 695.31	$ 695.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924627335	1104033174	00002016160 5041S420X	Single	5/23/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924627335	1104033174	00002016160 5041S420X	Single	5/23/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 124.69	$ 124.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 19.41	$ 19.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 27.67	$ 27.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836852274	1780916585	00002016158 50A50160X	Family Member	5/31/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842246690	1134381098	00002016159 5017A800X	Family Member	6/3/2016	$ 34.42	$ 34.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840983975	1801907894	00002016134 03307570C	Family Subscriber	4/19/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822692903	1053596320	00002016159 50N04130X	Single	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822692903	1053596320	00002016159 50N04130X	Single	6/4/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822692903	1053596320	00002016159 50N04130X	Single	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822692903	1053596320	00002016159 50N04130X	Single	6/4/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838758080	1942467113	00002016162 50842F00X	Single	6/1/2016	$ 1,346.80	$ 1,346.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838986246	1497989479	00002016083 5044B150X	Family Member	3/22/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838986246	1497989479	00002016083 5044B150X	Family Member	3/22/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833624725	1316936743	00002016159 501T5690X	Single	6/6/2016	$ 165.09	$ 165.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833624725	1316936743	00002016159 501T5690X	Single	6/6/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822874539	1356361976	00002016162 5080 9J10X	Family Member	5/16/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822874539	1356361976	00002016162 5080 9J10X	Family Member	5/16/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822874539	1356361976	00002016162 5080 9J10X	Family Member	5/16/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834591819	1023175403	00002016158 503321U50X	Family Member	5/31/2016	$ 10.73	$ 10.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834591819	1467473033	00002016161 504B0240X	Family Member	5/31/2016	$ 909.30	$ 909.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838795946	1710062237	00002016158 503068N0X	Family Member	6/3/2016	$ 19.97	$ 19.97	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838795946	1710062237	00002016158503068N0X	Family Member	6/3/2016	$ 63.32	$ 63.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838795946	1710062237	00002016158503068N0X	Family Member	6/3/2016	$ 48.93	$ 48.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843853915	1104192806	00002016132504858140X	Family Member	4/26/2016	$ 116.34	$ 116.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843853915	1104192806	00002016132504858140X	Family Member	4/26/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843853915	1104192806	00002016132504858140X	Family Member	4/26/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843853915	1104192806	00002016158501614V0X	Family Member	5/18/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838763336	1093959751	00002016159501 96340X	Family Subscriber	6/3/2016	$ 70.15	$ 70.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842851274	1174604763	00002016162500 8Z390X	Single	6/7/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.80	$ 5.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.29	$ 5.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 3.66	$ 3.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 15.02	$ 15.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 16.96	$ 16.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 20.35	$ 20.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839014331	1568840593	00002016119505852V0X	Family Subscriber	4/21/2016	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833583428	1043589435	00002016161505P5740X	Single	5/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833480341	1023175403	00002016161501 7610X	Family Member	6/1/2016	$ 53.21	$ 53.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833480341	1023175403	00002016161501 7610X	Family Member	6/1/2016	$ 42.05	$ 42.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842065702	1437478302	00002016158501556S0X	Single	5/25/2016	$ 49.35	$ 49.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841113370	1093952517	00002016160507 4S660X	Family Member	6/6/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841113370	1093952517	00002016160507 4S660X	Family Member	6/6/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841252512	1790005585	00002016162507 68N70X	Family Member	6/3/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841252512	1790005585	00002016162507 68N70X	Family Member	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849239001	1497989479	00002016104505 17L80X	Family Subscriber	4/12/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849239001	1497989479	00002016109 50V46450X	Family Subscriber	4/14/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902783	1033276944	00002016161509983Y0X	Single	6/6/2016	$ 67.21	$ 67.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902783	1033276944	00002016161509983Y0X	Single	6/6/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840240603	1942467113	00002016160507 11W70X	Family Member	5/3/2016	$ 1,346.80	$ 1,346.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159505W2200X	Single	5/31/2016	$ 19.70	$ 19.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159505W2200X	Single	5/31/2016	$ 26.09	$ 26.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159505W2200X	Single	5/31/2016	$ 26.09	$ 26.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 7.68	$ 7.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 7.99	$ 7.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 8.96	$ 8.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 9.21	$ 9.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 3.17	$ 3.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 9.80	$ 9.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 14.39	$ 14.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 10.61	$ 10.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1790721538	00002016159509W7100X	Single	6/1/2016	$ 18.02	$ 18.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1700812468	00002016162501 57S00X	Single	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840269705	1700812468	00002016162501 57S00X	Single	6/9/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1720095284	00002016160500 387G0X	Single	6/7/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1720095284	00002016160500 387G0X	Single	6/7/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1720095284	00002016160500 387G0X	Single	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1720095284	00002016160500 387G0X	Single	6/7/2016	$ 10.05	$ 10.05	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1720095284	00002016160500387G0X	Single	6/7/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833171684	1699846444	0000201615503039360C	Single	2/5/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	0000201616250341830X	Family Member	5/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836206081	1407829633	0000201616250076F050X	Single	5/19/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838099600	1558636076	0000201613550813G10X	Family Subscriber	3/24/2016	$ 73.12	$ 73.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838099600	1558636076	0000201613550813G10X	Family Subscriber	3/24/2016	$ 9.72	$ 9.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050238B0X	Family Subscriber	6/6/2016	$ 52.95	$ 52.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050238B0X	Family Subscriber	6/6/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050250 5B0X	Family Subscriber	6/1/2016	$ 77.44	$ 77.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050250 5B0X	Family Subscriber	6/1/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050250 5B0X	Family Subscriber	6/1/2016	$ 26.37	$ 26.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616050250 5B0X	Family Subscriber	6/1/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836012670	1255604179	0000201616103005390C	Family Member	10/16/2015	$ 34.71	$ 34.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833913040	1861455735	0000201505550 30L080X	Family Member	2/11/2015	$ (257.94)	$ (257.94)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833913040	1861455735	0000201505550 30L080X	Family Member	2/11/2015	$ 41.28	$ 41.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1982827150	0000201615803287820C	Single	3/30/2016	$ 137.00	$ 137.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1821073792	0000201615850063G20X	Single	5/31/2016	$ 22.76	$ 22.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1821073792	0000201615850063G20X	Single	5/31/2016	$ 31.44	$ 31.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615850317G80X	Single	6/2/2016	$ 7.50	$ 7.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 2.72	$ 2.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 5.56	$ 5.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 40.92	$ 40.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 30.16	$ 30.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 30.16	$ 30.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 11.33	$ 11.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 16.64	$ 16.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 7.50	$ 7.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 61.50	$ 61.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 3.66	$ 3.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1881679751	0000201615950V90960X	Single	5/31/2016	$ 7.40	$ 7.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830772650	1396867636	0000201616250516Y20X	Single	6/3/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830772650	1396867636	0000201616250516Y20X	Single	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830772650	1396867636	0000201616250516Y20X	Single	6/3/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830772650	1396867636	0000201616250516Y20X	Single	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830772650	1396867636	0000201616250538Y90X	Single	6/3/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840746971	1790721538	0000201615850 95W570X	Family Subscriber	5/27/2016	$ 4.14	$ 4.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840434436	1497989479	0000201608250 46H0X	Single	3/21/2016	$ 76.50	$ 76.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840434436	1497989479	0000201608250 46H0X	Single	3/21/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840434436	1497989479	0000201609050 176U10X	Single	3/29/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840434436	1497989479	0000201609 0985033Y480X	Single	4/6/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840434436	1497989479	0000201610350 9B3740X	Single	4/11/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016161503P1620X	Family Member	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016161503P1620X	Family Member	6/8/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016161503P1620X	Family Member	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016161503P1620X	Family Member	6/8/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016161503P1620X	Family Member	6/8/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 180.05	$ 180.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 28.53	$ 28.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 39.30	$ 39.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 29.49	$ 29.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820471041	1790005585	0000201616150811 0Y0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841143215	1386648798	0000201615950 02G410X	Family Member	6/1/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837448263	1841200805	0000201615850 D05990X	Single	4/21/2016	$ 217.01	$ 217.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	0000201616150T0808X	Family Member	6/3/2016	$ 214.06	$ 214.06	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	00002016161 50T08080X	Family Member	6/3/2016	$ 27.07	$ 27.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	00002016161 6150T08080X	Family Member	6/3/2016	$ 122.11	$ 122.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	00002016161 6150T08080X	Family Member	6/3/2016	$ 0.64	$ 0.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	00002016161 6150T08080X	Family Member	6/3/2016	$ 0.86	$ 0.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845649827	1396120580	00002016161 6150T08080X	Family Member	6/3/2016	$ 8.73	$ 8.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016082 503597H0X	Family Subscriber	3/21/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016085 500L7810X	Family Subscriber	3/24/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016090 50388U70X	Family Subscriber	3/29/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016098 5052Y980X	Family Subscriber	4/6/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836109863	1497989479	00002016105 50K55580X	Family Subscriber	4/13/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835199346	1790721538	00002016158 5045W840X	Single	5/26/2016	$ 19.70	$ 19.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840310872	1396867636	00002016158 50C78110X	Family Member	5/30/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840310872	1396867636	00002016158 50D06860X	Family Member	5/30/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (840.00)	$ (840.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (227.50)	$ (227.50)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 227.50	$ 227.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (52.50)	$ (52.50)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (133.00)	$ (133.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 133.00	$ 133.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (59.50)	$ (59.50)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 59.50	$ 59.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (1.05)	$ (1.05)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 1.05	$ 1.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ (25.20)	$ (25.20)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834422439	1801983069	00002016074 0358550C	Single	2/7/2016	$ 25.20	$ 25.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1649453200	00002016158 507251G0X	Family Member	6/3/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1881679751	00002016161 50J36430X	Family Member	6/3/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1881679751	00002016161 50J36430X	Family Member	6/3/2016	$ 7.43	$ 7.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1881679751	00002016161 50J36430X	Family Member	6/3/2016	$ 6.96	$ 6.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823171578	1790721538	00002016137 50092L50X	Single	5/10/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839086110	1558570416	00002016158 504402L0X	Single	5/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1306902283	00002016083 506995P0X	Family Member	2/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1306902283	00002016083 506995P0X	Family Member	2/11/2016	$ 49.66	$ 49.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1306902283	00002016083 506995P0X	Family Member	2/11/2016	$ 1.46	$ 1.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1306902283	00002016083 506995P0X	Family Member	2/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1306902283	00002016083 506995P0X	Family Member	2/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1497989479	00002016109 50U52120X	Family Subscriber	4/14/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1497989479	00002016109 50U52120X	Family Subscriber	4/14/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1497989479	00002016113 509326Y0X	Family Subscriber	4/21/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822187982	1447292735	00002016160 505512B0X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840279191	1306163845	00002016159 50S15850X	Family Member	6/3/2016	$ 17.33	$ 17.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840277776	1447287966	00002016158 504609Z0X	Family Member	5/17/2016	$ 162.52	$ 162.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840277776	1447287966	00002016158 504609Z0X	Family Member	5/17/2016	$ 60.06	$ 60.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841509397	1346554656	00002016159 5051J610X	Family Subscriber	6/3/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841509397	1346554656	00002016159 5051J610X	Family Subscriber	6/3/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793523	1346554656	00002016158 5037Y210X	Single	5/31/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793523	1346554656	00002016158 5037Y210X	Single	5/31/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846562348	1437318581	00002016154 50618L80X	Family Member	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640477	1588008247	00002016161 50V90830X	Family Subscriber	5/18/2016	$ 1.05	$ 1.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842640477	1588008247	00002016161 50V90830X	Family Subscriber	5/18/2016	$ 40.71	$ 40.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833151925	1821381054	00002016159 50S47660X	Family Subscriber	6/3/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831923717	1346554656	00002016158 50E51610X	Family Member	6/2/2016	$ 52.12	$ 52.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843819866	1396867636	00002016162 50518Y60X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844228099	1780600510	00002016158 50A64380X	Family Member	6/3/2016	$ 5.82	$ 5.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844228099	1144580044	00002016158 501297V0X	Family Member	6/3/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844228099	1144580044	00002016158 501297V0X	Family Member	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844228099	1548679657	00002016158 503994L0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 18.06	$ 18.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016161 505B3730X	Single	5/27/2016	$ 3.20	$ 3.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839545059	1023175403	00002016158 50361U90X	Family Subscriber	6/1/2016	$ 8.58	$ 8.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835001344	1790721538	00002016158 5094W020X	Single	5/31/2016	$ 19.20	$ 19.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835001344	1790721538	00002016158 5094W020X	Single	5/31/2016	$ 9.63	$ 9.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835001344	1790721538	00002016158 5094W020X	Single	5/31/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835001344	1790721538	00002016158 5094W020X	Single	5/31/2016	$ 20.20	$ 20.20	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835001344	1023190659	00002016162504 4N910X	Single	6/8/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822402859	1073892071	00002016158509944Z0X	Family Member	6/4/2016	$ 15.73	$ 15.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1255367843	00002016158602F3850H	Family Member	5/6/2016	$ 63.53	$ 63.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847735342	1609066257	00002016141505013U0X	Family Subscriber	5/6/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847735342	1891855656	00002016162507 7F530X	Family Member	6/9/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847735342	1609066257	00002016159509 8D090X	Family Member	5/30/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836512483	1629023460	00002015204 50Z66520X	Family Subscriber	7/21/2015	$ (100.02)	$ (100.02)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836512483	1629023460	00002015204 50Z66520X	Family Subscriber	7/21/2015	$ (23.48)	$ (23.48)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836512483	1629023460	00002015314 5087K030X	Family Subscriber	11/3/2015	$ 126.47	$ 126.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840438711	1932174406	00002016161030 32140C	Family Member	9/30/2013	$ 33.54	$ 33.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820133701	1639114291	00002016158500 735N0X	Family Subscriber	6/3/2016	$ 126.47	$ 126.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840770593	1790005585	00002016153507 C6260X	Family Member	5/27/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823321205	1386648798	00002016132 5044J90X	Single	5/9/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016158 50A42940X	Family Member	5/25/2016	$ 53.39	$ 53.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016158 50A42940X	Family Member	5/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016158 50A42940X	Family Member	5/25/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016158 50A42940X	Family Member	5/25/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016158 50A42940X	Family Member	5/25/2016	$ 0.08	$ 0.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016160 5050 87U0X	Family Member	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016161 5046A280X	Family Member	5/27/2016	$ 0.08	$ 0.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016162 50172B10X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016160 504974U0X	Family Member	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016160 505121U0X	Family Member	5/27/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016160 505121U0X	Family Member	5/27/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837600398	1780916585	00002016160 505121U0X	Family Member	5/27/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820046727	1093959751	00002016155590 472E0X	Single	3/23/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848438082	1497989479	00002016102 50401C20X	Family Member	4/8/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848438082	1497989479	00002016102 50401C20X	Family Member	4/8/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016158 5057W950X	Family Member	5/27/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016158 5057W950X	Family Member	5/27/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016158 5057W950X	Family Member	5/27/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016158 5094W100X	Family Member	5/31/2016	$ 11.21	$ 11.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016160 50227L40X	Family Member	5/31/2016	$ 13.82	$ 13.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839700294	1790721538	00002016160 50227L40X	Family Member	5/31/2016	$ 13.77	$ 13.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844043465	1992906762	00002016159 5008L660X	Family Member	5/31/2016	$ 49.71	$ 49.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834397346	1346554656	00002016159 5051J370X	Family Subscriber	5/27/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834397346	1346554656	00002016159 5051J370X	Family Subscriber	5/27/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821394752	1346440047	00002016109 50P34851X	Single	4/14/2016	$ (30.00)	$ (30.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821394752	1346440047	00002016109 50P34851X	Single	4/14/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821394752	1346440047	00002016109 50P34851X	Single	4/14/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837172414	1275899759	00002016133 50S37400X	Family Member	5/11/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1013037423	00002016145 50D60471X	Family Member	5/17/2016	$ 30.00	$ 30.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Reimbursement	839947470	1023175403	00002015342 50307W40X	Family Subscriber	11/25/2015	$ (7.07)	$ (5.30)	25.00%	$1.77	11018196
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848405279	1851400279	161527319481021	Family Member	5/31/2016	$ 23.13	$ 23.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836787688	1497091011	161554164799007	Single	6/3/2016	$ 24.58	$ 24.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836787688	1497091011	161554167479017	Single	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836787688	1497091011	161554168027026	Single	6/3/2016	$ 6.45	$ 6.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844542487	1508975921	161525699068014	Single	5/31/2016	$ 318.36	$ 318.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837284052	1952645889	161503722510026	Single	5/29/2016	$ 5.19	$ 5.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837284052	1952645889	161503723456003	Single	5/29/2016	$ 191.30	$ 191.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846499054	1801877436	161555019598026	Family Member	6/3/2016	$ 2.80	$ 2.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846499054	1801877436	161555021728013	Family Member	6/3/2016	$ 20.99	$ 20.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820239309	1861783276	161453502553030	Family Member	5/24/2016	$ (34.49)	$ (34.49)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834768526	1952410946	161525346382026	Single	5/31/2016	$ 587.27	$ 587.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839719263	1225140130	161515660108006	Family Member	5/30/2016	$ 441.81	$ 441.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839719263	1225140130	161515660555013	Family Member	5/30/2016	$ 86.29	$ 86.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161533216065004	Single	6/1/2016	$ 43.72	$ 43.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161533242789027	Single	6/1/2016	$ 37.14	$ 37.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843540553	1356450324	161545172379017	Single	6/2/2016	$ 2.79	$ 2.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838567769	1255440681	161545501055016	Single	6/2/2016	$ 347.28	$ 347.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838567769	1255440681	161545518780002	Single	6/2/2016	$ 206.50	$ 206.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837766213	1669720827	161553577497025	Single	6/3/2016	$ 59.74	$ 59.74	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820229545	1528387693	161554240101013	Single	6/3/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903660010	1770810855	161534181048001	Single	6/1/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839330982	1740389139	161527318050005	Family Member	5/31/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842849363	1861783276	161543666459010	Family Member	6/2/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161445507575016	Single	5/23/2016	$ (0.13)	$ (0.13)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161526739909011	Single	5/31/2016	$ 56.65	$ 56.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161543293243012	Single	6/2/2016	$ 1.91	$ 1.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820538027	1861783276	161535360938022	Single	6/1/2016	$ 6.12	$ 6.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838378155	1508975921	161495251668001	Family Member	5/28/2016	$ 699.58	$ 699.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840295476	1225147655	161516021099025	Single	5/30/2016	$ 16.78	$ 16.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820958052	1174658397	161526293944014	Single	5/31/2016	$ 250.24	$ 250.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820958052	1174658397	161526294635029	Single	5/31/2016	$ 17.40	$ 17.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835867946	1356356430	161544615090016	Single	6/2/2016	$ 1.56	$ 1.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849839387	1851400279	161554302153019	Family Member	6/3/2016	$ 0.74	$ 0.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838666979	1639218563	161443070125012	Family Member	5/23/2016	$ (27.98)	$ (27.98)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838666979	1639218563	161535846777011	Family Member	6/1/2016	$ 27.98	$ 27.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820790954	1881703866	161534045683015	Family Member	6/1/2016	$ 131.24	$ 131.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841384813	1821016627	161493815790026	Single	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841384813	1821016627	161493817427001	Single	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841384813	1306250196	161545823570026	Single	6/2/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832374956	1578672556	161524211565011	Single	5/31/2016	$ 260.94	$ 260.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838118293	1356450324	161503800876022	Single	5/29/2016	$ 53.07	$ 53.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840878861	1841505161	161523947167014	Family Member	5/31/2016	$ 204.12	$ 204.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838802292	1952410946	161553869955017	Family Member	6/3/2016	$ 696.83	$ 696.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837890276	1114932191	161551113272008	Single	6/3/2016	$ 28.06	$ 28.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840386000	1720093800	161536245835030	Single	6/1/2016	$ 2,055.32	$ 2,055.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835649854	1386850568	161384911634018	Single	5/17/2016	$ (15.76)	$ (15.76)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835649854	1386850568	161527449758001	Single	5/31/2016	$ 13.89	$ 13.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903371706	1841505161	161554624212016	Family Member	6/3/2016	$ 712.40	$ 712.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820468166	1861783276	161365630775027	Single	5/15/2016	$ (131.24)	$ (131.24)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837640942	1366724387	161524826309016	Family Member	5/31/2016	$ 22.19	$ 22.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834782788	1699979575	161544460935029	Family Member	6/2/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838676596	1114932191	161505063372021	Single	5/29/2016	$ 28.74	$ 28.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840546680	1720218035	161525962150004	Family Member	5/31/2016	$ 49.74	$ 49.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822935426	1497197693	161476231831005	Single	5/26/2016	$ (26.00)	$ (26.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836347934	1235248642	161523876123013	Single	5/31/2016	$ 13.39	$ 13.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820293132	1023025038	161524910314018	Family Member	5/31/2016	$ 14.86	$ 14.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822402859	1578792073	161520936240010	Single	5/30/2016	$ 10.51	$ 10.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1356356430	161517047894025	Family Member	5/30/2016	$ 119.42	$ 119.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838386384	1639218563	161555259128018	Family Member	6/3/2016	$ 7.30	$ 7.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838386384	1619053964	161543946024008	Single	6/2/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836448073	1841201431	161494516346020	Single	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836448073	1841201431	161494519155002	Single	5/28/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836448073	1841201431	161494526043013	Single	5/28/2016	$ 37.19	$ 37.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842787793	1023025038	161525765312005	Single	5/31/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842787793	1023025038	161525782284028	Single	5/31/2016	$ 17.08	$ 17.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842711216	1225147655	161543606091002	Family Member	6/2/2016	$ 30.95	$ 30.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842711216	1225147655	161544144414007	Family Member	6/2/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835094790	1821016627	161424389069008	Single	5/21/2016	$ (1.34)	$ (1.34)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835094790	1790845683	161545581871002	Family Member	6/2/2016	$ 306.26	$ 306.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835589576	1508975921	161524567369027	Family Member	5/31/2016	$ 12.36	$ 12.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840187606	1497817837	161345503358025	Single	5/13/2016	$ (89.76)	$ (89.76)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840187606	1497817837	161345505667009	Single	5/13/2016	$ (192.36)	$ (192.36)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903610137	1720183577	161402799596021	Family Member	5/19/2016	$ (29.16)	$ (29.16)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835031384	1386850568	161551461460021	Single	6/3/2016	$ 15.09	$ 15.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839471433	1194969279	161494745197011	Family Member	5/28/2016	$ 0.37	$ 0.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839471433	1942337100	161525041696014	Family Member	5/31/2016	$ 325.18	$ 325.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840457762	1497197693	161504257894021	Single	5/29/2016	$ 12.58	$ 12.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840457762	1497197693	161536437774012	Single	6/1/2016	$ 4.53	$ 4.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840490982	1669499893	161494398176015	Single	5/28/2016	$ 219.64	$ 219.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838464575	1245385400	161543760637006	Single	6/2/2016	$ 7.38	$ 7.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837973602	1023025038	161526580015021	Single	5/31/2016	$ 324.39	$ 324.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161536707739024	Family Member	6/1/2016	$ 16.53	$ 16.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161545265675004	Family Member	6/2/2016	$ 13.15	$ 13.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161524509930015	Family Member	5/31/2016	$ 192.36	$ 192.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831900652	1528387693	161553964954001	Single	6/3/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841689846	1225147655	161523059009026	Single	5/31/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841689846	1225147655	161523060815014	Single	5/31/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841689846	1225147655	161523063314025	Single	5/31/2016	$ 336.79	$ 336.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835616656	1538174545	161525513051025	Single	5/31/2016	$ 43.50	$ 43.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836939140	1033479241	161544807130002	Single	6/2/2016	$ 298.96	$ 298.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836939140	1033479241	161544810961024	Single	6/2/2016	$ 34.49	$ 34.49	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843598823	1841505161	161385890054014	Single	5/17/2016	$ (192.37)	$ (192.37)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843598823	1841505161	161527082764003	Single	5/31/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843598823	1841505161	161527095272005	Single	5/31/2016	$ 95.81	$ 95.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835324745	1437403565	161520803577004	Single	5/31/2016	$ 231.52	$ 231.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836200835	1194969279	161510475087009	Single	5/30/2016	$ 89.76	$ 89.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161536099289009	Family Member	6/1/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840710163	1952410946	161423139838011	Single	5/21/2016	$ (18.59)	$ (18.59)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840710163	1952410946	161536199048027	Single	6/1/2016	$ 0.23	$ 0.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161536146210015	Single	6/1/2016	$ 14.86	$ 14.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161543350208014	Single	6/2/2016	$ 212.41	$ 212.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161554900177004	Single	6/3/2016	$ 11.85	$ 11.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835132053	1619053964	161524778114020	Single	5/31/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837307371	1538174545	161524500642016	Single	5/31/2016	$ 183.29	$ 183.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846384110	1235248642	161455425882026	Family Member	5/24/2016	$ (40.38)	$ (40.38)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846384110	1235248642	161455427901026	Family Member	5/24/2016	$ (17.67)	$ (17.67)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842614639	1417380825	161533373828004	Family Member	6/1/2016	$ 41.98	$ 41.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842614639	1417380825	161523486825007	Family Member	5/31/2016	$ 110.22	$ 110.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837749708	1396091336	161533512320023	Single	6/1/2016	$ 1,669.25	$ 1,669.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837749708	1396091336	161534411637013	Single	6/1/2016	$ 182.81	$ 182.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842002609	1952410946	161533634711004	Single	6/1/2016	$ 7.32	$ 7.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838196721	1356356430	161505281203029	Family Member	5/29/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837749708	1396091336	161546791468012	Family Member	6/2/2016	$ 9.89	$ 9.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842837981	1497091011	161465538997004	Family Member	5/25/2016	$ (318.36)	$ (318.36)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837364264	1184759912	161553400809029	Family Member	6/3/2016	$ 10.51	$ 10.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842189723	1740389139	161514263131009	Single	5/30/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840558358	1396714903	161554983024014	Family Member	6/3/2016	$ 0.89	$ 0.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840558358	1396714903	161555020746009	Family Member	6/3/2016	$ 310.11	$ 310.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834636947	1407848112	161523548257009	Single	5/31/2016	$ 23.88	$ 23.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834636947	1407848112	161524613742020	Single	5/31/2016	$ 343.85	$ 343.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834636947	1407848112	161524614935007	Single	5/31/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842193539	1154486538	161555082462019	Single	6/3/2016	$ 231.50	$ 231.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842193539	1154486538	161555085619030	Single	6/3/2016	$ 5.15	$ 5.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845029484	1255440681	161544772966020	Single	6/2/2016	$ 9.27	$ 9.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845029484	1255440681	161545840411022	Family Member	6/2/2016	$ 30.88	$ 30.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843868220	1962643437	161545087496001	Family Member	6/2/2016	$ 3.93	$ 3.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849759381	1508975921	161526087661029	Single	5/31/2016	$ 262.48	$ 262.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837243910	1699979575	161556124091029	Single	6/3/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837243910	1699979575	161556124302010	Single	6/3/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837243910	1437403565	161544751492016	Family Member	6/2/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820932862	1033479241	161524855964004	Single	5/31/2016	$ 3.78	$ 3.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833571546	1235248642	161534473898024	Family Member	6/1/2016	$ 42.08	$ 42.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843974866	1881857407	161545588876018	Single	6/2/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839891942	1508975921	161514112526017	Single	5/30/2016	$ 8.30	$ 8.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1750402756	161544423582011	Family Member	6/2/2016	$ 1,183.15	$ 1,183.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843327917	1821015983	161555309119015	Single	6/3/2016	$ 10.19	$ 10.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848686923	1669720827	161543809097001	Single	6/2/2016	$ 71.93	$ 71.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843177241	1851400279	161554628586020	Single	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837655352	1508975921	161487259546026	Single	5/27/2016	$ (98.55)	$ (98.55)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837655352	1508975921	161487267663019	Single	5/27/2016	$ (42.49)	$ (42.49)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837655352	1508975921	161487306952016	Single	5/27/2016	$ (2.82)	$ (2.82)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837655352	1871602201	161505303136022	Single	5/29/2016	$ 2.82	$ 2.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	823987860	1235248642	161526572498011	Single	5/31/2016	$ 47.97	$ 47.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836911106	1740389139	161535739679005	Single	6/1/2016	$ 31.71	$ 31.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841540200	1497197693	161423094270024	Single	5/21/2016	$ (440.96)	$ (440.96)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841540200	1497197693	161523085958027	Single	5/31/2016	$ 22.65	$ 22.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841540200	1497197693	161533113446004	Single	6/1/2016	$ 30.43	$ 30.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	924528878	1568559763	161537478599025	Single	6/1/2016	$ 21.80	$ 21.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1255440681	161536404607022	Family Member	6/1/2016	$ 895.33	$ 895.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1255440681	161536407589020	Family Member	6/1/2016	$ 10.95	$ 10.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1255440681	161545502564020	Family Member	6/2/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821613934	1942337100	161545363209029	Single	6/2/2016	$ 89.16	$ 89.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1225455504	161536191323026	Single	6/1/2016	$ 645.03	$ 645.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841301716	1386850568	161396915516028	Family Member	5/18/2016	$ (52.55)	$ (52.55)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836675385	1255604070	161523667895020	Family Member	5/31/2016	$ 25.68	$ 25.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841835770	1356450324	161532143714026	Single	6/1/2016	$ 203.62	$ 203.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842356036	1578672556	161553582593007	Single	6/3/2016	$ 39.57	$ 39.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834026247	1770810855	161414140134008	Single	5/20/2016	$ (967.29)	$ (967.29)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834026247	1770810855	161554830282022	Single	6/3/2016	$ 967.29	$ 967.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836910140	1568559763	161554406043002	Single	6/3/2016	$ 17.78	$ 17.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839476769	1558381475	161553179802009	Family Member	6/3/2016	$ 231.32	$ 231.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834469811	1851400279	161553621021019	Family Member	6/3/2016	$ 465.11	$ 465.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834589346	1851400279	161534027537002	Family Member	6/1/2016	$ 2.28	$ 2.28	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834589346	1851400279	161534020129027	Family Member	6/1/2016	$ 2.28	$ 2.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1881703866	161504333687022	Single	5/29/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1881703866	161504333779013	Single	5/29/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840449181	1851400279	161534709972013	Single	6/1/2016	$ 231.50	$ 231.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1558381475	161523640027010	Family Member	5/31/2016	$ 130.10	$ 130.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1558381475	161523644380017	Family Member	5/31/2016	$ 12.24	$ 12.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843476676	1568559763	161361873568027	Single	5/15/2016	$ (0.97)	$ (0.97)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841529212	1225147655	161525809782016	Single	5/31/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840366231	1619053964	161523298359003	Family Member	5/31/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841915056	1184667446	161553178159005	Family Member	6/3/2016	$ 51.94	$ 51.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841915056	1184667446	161553192284029	Family Member	6/3/2016	$ 164.80	$ 164.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837512471	1841505161	161536974737004	Single	6/1/2016	$ 37.19	$ 37.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837512471	1841505161	161536975380009	Single	6/1/2016	$ 65.15	$ 65.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843152051	1619053964	161537208949010	Family Member	6/1/2016	$ 231.32	$ 231.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833927637	1740671981	161534269804001	Single	6/1/2016	$ 6.56	$ 6.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849896230	1538174545	161491198980029	Single	5/28/2016	$ 62.34	$ 62.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831556158	1699979575	161546297913022	Single	6/2/2016	$ 52.99	$ 52.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831556158	1699979575	161554829572013	Single	6/3/2016	$ 61.99	$ 61.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835943082	1962643437	161343960116024	Single	5/13/2016	$ (178.42)	$ (178.42)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841064192	1003180704	161503943848024	Family Member	5/29/2016	$ 39.58	$ 39.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837218538	1184667446	161533225119016	Single	6/1/2016	$ 18.92	$ 18.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840371242	1235523739	161526511794006	Family Member	5/31/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839330982	1477635423	161495773275023	Family Member	5/28/2016	$ 231.05	$ 231.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839330982	1477635423	161495775086026	Family Member	5/28/2016	$ 57.75	$ 57.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840157319	1033479241	161556400573014	Single	6/3/2016	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840157319	1033479241	161556407366016	Single	6/3/2016	$ 15.56	$ 15.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838588004	1306250196	161514248911029	Single	5/30/2016	$ 12.82	$ 12.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	829867225	1871602201	161535410659007	Single	6/1/2016	$ 13.02	$ 13.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837155508	1023025038	161416205988001	Single	5/20/2016	$ (440.96)	$ (440.96)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837155508	1356356430	161533128492024	Single	6/1/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843678610	1114932191	161526493916001	Single	5/31/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821506908	1578672556	161493578530018	Single	5/28/2016	$ 336.79	$ 336.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821506908	1578672556	161493613520019	Single	5/28/2016	$ 545.45	$ 545.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839508006	1225147648	161413370537003	Family Member	5/20/2016	$ (25.87)	$ (25.87)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839508006	1225147648	161413429073028	Family Member	5/20/2016	$ (21.40)	$ (21.40)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839508006	1225147648	161505420447030	Family Member	5/29/2016	$ 25.87	$ 25.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840701621	1396714903	161525010551028	Single	5/31/2016	$ 30.08	$ 30.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842246690	1306851464	161555375712013	Family Member	6/3/2016	$ 39.46	$ 39.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838733297	1134368681	161524427727003	Single	5/31/2016	$ 27.60	$ 27.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821009672	1184759912	161555666531023	Single	6/3/2016	$ 1,148.53	$ 1,148.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838758080	1194747857	161535347901009	Single	6/1/2016	$ 6.73	$ 6.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842024815	1194747857	161554151045022	Single	6/3/2016	$ 1,014.78	$ 1,014.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841351306	1619053964	161485468345016	Single	5/27/2016	$ (628.75)	$ (628.75)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841351306	1619053964	161526671287027	Single	5/31/2016	$ 203.62	$ 203.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832175530	1821106717	161555742526015	Single	6/3/2016	$ 23.48	$ 23.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840107253	1538174545	161534668749030	Single	6/1/2016	$ 17.08	$ 17.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842718520	1508975921	161496289105014	Family Member	5/28/2016	$ 1,849.03	$ 1,849.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841921524	1821015983	161465821658010	Single	5/25/2016	$ (1.73)	$ (1.73)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841252512	1669499893	161555946110002	Family Member	6/3/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820847812	1538174545	161513658012004	Single	5/30/2016	$ 3.29	$ 3.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820847812	1538174545	161513660278013	Single	5/30/2016	$ 2.70	$ 2.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840972064	1851400279	161553646416009	Single	6/3/2016	$ 49.45	$ 49.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834297604	1033479241	161556268370006	Single	6/3/2016	$ 14.95	$ 14.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	825506056	1033124003	161495151431030	Family Member	5/28/2016	$ 31.09	$ 31.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	825506056	1033124003	161495155247007	Family Member	5/28/2016	$ 163.47	$ 163.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844798170	1720093800	161536740195018	Single	6/1/2016	$ 9.80	$ 9.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835488467	1871602201	161504099956014	Family Member	5/29/2016	$ 9.73	$ 9.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835488467	1871602201	161504117673011	Family Member	5/29/2016	$ 7.38	$ 7.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837194479	1437403565	161203967597001	Family Member	4/29/2016	$ (328.84)	$ (328.84)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831409461	1356450324	161555090252018	Single	6/3/2016	$ 239.81	$ 239.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836624751	1497197693	161514167611006	Single	5/30/2016	$ 24.57	$ 24.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839693062	1396091336	161513364267018	Single	5/30/2016	$ 5.59	$ 5.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903599633	1306250196	161523881467014	Single	5/31/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836012670	1033479241	161527838906011	Family Member	5/31/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	830772650	1396091336	161554022448005	Single	6/3/2016	$ 7.73	$ 7.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839783372	1528387693	161495036792029	Single	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839783372	1528387693	161495036912005	Single	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833569349	1003180704	161535499302013	Family Member	6/1/2016	$ 82.59	$ 82.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841067586	1215046297	161536500226014	Single	6/1/2016	$ 9.80	$ 9.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842808137	1720218035	161493293584006	Family Member	5/28/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822061042	1023025038	161516470089025	Single	5/30/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837681336	1053551598	161513658397020	Single	5/30/2016	$ 1.98	$ 1.98	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837681336	1053551598	161513659916023	Single	5/30/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837681336	1053551598	161513661419002	Single	5/30/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837681336	1053551598	161513665252006	Single	5/30/2016	$ 109.06	$ 109.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840277776	1881739894	161534739608014	Family Member	6/1/2016	$ 198.81	$ 198.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840295384	1194747857	161544043968030	Single	6/2/2016	$ 7.31	$ 7.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840295384	1194747857	161545315174030	Single	6/2/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841509397	1720093800	161515267538026	Single	5/30/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842347587	1669499893	161515898574013	Family Member	5/30/2016	$ 552.45	$ 552.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833151925	1497197693	161535430797005	Family Member	6/1/2016	$ 42.68	$ 42.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836189939	1366725046	161553771513017	Single	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843819866	1053326652	161554413839009	Family Member	6/3/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843819866	1053326652	161554419081016	Family Member	6/3/2016	$ 24.63	$ 24.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843819866	1053326652	161554565383019	Family Member	6/3/2016	$ 88.06	$ 88.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841469736	1437403565	161520802793022	Single	5/31/2016	$ 14.21	$ 14.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841469736	1437403565	161520802839026	Single	5/31/2016	$ 71.48	$ 71.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841469736	1437403565	161520802914004	Single	5/31/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841837846	1356356430	161474921171030	Family Member	5/26/2016	$ (55.45)	$ (55.45)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841837846	1356356430	161554718637021	Family Member	6/3/2016	$ 49.69	$ 49.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840820493	1821106717	161523441844018	Single	5/31/2016	$ 1,002.70	$ 1,002.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840820493	1508975921	161524176402003	Single	5/31/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832018845	1194969279	161393390561021	Single	5/18/2016	$ (1.34)	$ (1.34)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820005635	1750402756	161511474151009	Single	5/30/2016	$ 89.76	$ 89.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839350893	1821016627	161523780605015	Family Member	5/31/2016	$ 20.99	$ 20.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836590346	1396091336	161516034402011	Single	5/30/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838934872	1508975921	161495028352015	Family Member	5/28/2016	$ 39.58	$ 39.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820450524	1669487617	161534364201015	Single	6/1/2016	$ 109.47	$ 109.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820133701	1396091336	161545205725015	Single	6/2/2016	$ 87.99	$ 87.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820133701	1396091336	161553735517010	Single	6/3/2016	$ 24.89	$ 24.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820133701	1396091336	161553736154006	Single	6/3/2016	$ 30.70	$ 30.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841753558	1841505161	161535511335011	Single	6/1/2016	$ 5.98	$ 5.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847740336	1306928361	160636103320008	Family Member	3/3/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833405187	1740399732	161485302979002	Family Member	5/27/2016	$ (360.93)	$ (360.93)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833405187	1740399732	161485302979002	Family Member	5/27/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833405187	1740399732	161485307949026	Family Member	5/27/2016	$ (162.61)	$ (162.61)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833405187	1740399732	161523875616014	Family Member	5/31/2016	$ 332.39	$ 332.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837600398	1225140130	161554868224005	Family Member	6/3/2016	$ 131.24	$ 131.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837600398	1225140130	161494005267017	Family Member	5/28/2016	$ 13.15	$ 13.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820046727	1114932191	161526350086028	Single	5/31/2016	$ 10.51	$ 10.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843078200	1023025038	161554357581018	Single	6/3/2016	$ 10.96	$ 10.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834572530	1528387693	161515233923009	Family Member	5/30/2016	$ 261.10	$ 261.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834572530	1306851464	161553744986028	Single	6/3/2016	$ 440.96	$ 440.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844043465	1528387693	161534057509026	Family Member	6/1/2016	$ 18.08	$ 18.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845343655	1578672556	161413965949014	Family Member	5/20/2016	$ (109.47)	$ (109.47)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845343655	1578672556	161457504859013	Family Member	5/24/2016	$ (140.52)	$ (140.52)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834397346	1740671981	161536283901007	Single	6/1/2016	$ 53.45	$ 53.45	0%	$0.00	
																			BASIC PLAN:		**$ 232,474.45**	**$ 232,589.97**			
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	835895868	1053317362	00002016158501560V0X	Single	5/4/2016	$ 789.71	$ 789.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842078634	1053317362	00002016161508H4830X	Family Subscriber	6/3/2016	$ 413.97	$ 413.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	833653727	1053317362	00002016161507T14200X	Family Subscriber	6/7/2016	$ 146.25	$ 146.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841692795	1053317362	00002016162506639A80X	Family Member	6/8/2016	$ 80.95	$ 80.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839084311	1053317362	00002016160503595D0X	Family Subscriber	5/26/2016	$ 195.27	$ 195.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839084311	1053317362	00002016162509I7P00X	Family Subscriber	6/6/2016	$ 3,201.38	$ 3,201.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	843504441	1053317362	00002016160502S3H30X	Family Subscriber	6/6/2016	$ 38.29	$ 38.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840699421	1053317362	00002016161507T12030X	Family Member	6/7/2016	$ 76.42	$ 76.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840699421	1053317362	00002016161507T13720X	Family Member	6/6/2016	$ 1,387.09	$ 1,387.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840699421	1053317362	00002016161505H5940X	Family Member	6/6/2016	$ 128.20	$ 128.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	843706745	1053317362	00002016158506892W0X	Family Subscriber	5/18/2016	$ 546.28	$ 546.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839723918	1205833985	00002016160501490D0X	Family Member	5/31/2016	$ 403.41	$ 403.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839723918	1053317362	00002016162506665A50X	Family Subscriber	6/8/2016	$ 247.36	$ 247.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837947086	1053317362	00002016162506635A20X	Single	6/8/2016	$ 939.69	$ 939.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842182069	1053317362	00002016158505333A0X	Family Subscriber	6/1/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842182069	1053317362	00002016162506671A30X	Family Subscriber	6/8/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840287772	1225132863	00002016158503730W0X	Single	5/18/2016	$ 18,109.00	$ 18,109.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841754494	1770573586	00002016084504478P0X	Family Subscriber	3/13/2016	$ 27,100.00	$ 27,100.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841754494	1174582050	00002016161508G7330X	Family Subscriber	5/31/2016	$ 1,588.32	$ 1,588.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841754494	1073615266	00002016113579I3E90X	Family Member	3/2/2016	$ 453.86	$ 453.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836767573	1053317362	00002016158508671U0X	Single	6/2/2016	$ 255.73	$ 255.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	844518988	1053317362	00002016158506569A0X	Single	6/1/2016	$ 205.35	$ 205.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836435062	1053317362	00002016158506895W0X	Single	6/1/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837628551	1053317362	00002016162506646A40X	Family Subscriber	6/8/2016	$ 117.65	$ 117.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841247911	1053317362	00002016162506666P60X	Family Subscriber	6/7/2016	$ 277.10	$ 277.10	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842796345	1124197165	00002016155030373 10C	Single	5/23/2016	$ 683.23	$ 683.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840791558	1053317362	00002016159500D1620X	Single	6/3/2016	$ 338.34	$ 338.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	832943700	1770573586	00002016158505541Q0X	Single	5/31/2016	$ 1,264.01	$ 1,264.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840301978	1053317362	00002016161501T2430X	Family Member	6/6/2016	$ 86.24	$ 86.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	849183465	1619924719	00002016161501T10490X	Family Subscriber	6/4/2016	$ 2,258.46	$ 2,258.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	847031433	1205833985	00002015278500860U0X	Single	9/14/2015	$ (4,873.54)	$ (4,873.54)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	847031433	1205833985	00002015278500860U0X	Single	9/14/2015	$ 3,229.23	$ 3,229.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841659101	1053317362	00002016160505 65P690X	Family Subscriber	6/2/2016	$ 917.39	$ 917.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	844991980	1053317362	00002016158502032V0X	Family Subscriber	6/1/2016	$ 405.30	$ 405.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	844991980	1619924719	00002016160502 60H10X	Family Member	6/3/2016	$ 2,854.15	$ 2,854.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	838125163	1053317362	00002016160506 4P990X	Single	6/2/2016	$ 371.57	$ 371.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841711925	1598744856	00002016158509202F0X	Family Member	5/31/2016	$ 696.00	$ 696.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	828899720	1861488579	00002016156508 4G380X	Single	5/24/2016	$ 3,599.40	$ 3,599.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840923245	1053317362	00002016160503 018D0X	Single	6/2/2016	$ 128.20	$ 128.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841411281	1053317362	00002016159500D2480X	Single	6/4/2016	$ 182.95	$ 182.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	845908957	1619924719	00002016134 50V74600X	Single	4/6/2016	$ 117.81	$ 117.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	849183465	1053317362	00002016138504W2241X	Family Member	5/14/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847944428	1013995273	00002016162502 50S70X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1790721538	00002016161503D3460X	Single	6/3/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1790721538	00002016161503D3460X	Single	6/3/2016	$ 5.22	$ 5.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1861458127	00002016161503L8720X	Single	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1861458127	00002016161503L8720X	Single	6/3/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1861458127	00002016161503L8720X	Single	6/3/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839747586	1861458127	00002016161503L8720X	Single	6/3/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846993117	1255401196	00002016159507P9300X	Family Subscriber	6/2/2016	$ 0.45	$ 0.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843084206	1881929321	00002016159 50W55090X	Family Member	5/10/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843084206	1881929321	00002016159 50W55090X	Family Member	5/10/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843084206	1881929321	00002016159 50W55360X	Family Member	5/12/2016	$ 325.04	$ 325.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843084206	1881929321	00002016159 50W55360X	Family Member	5/12/2016	$ 51.36	$ 51.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843352495	1760465173	00002016158508352G0X	Family Member	6/3/2016	$ 126.30	$ 126.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840581839	1568425254	00002016158504307L0X	Family Member	6/3/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843371205	1801907894	00002016162504 2L100X	Single	6/7/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835895868	1891071106	00002016159502J1120X	Single	6/1/2016	$ 43.95	$ 43.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016098505 77N80X	Single	3/31/2016	$ 12.89	$ 12.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016098505 77N80X	Single	3/31/2016	$ 6.71	$ 6.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016098505 77N80X	Single	3/31/2016	$ 18.59	$ 18.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016098505 77N80X	Single	3/31/2016	$ 11.98	$ 11.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016098505 77N80X	Single	3/31/2016	$ 10.86	$ 10.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1255542288	00002016158509 00X30X	Single	5/18/2016	$ 42.94	$ 42.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842078634	1316275993	00002016159506X7120X	Family Subscriber	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ (40.01)	$ (40.01)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ (23.70)	$ (23.70)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ (19.74)	$ (19.74)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821124912	1346440047	00002016109 50P34850X	Single	4/14/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844217831	1851627764	00002016138500 80F20X	Family Subscriber	5/12/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844217831	1851627764	00002016138500 80F20X	Family Subscriber	5/12/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844217831	1366475923	00002016161508V0810X	Family Subscriber	5/19/2016	$ 110.67	$ 110.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844217831	1447631841	00002016162509 53W20X	Family Subscriber	6/9/2016	$ 55.27	$ 55.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844217831	1447631841	00002016162509 53W20X	Family Subscriber	6/9/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875667	1124006390	00002016159500 3N400X	Single	6/4/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875667	1124006390	00002016159500 3N400X	Single	6/4/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875667	1124006390	00002016159500 3N400X	Single	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838297615	1346554656	00002016158 50E82200X	Single	5/25/2016	$ 59.79	$ 59.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838297615	1346554656	00002016158 50E82200X	Single	5/25/2016	$ 50.51	$ 50.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838297615	1083926737	00002016159503 8A860X	Single	6/2/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1508070038	00002016162502 93Q80X	Single	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1508070038	00002016162502 93Q80X	Single	6/7/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842646069	1588008247	00002016155500 7G880X	Family Subscriber	5/23/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1750349700	00002016159509 0L980X	Family Member	5/23/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1750349700	00002016159509 0L980X	Family Member	5/23/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843010843	1093959751	00002016160507866E0X	Family Subscriber	6/6/2016	$ 24.28	$ 24.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 7.02	$ 7.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 22.19	$ 22.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 8.34	$ 8.34	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 19.11	$ 19.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 14.43	$ 14.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 15.92	$ 15.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 15.97	$ 15.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 23.34	$ 23.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 6.62	$ 6.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 23.34	$ 23.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 11.12	$ 11.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 21.88	$ 21.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 7.75	$ 7.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 4.43	$ 4.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 13.66	$ 13.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 12.95	$ 12.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 11.70	$ 11.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 12.50	$ 12.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838799183	1881679751	00002016161501J30650X	Single	6/3/2016	$ 14.56	$ 14.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247527	1427233238	00002016162500006N30X	Single	4/26/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247527	1427233238	00002016162500006N30X	Single	4/26/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247527	1427233238	00002016162500006N30X	Single	4/26/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247527	1427233238	00002016162500006N30X	Single	4/26/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834629686	1548593148	00002016162504 4L800X	Family Subscriber	5/6/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837386546	1194769497	00002016160508 2S770X	Family Subscriber	5/31/2016	$ 33.56	$ 33.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837386546	1073508545	00002016162501 63S30X	Family Subscriber	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833653727	1174706378	00002016161501 W20950X	Family Subscriber	6/7/2016	$ 10.45	$ 10.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 2.15	$ 2.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 23.03	$ 23.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1619082435	00002016097501T2070X	Family Member	3/28/2016	$ 85.08	$ 85.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1417163098	00002016160508562Q0X	Family Member	6/1/2016	$ 8.98	$ 8.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1417163098	00002016160508562Q0X	Family Member	6/1/2016	$ 52.74	$ 52.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1417163098	00002016161503 9A760X	Family Member	6/3/2016	$ 8.98	$ 8.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839398210	1417163098	00002016161503 9A760X	Family Member	6/3/2016	$ 52.74	$ 52.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 6.51	$ 6.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016162503 9G390X	Family Subscriber	6/6/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1851627764	00002016159500 3N500X	Family Member	2/2/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366475923	00002016160509317N0X	Family Member	5/16/2016	$ 79.81	$ 79.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1326246901	00002016161504G8120X	Family Subscriber	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1326246901	00002016161504G8120X	Family Subscriber	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1326246901	00002016161504G8120X	Family Subscriber	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	00002016160505195N0X	Family Member	6/6/2016	$ 63.30	$ 63.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	00002016160506099N0X	Family Member	6/6/2016	$ 54.60	$ 54.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	00002016161501W7680X	Family Member	6/8/2016	$ 54.60	$ 54.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	00002016161501W7770X	Family Member	6/8/2016	$ 63.30	$ 63.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843352495	1760465173	00002016158508863G0X	Family Subscriber	6/3/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843352495	1619099710	00002016160503 2X710X	Family Subscriber	6/7/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820443560	1104033174	00002016160504 1S270X	Family Member	4/18/2016	$ 55.27	$ 55.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820443560	1104033174	00002016160504 1S270X	Family Member	4/18/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820443560	1104033174	00002016160504 1S270X	Family Member	4/18/2016	$ 13.87	$ 13.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820443560	1104033174	00002016160504 1S270X	Family Member	4/18/2016	$ 13.87	$ 13.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	00002016137501 59Q10X	Family Member	5/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	00002016138501 C8720X	Family Member	5/4/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	00002016138501 C8720X	Family Member	5/4/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	00002016138501 C8720X	Family Member	5/4/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1932252632	00002016159505 8G010X	Single	6/7/2016	$ 0.45	$ 0.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841335401	1265655781	00002016133 50F57690X	Family Subscriber	5/10/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	00002016158 50C67630X	Single	5/26/2016	$ 122.81	$ 122.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	00002016158 50C80340X	Single	6/2/2016	$ 155.37	$ 155.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	00002016160504 922N0X	Single	6/7/2016	$ 155.37	$ 155.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830230489	1346554656	00002016159505 0J800X	Family Subscriber	5/31/2016	$ 72.64	$ 72.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016131 50Y72500X	Family Member	5/6/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016131 50Y72500X	Family Member	5/6/2016	$ 10.90	$ 10.90	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (506.52)	$ (506.52)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 506.52	$ 506.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (160.23)	$ (160.23)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 160.23	$ 160.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (9.11)	$ (9.11)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 9.11	$ 9.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (12.29)	$ (12.29)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 12.29	$ 12.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (5.46)	$ (5.46)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 5.46	$ 5.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (6.93)	$ (6.93)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 6.93	$ 6.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (100.35)	$ (100.35)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 100.35	$ 100.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (18.45)	$ (18.45)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 18.45	$ 18.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (8.23)	$ (8.23)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 8.23	$ 8.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (248.35)	$ (248.35)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 248.35	$ 248.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (14.81)	$ (14.81)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 14.81	$ 14.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ (5.28)	$ (5.28)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1558507020	00002016027501 28L00X	Single	1/19/2016	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1265594352	00002016138 50Y4595X	Single	5/10/2016	$ 59.74	$ 59.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841597899	1265594352	00002016138 50Y4595X	Single	5/10/2016	$ 55.19	$ 55.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016158 508851U0X	Family Member	4/29/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016158 508851U0X	Family Member	4/29/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016158 508851U0X	Family Member	4/29/2016	$ 54.28	$ 54.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016161 501L2360X	Family Member	5/10/2016	$ 384.16	$ 384.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016161 509973Z0X	Family Member	5/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016161 509973Z0X	Family Member	5/9/2016	$ 54.28	$ 54.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016161 509973Z0X	Family Member	5/9/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838714261	1891855656	00002016162 5079F860X	Family Member	6/2/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842304384	1912916131	00002016158 502408V0X	Single	5/27/2016	$ 134.52	$ 134.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016159 50S34410X	Family Subscriber	6/3/2016	$ 8.98	$ 8.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016159 50S34410X	Family Subscriber	6/3/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016159 50S34410X	Family Subscriber	6/3/2016	$ 12.11	$ 12.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016160 50134A90X	Family Subscriber	6/6/2016	$ 7.09	$ 7.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016160 50134A90X	Family Subscriber	6/6/2016	$ 12.11	$ 12.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836704221	1740607092	00002016159 5068H340X	Family Subscriber	6/2/2016	$ 151.75	$ 151.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836704221	1306993225	00002016160 502436P0X	Family Subscriber	6/7/2016	$ 112.61	$ 112.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838201785	1447506415	00002016133 50F87730X	Family Member	4/21/2016	$ 27.61	$ 27.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838201785	1447506415	00002016148 500A3320X	Family Member	5/12/2016	$ 27.61	$ 27.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838201785	1770558447	00002016159 508D7180X	Family Member	6/1/2016	$ 102.69	$ 102.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838201785	1770558447	00002016159 508D7180X	Family Member	6/1/2016	$ 52.22	$ 52.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840699421	1427136357	00002016160 50220L20X	Family Member	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840699421	1427136357	00002016160 50220L20X	Family Member	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840699421	1346554656	00002016162 504100A0X	Family Member	6/6/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	923958634	1245467240	00002016089 50H40740X	Single	3/26/2016	$ 100.60	$ 100.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	923958634	1245467240	00002016089 50H40740X	Single	3/26/2016	$ 54.68	$ 54.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	923958634	1245467240	00002016089 50H40740X	Single	3/26/2016	$ 16.02	$ 16.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832979398	1609066257	00002016159 5094D800X	Family Member	5/28/2016	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840907741	1548501984	00002016162 50719Z30X	Family Member	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840907741	1548501984	00002016162 50719Z30X	Family Member	6/8/2016	$ 21.80	$ 21.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840907741	1548501984	00002016162 50719Z30X	Family Member	6/8/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840907741	1548501984	00002016162 50719Z30X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849342953	1073574810	00002016158 504182J0X	Family Subscriber	4/18/2016	$ 15.13	$ 15.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839859960	1619099710	00002016156 5030L860X	Single	6/3/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839723918	1639114291	00002016134 5030F920X	Family Member	5/9/2016	$ 53.38	$ 53.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839723918	1023175403	00002016160 50396K80X	Family Member	5/31/2016	$ 42.91	$ 42.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839723918	1023175403	00002016160 50396K80X	Family Member	5/31/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540092	1053555144	00002016138 5085X400X	Family Member	1/14/2016	$ 67.22	$ 67.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540092	1629189246	00002016159 5014E400X	Family Member	5/24/2016	$ 35.89	$ 35.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540092	1629189246	00002016159 5014E400X	Family Member	5/24/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1073508545	00002016162 50190S40X	Single	6/7/2016	$ 12.60	$ 12.60	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1902128267	00002016132506T4470X	Family Member	5/5/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1902128267	00002016132506T4470X	Family Member	5/5/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1558570416	00002016133505S66950X	Family Member	4/27/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1558570416	00002016133505S66950X	Family Member	4/27/2016	$ 7.64	$ 7.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837947086	1881929321	00002016156508 4Q210X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837947086	1215183041	00002016161505V15330X	Single	6/8/2016	$ 24.28	$ 24.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837947086	1215183041	00002016161505V15330X	Single	6/8/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1902128267	00002016134507A1860X	Family Member	5/5/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1902128267	00002016134507A1860X	Family Member	5/5/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842958917	1083799001	00002016158500003S0X	Family Member	6/1/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1699197731	00002016158509 62J30X	Family Member	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (144.34)	$ (144.34)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 144.34	$ 144.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (70.73)	$ (70.73)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 70.73	$ 70.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (63.32)	$ (63.32)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 63.32	$ 63.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (61.27)	$ (61.27)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 61.27	$ 61.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016161506D6330X	Single	4/1/2016	$ 715.79	$ 715.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1841200805	00002016158500D04390X	Family Subscriber	4/18/2016	$ 260.42	$ 260.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	924657386	1386671378	00002016158500C75940X	Single	4/14/2016	$ 57.95	$ 57.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	924657386	1386671378	00002016158500C75940X	Single	4/14/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835450204	1205851367	00002016160505447N0X	Single	5/20/2016	$ 25.34	$ 25.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835450204	1205851367	00002016160505447N0X	Single	5/20/2016	$ 51.36	$ 51.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841109015	1750463022	00002016132502W0600X	Family Member	5/4/2016	$ 16.02	$ 16.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841109015	1750463022	00002016132502W0600X	Family Member	5/4/2016	$ 54.68	$ 54.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	00002016162503 3G560X	Family Subscriber	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	00002016162503 1G490X	Family Member	6/1/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842852466	1841200805	00002016158500 12450X	Family Subscriber	4/25/2016	$ 230.40	$ 230.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1790721538	00002016158509 1W060X	Family Member	5/12/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1790721538	00002016158509 1W060X	Family Member	5/12/2016	$ 5.12	$ 5.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1790721538	00002016158509 1W060X	Family Member	5/12/2016	$ 2.36	$ 2.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1790721538	00002016158509 1W060X	Family Member	5/12/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845710198	1194769497	00002016159 50N21590X	Family Member	5/31/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845710198	1194769497	00002016159 50N21590X	Family Member	5/31/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838039240	1255401196	00002016162509 90G70X	Family Member	6/6/2016	$ 29.07	$ 29.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1780600510	00002016158501368V0X	Family Member	6/2/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1780600510	00002016158501368V0X	Family Member	6/2/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1558570416	00002016158504392L0X	Family Member	5/23/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016162505 8L360X	Family Member	6/6/2016	$ 10.59	$ 10.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016162505 8L360X	Family Member	6/6/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016162505 8L360X	Family Member	6/6/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016162505 8L360X	Family Member	6/6/2016	$ 56.78	$ 56.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841451664	1073574810	00002016159506T3440X	Family Subscriber	6/2/2016	$ 103.83	$ 103.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1386697209	00002016158500791E0X	Single	5/12/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1386697209	00002016158500791E0X	Single	5/13/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1386697209	00002016158500791E0X	Single	5/14/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1386697209	00002016158509664D0X	Single	5/11/2016	$ 198.95	$ 198.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1447639265	00002016159509 7D640X	Single	6/6/2016	$ 134.52	$ 134.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1447639265	00002016159509 7D640X	Single	6/6/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1114191277	00002016160501426B0X	Single	6/2/2016	$ 146.93	$ 146.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1114191277	00002016160501426B0X	Single	6/2/2016	$ 21.53	$ 21.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1114191277	00002016160501636B0X	Single	6/7/2016	$ 146.93	$ 146.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1114191277	00002016160501636B0X	Single	6/7/2016	$ 21.53	$ 21.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 23.55	$ 23.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 8.69	$ 8.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/13/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/13/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509 2Z530X	Single	5/13/2016	$ 5.50	$ 5.50	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509Z530X	Single	5/14/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509Z530X	Single	5/14/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1881929321	00002016160509Z530X	Single	5/14/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1528039120	00002016162506 6E900X	Single	6/8/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1528039120	00002016162506 6E900X	Single	6/8/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834629686	1528015096	0000201615950W23810X	Family Member	6/6/2016	$ 175.58	$ 175.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834629686	1528015096	0000201615950W23810X	Family Member	6/6/2016	$ 34.15	$ 34.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834788961	1871832113	00002016134505D9700X	Family Subscriber	4/18/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841804905	1144389842	00002016160500162P0X	Single	6/7/2016	$ 102.69	$ 102.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840856991	1942616024	0000201616050038L20X	Family Member	6/3/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838919431	1629195177	0000201615950 54E370X	Family Subscriber	6/1/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838889169	1962457234	00002016158506 3Z730X	Family Subscriber	5/5/2016	$ 191.39	$ 191.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838889169	1780600510	00002016162503 77V10X	Family Subscriber	6/8/2016	$ 6.54	$ 6.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 21.81	$ 21.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 56.16	$ 56.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 180.05	$ 180.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844674416	1255604179	00002016161507K9170X	Family Member	6/8/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1932252632	00002016162501 6G950X	Single	6/8/2016	$ 24.92	$ 24.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837368075	1447561915	00002016160507 3S650X	Family Subscriber	6/7/2016	$ 102.69	$ 102.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837368075	1447561915	00002016160507 3S650X	Family Subscriber	6/7/2016	$ 52.22	$ 52.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837368075	1699811737	00002016162503 4L670X	Family Subscriber	5/31/2016	$ 232.84	$ 232.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836919636	1790721538	00002016159505 W1610X	Family Subscriber	6/1/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016159506 T0240X	Family Subscriber	5/31/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016159506 T0280X	Family Subscriber	4/5/2016	$ 385.65	$ 385.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016159506 T7330X	Family Subscriber	5/25/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016159506 T7330X	Family Subscriber	5/26/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016159506 T7330X	Family Subscriber	5/27/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1083904890	00002016161 50U9553X	Family Subscriber	6/2/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839009206	1356433379	00002016158502 214N0X	Family Subscriber	5/27/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843144377	1609930809	00002016161509V7320X	Single	6/6/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1063588143	00002016109576A6880X	Family Member	2/21/2016	$ 80.77	$ 80.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1063588143	00002016109576A6880X	Family Member	2/21/2016	$ 9.56	$ 9.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016130578184A0X	Family Member	4/11/2016	$ 350.00	$ 350.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016130578184A0X	Family Member	4/11/2016	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016132 57A97470X	Family Member	4/20/2016	$ 350.00	$ 350.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016132 57A97470X	Family Member	4/20/2016	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1336543636	00002016132 57B33870X	Family Member	3/27/2016	$ 34.21	$ 34.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1336543636	00002016132 57B33870X	Family Member	3/27/2016	$ 1.67	$ 1.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1588732127	00002016134578E4380X	Family Member	4/5/2016	$ 19.26	$ 19.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1588732127	00002016134578E4380X	Family Member	4/5/2016	$ 3.02	$ 3.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822512441	1982827150	00002016158032892 30C	Single	3/8/2016	$ 369.00	$ 369.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841413298	1619318078	00002016084501332N0X	Family Subscriber	3/1/2016	$ 27.61	$ 27.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838115846	1972681401	00002016161507T8010X	Family Member	6/6/2016	$ 59.00	$ 59.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838115846	1972681401	00002016161507T8010X	Family Member	6/6/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902573	1063513794	00002016161500B7640X	Family Subscriber	3/21/2016	$ 53.38	$ 53.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902573	1063513794	00002016161500B7640X	Family Subscriber	3/21/2016	$ 59.74	$ 59.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837368135	1952311441	00002016158500 1680X	Family Subscriber	5/5/2016	$ 278.08	$ 278.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844518988	1407035298	00002016161508929Y0X	Single	6/1/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844518988	1407035298	00002016161508929Y0X	Single	6/1/2016	$ 2.57	$ 2.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844518988	1407035298	00002016161508929Y0X	Single	6/1/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841928718	1073508545	00002016162501 75S90X	Single	6/7/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847005188	1164720777	00002016160507 42K50X	Single	5/29/2016	$ 92.21	$ 92.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1871832113	00002016160502 72A20X	Single	5/27/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1275687428	00002016160504 90L80X	Single	6/2/2016	$ 118.15	$ 118.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1174836233	00002016160508699E0X	Single	6/3/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 9.05	$ 9.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 10.28	$ 10.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 53.70	$ 53.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 2.02	$ 2.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 3.38	$ 3.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 7.90	$ 7.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 3.87	$ 3.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 4.17	$ 4.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 2.94	$ 2.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1780600510	00002016161 50U9341X	Single	6/3/2016	$ 12.58	$ 12.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016161501L0510X	Single	6/7/2016	$ 73.99	$ 73.99	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016161501L0510X	Single	6/7/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016161501L0510X	Single	6/7/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016161501L0510X	Single	6/7/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016161501L0510X	Single	6/7/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836435062	1346554656	00002016158508 9Z380X	Single	6/1/2016	$ 61.79	$ 61.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846301317	1306924626	00002016161507P3410X	Single	5/26/2016	$ 146.66	$ 146.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846301317	1306924626	00002016161507P3410X	Single	5/26/2016	$ 36.90	$ 36.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016159502J4810X	Family Subscriber	5/27/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	8416329 79	1225139942	00002016133509112V0X	Family Member	5/6/2016	$ 1,125.32	$ 1,125.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841163545	1598980526	00002016160500692G0X	Family Member	6/1/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841163545	1598980526	00002016160500692G0X	Family Member	6/1/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841163545	1598980526	00002016160500692G0X	Family Member	6/1/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ (102.20)	$ (102.20)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ 102.20	$ 102.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ (72.85)	$ (72.85)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ 72.85	$ 72.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ (3.58)	$ (3.58)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ 3.58	$ 3.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ (3.44)	$ (3.44)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ 3.44	$ 3.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ (3.89)	$ (3.89)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841661038	1821381054	00002015217507 6U170X	Family Member	7/29/2015	$ 3.89	$ 3.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841358544	1548501984	00002016160504 8S500X	Single	6/6/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841358544	1548501984	00002016160504 8S500X	Single	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247911	1013995273	00002016158501 64P60X	Family Subscriber	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837205702	1982711743	00002016098509 89Y10X	Family Member	4/5/2016	$ 145.99	$ 145.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 8.59	$ 8.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 7.89	$ 7.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 9.29	$ 9.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 7.33	$ 7.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507668Z0X	Family Member	6/2/2016	$ 13.66	$ 13.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849075966	1649453200	00002016158506842G0X	Family Member	6/2/2016	$ 70.31	$ 70.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835135884	1346479169	00002016096503307V0X	Single	3/30/2016	$ 940.24	$ 940.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1801856786	00002016084502 23L30X	Family Member	3/9/2016	$ 104.52	$ 104.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1801856786	00002016084502 23L30X	Family Member	3/9/2016	$ 114.76	$ 114.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1629346606	00002016158 50C37200X	Family Member	6/6/2016	$ 89.42	$ 89.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 8.59	$ 8.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 7.89	$ 7.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 9.29	$ 9.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 7.33	$ 7.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1194769497	00002016161507487Z0X	Family Member	6/2/2016	$ 13.66	$ 13.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833653727	1437153244	00002016160503231U0X	Family Member	6/3/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838672518	1306902283	00002016160504 73K80X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838672518	1306902283	00002016160504 73K90X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838672518	1306902283	00002016160504 73K90X	Family Member	4/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	00002016159500 4N560X	Family Subscriber	6/3/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	00002016159500 4N560X	Family Subscriber	6/3/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	00002016159500 4N560X	Family Subscriber	6/3/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	00002016159500 4N560X	Family Subscriber	6/3/2016	$ 0.46	$ 0.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	00002016159500 4N560X	Family Subscriber	6/3/2016	$ 49.63	$ 49.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1326246901	00002016161505G3210X	Family Subscriber	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1326246901	00002016161505G3210X	Family Subscriber	6/6/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838817654	1033157821	00002016158503 2Z260X	Single	5/23/2016	$ 60.45	$ 60.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833846840	1245596311	00002016160508621E0X	Family Subscriber	3/24/2016	$ 30.88	$ 30.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840160107	1326246901	00002016161503G9020X	Family Subscriber	6/6/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840160107	1326246901	00002016161503G9020X	Family Subscriber	6/6/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820158387	1427136357	00002016159501J8260X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820158387	1427136357	00002016159501J8260X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820158387	1427136357	00002016159501J8260X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820158387	1780600510	00002016162503 86V10X	Family Member	6/8/2016	$ 6.04	$ 6.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832686530	1396867636	00002016158501 D01620X	Family Member	5/30/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832686530	1396867636	00002016158501 D01620X	Family Member	5/30/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832686530	1396867636	00002016158501 D01620X	Family Member	5/30/2016	$ 15.73	$ 15.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016132500 94J30X	Family Member	4/18/2016	$ 207.91	$ 207.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016132500 94J30X	Family Member	4/18/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791558	1043515166	00002016158502 97K10X	Single	5/26/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791558	1043515166	00002016158503 07K10X	Single	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791558	1043515166	00002016158503 07K10X	Single	6/3/2016	$ 1.15	$ 1.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791558	1043515166	00002016158503 07K10X	Single	6/3/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839543128	1043433782	00002016159501 7G630X	Single	6/6/2016	$ 27.10	$ 27.10	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1487683561	00002016161500W9820X	Family Subscriber	6/9/2016	$ 31.87	$ 31.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838549272	1376857706	00002016162501 1G040X	Family Member	6/3/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838549272	1376857706	00002016162501 1G040X	Family Member	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838549272	1376857706	00002016162501 1G040X	Family Member	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838549272	1376857706	00002016162501 1G040X	Family Member	6/3/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837794947	1639114291	00002016158500728N0X	Family Member	6/2/2016	$ 24.58	$ 24.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837794947	1639114291	00002016158500728N0X	Family Member	6/2/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832943700	1437478302	00002016160506330B0X	Single	5/31/2016	$ 52.18	$ 52.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840301978	1043515166	00002016161508297Y0X	Family Member	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016155501 6G990X	Family Subscriber	6/2/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016155501 6G990X	Family Subscriber	6/2/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016155501 6G990X	Family Subscriber	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016155501 6G990X	Family Subscriber	6/2/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016155501 6G990X	Family Subscriber	6/2/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1790721538	00002016159507W7810X	Family Subscriber	6/2/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1790721538	00002016159507W7810X	Family Subscriber	6/2/2016	$ 3.36	$ 3.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1790721538	00002016159507W7810X	Family Subscriber	6/2/2016	$ 13.67	$ 13.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1790721538	00002016159507W7810X	Family Subscriber	6/2/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836953978	1508070038	00002016159508 5L540X	Family Subscriber	6/3/2016	$ 14.45	$ 14.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833692860	1508884412	00002016158503937L0X	Single	3/22/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/23/2016	$ 8.37	$ 8.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/23/2016	$ 6.70	$ 6.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/25/2016	$ 21.39	$ 21.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/25/2016	$ 8.37	$ 8.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/25/2016	$ 6.70	$ 6.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W250X	Family Member	5/27/2016	$ 21.39	$ 21.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W360X	Family Member	5/27/2016	$ 8.37	$ 8.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1831272442	00002016160509 9W360X	Family Member	5/27/2016	$ 6.70	$ 6.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 33.24	$ 33.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 27.67	$ 27.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1376857706	00002016162501 1G050X	Family Member	6/6/2016	$ 58.43	$ 58.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1467473033	00002016133508854V0X	Family Member	4/16/2016	$ 439.20	$ 439.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1174702872	00002016137503105N0X	Family Member	5/14/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1912916131	00002016158503731Z0X	Family Subscriber	5/26/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1912916131	00002016158503731Z0X	Family Subscriber	5/26/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1912916131	00002016158503731Z0X	Family Subscriber	5/26/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161502 9A080X	Single	5/31/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 0A000X	Single	5/31/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016161503 1A020X	Single	5/31/2016	$ 1.16	$ 1.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1144251547	00002016159504 1L940X	Single	5/26/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1881929321	00002016160509 2Z560X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1881929321	00002016160509 2Z560X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1881929321	00002016160509 2Z560X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1881929321	00002016160509 2Z560X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1881929321	00002016160509 2Z560X	Single	5/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1790721538	00002016161503 D0570X	Single	5/16/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837460463	1790721538	00002016161503 D0570X	Single	5/16/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	828133569	1386870608	00002016132503 28P50X	Family Member	5/6/2016	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	828133569	1386870608	00002016132503 28P50X	Family Member	5/6/2016	$ 23.03	$ 23.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844975705	1689985665	00002016161501 N51450X	Family Subscriber	6/3/2016	$ 65.00	$ 65.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844975705	1679647564	00002016159501 L85040X	Family Member	6/2/2016	$ 345.00	$ 345.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844975705	1679647564	00002016159501 N27560X	Family Member	6/2/2016	$ 161.48	$ 161.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844975705	1679647564	00002016159501 N27560X	Family Member	6/2/2016	$ 161.48	$ 161.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841191783	1932205838	00002016161502 9A200X	Single	5/28/2016	$ 54.71	$ 54.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841191783	1932205838	00002016161502 9A200X	Single	5/28/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841191783	1932205838	00002016161502 9A200X	Single	5/28/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841191783	1932205838	00002016161502 9A200X	Single	5/28/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840949960	1225252976	00002016137503 23T50X	Family Member	4/26/2016	$ 40.01	$ 40.01	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840949960	1225252976	00002016137503237 50X	Family Member	4/26/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840949960	1225252976	0000201613750323T50X	Family Member	4/26/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840949960	1225252976	00002016137503237 50X	Family Member	4/26/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844800085	1629195177	00002016159501 2E250X	Single	4/27/2016	$ 77.36	$ 77.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844800085	1629195177	000020161595012E250X	Single	4/28/2016	$ 28.95	$ 28.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844800085	1629195177	0000201615950 51E270X	Single	4/30/2016	$ 28.95	$ 28.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016162502495 90X	Single	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	000020161625025 0S30X	Single	6/8/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	000020161625025 0S30X	Single	6/8/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	000020161625025 0S30X	Single	6/8/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837895876	1932205838	000020161615028A780X	Single	5/31/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837895876	1932205838	000020161615028A780X	Single	5/31/2016	$ 49.63	$ 49.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837895876	1932205838	000020161615028A780X	Single	5/31/2016	$ 0.48	$ 0.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837895876	1932205838	000020161615028A780X	Single	5/31/2016	$ 0.69	$ 0.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837895876	1932205838	000020161615028A780X	Single	5/31/2016	$ 20.92	$ 20.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838341833	1215289129	0000201616150V96970X	Single	6/3/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1790721538	0000201615950 5W1740X	Family Member	6/2/2016	$ 4.93	$ 4.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1790721538	0000201615950 5W1740X	Family Member	6/2/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1790721538	000020161615 01D0370X	Family Member	6/2/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1790721538	000020161615 01D0370X	Family Member	6/2/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1790721538	000020161615 01D0370X	Family Member	6/2/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	828133569	1386870608	000020161325033 4P00X	Family Subscriber	5/6/2016	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	828133569	1386870608	00002016132503 34P00X	Family Subscriber	5/6/2016	$ 23.03	$ 23.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843710849	1710262662	0000201615950 16G800X	Family Member	5/30/2016	$ 28.24	$ 28.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843710849	1710262662	0000201615950 16G800X	Family Member	6/1/2016	$ 28.24	$ 28.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903367115	1437275955	00002016126504 2Z330X	Family Member	4/29/2016	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903367115	1437275955	00002016126504 2Z330X	Family Member	4/29/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903367115	1437275955	00002016126504 2Z330X	Family Member	4/29/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902519	1821005950	000020161615 01W0020X	Family Member	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902519	1821005950	000020161615 01W0020X	Family Member	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902519	1821005950	000020161615 01W0020X	Family Member	6/7/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902519	1821005950	000020161615 01W0020X	Family Member	6/7/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842902519	1821005950	000020161615 01W0020X	Family Member	6/7/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/11/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/11/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/11/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/11/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/12/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1881929321	0000201615950 W56610X	Family Member	5/12/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1407829633	000020161555038 G590X	Family Member	5/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1407829633	000020161555038 G590X	Family Member	5/10/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1407829633	000020161555038 G590X	Family Member	5/10/2016	$ 29.78	$ 29.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1467562728	000020161615 03P3220X	Family Member	1/27/2016	$ 49.35	$ 49.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1295727204	000020161585048 42V0X	Single	6/3/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1477734457	0000201615950 0J710X	Single	6/3/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 21.81	$ 21.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 132.13	$ 132.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018627	1255604179	000020161605041 S970X	Family Member	6/6/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839016121	1013995273	000020161615 01L0540X	Family Subscriber	6/7/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839016121	1013995273	000020161615 01L0540X	Family Subscriber	6/7/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839016121	1013995273	000020161615 01L0540X	Family Subscriber	6/7/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841659101	1346554656	0000201615850 E51820X	Family Subscriber	6/2/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840976346	1295854453	000020161615061 79Z0X	Single	6/7/2016	$ 15.21	$ 15.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840976346	1295854453	000020161615061 79Z0X	Single	6/7/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840976346	1295854453	000020161615061 79Z0X	Single	6/7/2016	$ 24.49	$ 24.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840976346	1295854453	000020161615061 79Z0X	Single	6/7/2016	$ 24.22	$ 24.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836551341	1144251547	000020161605000 1F90X	Single	5/31/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1629023460	0000201615950 07J660X	Family Subscriber	5/27/2016	$ 58.69	$ 58.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844991980	1346554656	000020161595051 J400X	Family Subscriber	6/1/2016	$ 55.88	$ 55.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844991980	1346554656	000020161595051 J400X	Family Subscriber	6/1/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844991980	1467473033	000020161605064 1W10X	Family Member	6/3/2016	$ 1,539.20	$ 1,539.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838125163	1346554656	000020161595049 J750X	Single	6/2/2016	$ 53.21	$ 53.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838125163	1346554656	000020161595049 J750X	Single	6/2/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836996188	1588008247	0000201616150 V90710X	Family Subscriber	6/1/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820084979	1376698860	0000201616150 U94030X	Family Subscriber	6/7/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820084979	1376698860	0000201616150 U94030X	Family Subscriber	6/7/2016	$ 21.88	$ 21.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839786982	1548281751	000020161585044 5B80X	Family Subscriber	5/20/2016	$ 616.00	$ 616.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839786982	1770604688	000020161585090 44Q0X	Family Subscriber	5/31/2016	$ 58.39	$ 58.39	0%	$0.00	

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21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839786982	1770604688	00002016158509044Q0X	Family Subscriber	5/31/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840893193	1558306563	00002016161504B8850X	Single	6/1/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844925804	1790721538	00002016158076W640X	Family Subscriber	5/30/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844925804	1790721538	00002016158507W640X	Family Subscriber	5/30/2016	$ 3.73	$ 3.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844925804	1790721538	00002016158507W640X	Family Subscriber	5/30/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1013995273	00002016155507G810X	Family Subscriber	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1013995273	00002016155507G810X	Family Subscriber	6/2/2016	$ 22.79	$ 22.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 0.75	$ 0.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836543859	1124006390	00002016159503N460X	Family Member	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1538157086	00002016155507Y3410X	Family Member	5/10/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1073653739	00002016155512F930X	Family Member	5/27/2016	$ 124.76	$ 124.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1073653739	00002016155512F930X	Family Member	5/27/2016	$ 53.63	$ 53.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1073653739	00002016158505779D0X	Family Member	5/31/2016	$ 94.52	$ 94.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1245453901	00002016159502N1420X	Family Member	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1245453901	00002016159502N1420X	Family Member	6/3/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1245453901	00002016159502N1420X	Family Member	6/3/2016	$ 19.41	$ 19.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842294505	1245453901	00002016159502N1420X	Family Member	6/3/2016	$ 7.07	$ 7.07

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21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840923245	1063588143	00002016076031370300	Single	3/8/2016	$ 40.00	$ 40.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840923245	1063588143	00002016076031370300	Single	3/8/2016	$ (1.20)	$ (1.20)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840923245	1063588143	00002016076031370300	Single	3/8/2016	$ 1.20	$ 1.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837505426	1538237763	00002016161502G7400X	Family Member	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837505426	1538237763	00002016161501G8400X	Family Member	6/2/2016	$ 84.89	$ 84.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847838802	1790721538	00002016158500 3X080X	Family Subscriber	5/25/2016	$ 6.71	$ 6.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847838802	1790721538	00002016158500 3X080X	Family Subscriber	5/25/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847838802	1790721538	00002016158500 3X080X	Family Subscriber	5/25/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847838802	1790721538	00002016158500 3X080X	Family Subscriber	5/25/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	847838802	1790721538	00002016158500 3X080X	Family Subscriber	5/25/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832194498	1629189246	00002016159501 2E020X	Family Member	5/30/2016	$ 35.89	$ 35.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832194498	1629189246	00002016159501 2E020X	Family Member	5/30/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1053596320	00002016161502188Z0X	Family Subscriber	6/7/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1942522958	00002016158501 0Z460X	Family Member	5/26/2016	$ 65.49	$ 65.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1942522958	00002016158501 0Z460X	Family Member	6/2/2016	$ 65.49	$ 65.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1942522958	00002016161506Y9750X	Family Member	6/3/2016	$ 65.49	$ 65.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1942522958	00002016161506Y9750X	Family Member	6/9/2016	$ 65.49	$ 65.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160502 95L80X	Family Member	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160502 95L80X	Family Member	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160502 95L80X	Family Member	4/20/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160502 95L80X	Family Member	4/20/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160502 95L80X	Family Member	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160505 39K20X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843099966	1427136357	00002016160505 39K20X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 185.00	$ 185.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 22.22	$ 22.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 11.26	$ 11.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 91.48	$ 91.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840928153	1598980526	00002016161500 L0460X	Family Member	6/6/2016	$ 11.26	$ 11.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1457656647	00002016161503 368Z0X	Family Member	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1457656647	00002016161503 368Z0X	Family Member	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1457656647	00002016161503 368Z0X	Family Member	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1457656647	00002016161503 368Z0X	Family Member	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845626210	1477960730	00002016158502 451N0X	Family Member	5/26/2016	$ 58.98	$ 58.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1053589564	00002016160501 3T320X	Family Subscriber	5/25/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1053589564	00002016160501 3T320X	Family Subscriber	5/25/2016	$ 77.87	$ 77.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1053589564	00002016160501 3T320X	Family Subscriber	5/25/2016	$ 175.81	$ 175.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1053589564	00002016160501 3T320X	Family Subscriber	5/25/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1467633867	00002016160508 09H10X	Family Subscriber	4/28/2016	$ 682.38	$ 682.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841411281	1346440047	00002016161505 B3580X	Single	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840075894	1073508545	00002016158509 221U0X	Single	6/1/2016	$ 10.28	$ 10.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845692533	1124006390	00002016158500 G78050X	Family Member	6/1/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845692533	1124006390	00002016158500 G78050X	Family Member	6/1/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845692533	1124006390	00002016158500 G78050X	Family Member	6/1/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845692533	1013995273	00002016158501 91P70X	Family Member	6/3/2016	$ 11.56	$ 11.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626859	1124006390	00002016160507 2S680X	Family Subscriber	6/5/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626859	1124006390	00002016160507 2S680X	Family Subscriber	6/5/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626859	1124006390	00002016160507 2S680X	Family Subscriber	6/5/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626859	1124006390	00002016160507 2S680X	Family Subscriber	6/5/2016	$ 0.62	$ 0.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838626859	1124006390	00002016160507 2S680X	Family Subscriber	6/5/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016106501 9C661X	Family Member	2/22/2016	$ 18.96	$ 18.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016106501 9C661X	Family Member	2/22/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016106501 9C661X	Family Member	2/22/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1780916585	00002016106501 9C661X	Family Member	2/22/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1215291547	00002016127031161 11C	Family Member	4/19/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1215291547	00002016127031161 41C	Family Member	4/25/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1326104613	00002016137501 33K11X	Family Member	5/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1326104613	00002016137501 33K11X	Family Member	5/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1326104613	00002016137501 33K11X	Family Member	5/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1174702872	00002016137503 105N0X	Family Member	5/14/2016	$ 2.97	$ 2.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	847944428	1871602201	16155627331300 2	Single	6/3/2016	$ 67.13	$ 67.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839747586	1750402756	16155387855302 3	Single	6/3/2016	$ 8.77	$ 8.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834231443	1669499893	16152449364802 7	Single	5/31/2016	$ 336.63	$ 336.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839265205	1750308987	16149558033902 1	Single	5/28/2016	$ 203.62	$ 203.62	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849659770	1508975921	161536841311015	Single	6/1/2016	$ 545.45	$ 545.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849659770	1508975921	161536849594013	Single	6/1/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837897084	1023025038	161546337520008	Single	6/2/2016	$ 75.45	$ 75.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843084206	1851400279	161533652573013	Single	6/1/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843084206	1851400279	161554952165014	Single	6/3/2016	$ 202.41	$ 202.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840581839	1477635423	161556742283011	Family Member	6/3/2016	$ 70.23	$ 70.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843371205	1538174545	161551229186029	Single	6/3/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834154476	1619053964	161503913134008	Single	5/29/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841704462	1750696076	161435821979004	Family Member	5/22/2016	$ (231.32)	$ (231.32)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841704462	1750696076	161435823632026	Family Member	5/22/2016	$ (23.59)	$ (23.59)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841704462	1750696076	161555969962028	Family Member	6/3/2016	$ 231.32	$ 231.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841704462	1750696076	161555971648011	Family Member	6/3/2016	$ 25.70	$ 25.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835895868	1508975921	161503559063006	Single	5/29/2016	$ 193.90	$ 193.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840526972	1952410946	161514308882002	Single	5/30/2016	$ 299.22	$ 299.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842646069	1720183577	161524362448029	Family Member	5/31/2016	$ 334.68	$ 334.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842646069	1720183577	161524394118014	Family Member	5/31/2016	$ 28.08	$ 28.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836211517	1083620470	161533229441014	Family Member	6/1/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836211517	1083620470	161533230478025	Family Member	6/1/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838793160	1033479241	161361749243010	Single	5/15/2016	$ (21.30)	$ (21.30)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838793160	1033479241	161546343135014	Single	6/2/2016	$ 6.38	$ 6.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840160107	1205841277	161481394723021	Family Member	5/27/2016	$ (20.21)	$ (20.21)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840160107	1063429942	161515413514030	Family Member	5/30/2016	$ 20.21	$ 20.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838609300	1720178791	161494023622020	Single	5/28/2016	$ 37.89	$ 37.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838609300	1720178791	161503826066017	Single	5/29/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840811179	1255604070	161551984200010	Family Member	6/3/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840811179	1255604070	161551984134022	Single	6/3/2016	$ 1.98	$ 1.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840887807	1306851464	161504737673019	Single	5/29/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836241746	1194747857	161374698798001	Family Member	5/16/2016	$ (712.53)	$ (712.53)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836241746	1194747857	161374769508013	Family Member	5/16/2016	$ (4.04)	$ (4.04)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836241746	1194747857	161514509437020	Family Member	5/30/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836241746	1194747857	161514518011011	Family Member	5/30/2016	$ 712.53	$ 712.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837386546	1578792073	161486181213018	Family Member	5/27/2016	$ (1.34)	$ (1.34)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837386546	1578792073	161493687020017	Family Member	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	903598779	1225140130	161548103616010	Single	6/2/2016	$ 34.49	$ 34.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839661198	1215046297	161524167342020	Single	5/31/2016	$ 32.22	$ 32.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842914491	1952645889	161503982413001	Single	5/29/2016	$ 459.19	$ 459.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842914491	1952645889	161503986148007	Single	5/29/2016	$ 13.74	$ 13.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1750402756	161504339730012	Family Member	5/29/2016	$ 20.08	$ 20.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1750402756	161535838746026	Family Member	6/1/2016	$ 324.71	$ 324.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820730562	1952410946	161493055835009	Single	5/28/2016	$ 61.44	$ 61.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839486571	1225425267	161524207559010	Single	5/31/2016	$ 131.24	$ 131.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	903366817	1851400279	161532497120024	Single	6/1/2016	$ 38.00	$ 38.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838051118	1306851464	161383178051011	Single	5/17/2016	$ (584.89)	$ (584.89)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841597899	1306851464	161545566892015	Single	6/2/2016	$ 271.59	$ 271.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842583827	1699979575	161435268487016	Single	5/22/2016	$ (125.31)	$ (125.31)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842583827	1699979575	161525662908020	Single	5/31/2016	$ 125.31	$ 125.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836159397	1417042268	161533633445017	Single	6/1/2016	$ 1,059.75	$ 1,059.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836159397	1417042268	161545962483019	Single	6/2/2016	$ 27.58	$ 27.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838195834	1225140130	161545690019013	Family Member	6/2/2016	$ 44.50	$ 44.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161527196891009	Single	5/31/2016	$ 26.03	$ 26.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836704221	1184667446	161516470611011	Single	5/30/2016	$ 181.54	$ 181.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836704221	1184667446	161516472057017	Single	5/30/2016	$ 13.89	$ 13.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836704221	1184667446	161546669979019	Single	6/2/2016	$ 6.53	$ 6.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840882545	1225147648	161435518201006	Family Member	5/22/2016	$ (92.04)	$ (92.04)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840882545	1225147648	161554409576025	Family Member	6/3/2016	$ 92.04	$ 92.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843706745	1669499893	161513830163017	Family Member	5/30/2016	$ 3.48	$ 3.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832979398	1306851464	161533812761003	Family Member	6/1/2016	$ 1,014.78	$ 1,014.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849342953	1306851464	161494025584002	Single	5/28/2016	$ 119.42	$ 119.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	821936849	1578792073	161513994735003	Family Member	5/30/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	821936849	1578792073	161513989560012	Family Member	5/30/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837433731	1578792073	161523591377029	Family Member	5/31/2016	$ 192.36	$ 192.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837433731	1578792073	161543642605025	Family Member	6/2/2016	$ 8.26	$ 8.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835952801	1184667446	161553099648011	Single	6/3/2016	$ 203.62	$ 203.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839859960	1053551598	161486228909026	Single	5/27/2016	$ (66.42)	$ (66.42)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839859960	1053551598	161486232065029	Single	5/27/2016	$ (112.27)	$ (112.27)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837092747	1851400279	161518178789008	Single	5/30/2016	$ 15.27	$ 15.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839130051	1023025038	161523632888029	Family Member	5/31/2016	$ 3.15	$ 3.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839130051	1225140130	161557130172023	Family Member	6/3/2016	$ 71.90	$ 71.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844122880	1194747857	161326138533028	Single	5/11/2016	$ (7.31)	$ (7.31)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840546003	1841505161	161514536143020	Family Member	5/30/2016	$ 71.90	$ 71.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838898702	1841505161	161515324016017	Family Member	5/30/2016	$ 88.06	$ 88.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838898702	1306928361	161515349648008	Family Member	5/30/2016	$ 4.21	$ 4.21	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	831876333	1528387693	161487115216011	Family Member	5/27/2016	$ (1.11)	$ (1.11)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837667508	1790845683	161414066469009	Single	5/20/2016	$ (48.59)	$ (48.59)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837667508	1790845683	161414067378014	Single	5/20/2016	$ (263.64)	$ (263.64)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837667508	1790845683	161553292907005	Single	6/3/2016	$ 263.64	$ 263.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837667508	1790845683	161553293415012	Single	6/3/2016	$ 48.59	$ 48.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	924657386	1962643437	161520744222030	Single	5/31/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837740057	1407848112	161543532563024	Single	6/2/2016	$ 7.73	$ 7.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842077779	1356450324	161515543822023	Family Member	5/30/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838781833	1770810855	161546750409001	Single	6/2/2016	$ 967.29	$ 967.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833124295	1023025038	161521238175006	Single	5/31/2016	$ 1,051.29	$ 1,051.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833124295	1023025038	161551238262023	Single	6/3/2016	$ 39.20	$ 39.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841451664	1306851464	161524819930012	Family Member	5/31/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	830342315	1356356430	161537741999003	Family Member	6/1/2016	$ 15.99	$ 15.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841804905	1366725046	161514245167028	Single	5/30/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820920977	1720093800	161524258681023	Family Member	5/31/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839231163	1194969279	161524652520002	Family Member	5/31/2016	$ 20.99	$ 20.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837368075	1801877436	161494583262022	Single	5/28/2016	$ 15.94	$ 15.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837473358	1841505161	161534856816023	Single	6/1/2016	$ 2.75	$ 2.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837473358	1841505161	161534862459018	Single	6/1/2016	$ 407.05	$ 407.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837473358	1841505161	161554406376022	Single	6/3/2016	$ 3.93	$ 3.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837237126	1255440681	161534270876003	Family Member	6/1/2016	$ 779.18	$ 779.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837237126	1255440681	161534958709001	Family Member	6/1/2016	$ 915.42	$ 915.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845779977	1578580700	161524663293012	Single	5/31/2016	$ 162.61	$ 162.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838115846	1568559763	161546222344029	Single	6/2/2016	$ 15.12	$ 15.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843885585	1386850568	161516109613012	Single	5/30/2016	$ 192.36	$ 192.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1477877389	161225669634010	Single	5/1/2016	$ 203.62	$ 203.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1841505161	161483459591018	Single	5/27/2016	$ (628.75)	$ (628.75)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1841505161	161483460263008	Single	5/27/2016	$ (30.89)	$ (30.89)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1841505161	161483460927011	Single	5/27/2016	$ (0.69)	$ (0.69)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1477877389	161504813239017	Single	5/29/2016	$ 0.69	$ 0.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1477877389	161504814176001	Single	5/29/2016	$ 27.89	$ 27.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1477877389	161525052107011	Single	5/31/2016	$ 628.75	$ 628.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844518988	1477877389	161535960036007	Single	6/1/2016	$ 39.46	$ 39.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841919687	1508975921	161556537688004	Single	6/3/2016	$ 1.98	$ 1.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843513703	1154694644	161553637359008	Family Member	6/3/2016	$ 24.60	$ 24.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1770810855	161534276645002	Single	6/1/2016	$ 3,905.56	$ 3,905.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1952410946	161536561975013	Single	6/1/2016	$ 7.53	$ 7.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	846301317	1245258086	161527120013012	Single	5/31/2016	$ 502.73	$ 502.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837628551	1396091336	161525091185020	Single	5/31/2016	$ 933.73	$ 933.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840345488	1699979575	161515752223005	Family Member	5/30/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841163545	1306973532	161534253402016	Family Member	6/1/2016	$ 2.35	$ 2.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841163545	1306973532	161534259067002	Family Member	6/1/2016	$ 5.56	$ 5.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836968394	1114932191	161523212106023	Single	5/31/2016	$ 26.03	$ 26.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841661038	1871504423	161546052356009	Single	6/2/2016	$ 1.99	$ 1.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841661038	1871504423	161546054198003	Single	6/2/2016	$ 1.40	$ 1.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841661038	1871504423	161546054939023	Single	6/2/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841661038	1871504423	161546057797011	Single	6/2/2016	$ 545.45	$ 545.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838316361	1114024619	161520834207013	Family Member	5/31/2016	$ 109.05	$ 109.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841247911	1841505161	161553848266015	Single	6/3/2016	$ 39.65	$ 39.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841247911	1841505161	161553852646001	Single	6/3/2016	$ 170.68	$ 170.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835135884	1245670777	161534274379014	Single	6/1/2016	$ 66.51	$ 66.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834018620	1023025038	161525480899002	Family Member	5/31/2016	$ 22.87	$ 22.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834018620	1023025038	161534505866011	Family Member	6/1/2016	$ 57.14	$ 57.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842796345	1841217072	161544196273011	Single	6/2/2016	$ 31.25	$ 31.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1114932191	161486517008001	Single	5/27/2016	$ (804.73)	$ (804.73)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1114932191	161533991294016	Single	6/1/2016	$ 525.17	$ 525.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838817654	1114932191	161554252619021	Single	6/3/2016	$ 237.85	$ 237.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841709992	1699979575	161525683081027	Single	5/31/2016	$ 12.89	$ 12.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841709992	1699979575	161534023351003	Single	6/1/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832686530	1225455504	161513642569001	Family Member	5/30/2016	$ 16.53	$ 16.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832686530	1225455504	161513670798023	Family Member	5/30/2016	$ 37.46	$ 37.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838652747	1841505161	161505615536027	Single	5/29/2016	$ 134.63	$ 134.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838652747	1841505161	161515167331024	Single	5/30/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837761626	1578672556	161542049932028	Single	6/2/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839634926	1437403565	161520803806018	Single	5/31/2016	$ 13.39	$ 13.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839634926	1437403565	161526495341013	Family Member	5/31/2016	$ 70.44	$ 70.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838549272	1356356430	161556044022013	Family Member	6/3/2016	$ 220.21	$ 220.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838549272	1356356430	161556046561025	Family Member	6/3/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838549272	1356356430	161556050746018	Family Member	6/3/2016	$ 131.49	$ 131.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838549272	1356356430	161556059785002	Family Member	6/3/2016	$ 1.67	$ 1.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836953978	1972698702	161532786083002	Single	6/1/2016	$ 22.24	$ 22.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836007138	1508975921	161545707697022	Single	6/2/2016	$ 462.04	$ 462.04	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836007138	1508975921	161555746678012	Single	6/3/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849075966	1952645889	161520803202014	Family Member	5/31/2016	$ 104.13	$ 104.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842754273	1881703866	161543133158017	Single	6/2/2016	$ 81.60	$ 81.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837460463	1508975921	161476832352023	Single	5/26/2016	$ (1,059.75)	$ (1,059.75)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837460463	1508975921	161523535242029	Single	5/31/2016	$ 628.75	$ 628.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844975705	1508975921	161554806160013	Single	6/3/2016	$ 4.07	$ 4.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841191783	1366725046	161493265446025	Single	5/28/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835012417	1497817837	161525144011020	Single	5/31/2016	$ 35.46	$ 35.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844800085	1851400279	161512029758013	Single	5/30/2016	$ 13.74	$ 13.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841111505	1356450324	161532472674025	Single	6/1/2016	$ 11.86	$ 11.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836691977	1578580700	161546342144028	Single	6/2/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836691977	1578580700	161546342889014	Single	6/2/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840014089	1669499893	161536088672007	Single	6/1/2016	$ 3.34	$ 3.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835139500	1023025038	161536192938006	Single	6/1/2016	$ 18.14	$ 18.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837895876	1952645889	161524577283010	Single	5/31/2016	$ 26.49	$ 26.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837895876	1952645889	161524580271021	Single	5/31/2016	$ 1.87	$ 1.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837895876	1952645889	161524597241010	Single	5/31/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838341833	1033479241	161553203283028	Single	6/3/2016	$ 17.78	$ 17.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	847031433	1225147648	161494668309016	Single	5/28/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820084979	1770810855	161545802979030	Family Member	6/2/2016	$ 7,636.00	$ 7,636.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841558713	1851400279	161536739869027	Family Member	6/1/2016	$ 307.39	$ 307.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841558713	1851400279	161536741987017	Family Member	6/1/2016	$ 141.98	$ 141.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835024896	1184688921	161556092679004	Family Member	6/3/2016	$ 1.24	$ 1.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841659101	1225425267	161547639450017	Single	6/2/2016	$ 2.14	$ 2.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836551341	1952410946	161526585975017	Single	5/31/2016	$ 64.53	$ 64.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844991980	1003030636	161525983348010	Single	5/31/2016	$ 20.35	$ 20.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844991980	1003030636	161544867072013	Single	6/2/2016	$ 423.71	$ 423.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841659000	1578792073	161534610462023	Single	6/1/2016	$ 367.78	$ 367.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844991980	1003030636	161455490199002	Family Member	5/24/2016	$ (6.00)	$ (6.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844991980	1003030636	161546823359001	Family Member	6/2/2016	$ 6.00	$ 6.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841951472	1497197693	161483679554022	Single	5/27/2016	$ (356.79)	$ (356.79)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841951472	1497197693	161485813286004	Single	5/27/2016	$ (441.81)	$ (441.81)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841951472	1497197693	161494433729002	Single	5/28/2016	$ 1,343.32	$ 1,343.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841951472	1497197693	161494475562009	Single	5/28/2016	$ 1,088.27	$ 1,088.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838876654	1740671981	161544460538016	Single	6/2/2016	$ 290.20	$ 290.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838876654	1740671981	161546463211019	Single	6/2/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839611529	1841201431	161545481527001	Family Member	6/2/2016	$ 200.21	$ 200.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839786982	1952410946	161526633756006	Family Member	5/31/2016	$ 7.38	$ 7.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839786982	1952410946	161526859272026	Family Member	5/31/2016	$ 11.05	$ 11.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840893193	1235248642	161543305251002	Single	6/2/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833620629	1881703866	161517572353016	Single	5/30/2016	$ 12.43	$ 12.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833620629	1487640314	161525111700023	Single	5/31/2016	$ 28,663.72	$ 28,663.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840075088	1740399732	161532040267016	Single	6/1/2016	$ 74.28	$ 74.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	821971717	1508975921	161513669047004	Single	5/30/2016	$ 10.85	$ 10.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844433141	1255423612	161556001336020	Family Member	6/3/2016	$ 4.21	$ 4.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837674344	1952410946	161544432265018	Single	6/2/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845938527	1497197693	161537075722001	Single	6/1/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	848344717	1245258086	161515947410017	Single	5/30/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842138731	1861783276	161534065926023	Single	6/1/2016	$ 3.10	$ 3.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842138731	1861783276	161534065948024	Single	6/1/2016	$ 298.96	$ 298.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842138731	1497197693	161546610908013	Single	6/2/2016	$ 21.53	$ 21.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838553893	1841505161	161526485687003	Family Member	5/31/2016	$ 4.69	$ 4.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838553893	1841505161	161526485940012	Family Member	5/31/2016	$ 426.97	$ 426.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837505426	1508975921	161547420157024	Family Member	6/2/2016	$ 42.60	$ 42.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840638162	1720218035	161506434386016	Family Member	5/29/2016	$ 1,888.68	$ 1,888.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840638162	1720218035	161525715989021	Family Member	5/31/2016	$ 465.11	$ 465.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840638162	1720218035	161526800238006	Family Member	5/31/2016	$ 407.05	$ 407.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832194498	1003030636	161533740418021	Single	6/1/2016	$ 21.72	$ 21.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832194498	1003030636	161533742300021	Family Member	6/1/2016	$ 125.75	$ 125.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832194498	1003030636	161534953606013	Family Member	6/1/2016	$ 10.99	$ 10.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832194498	1003030636	161533747364021	Family Member	6/1/2016	$ 125.75	$ 125.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843099966	1225425267	161353636228016	Single	5/14/2016	$ (937.63)	$ (937.63)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843099966	1225425267	161353636297010	Single	5/14/2016	$ (17.09)	$ (17.09)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845626210	1114932191	161544624908024	Family Member	6/2/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840075894	1154486538	161555350443013	Single	6/3/2016	$ 180.05	$ 180.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840075894	1154486538	161555354315026	Single	6/3/2016	$ 3.33	$ 3.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845692533	1801877436	161537112307018	Family Member	6/1/2016	$ 17.08	$ 17.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845692533	1801877436	161534307586002	Family Member	6/1/2016	$ 60.51	$ 60.51	0%	$0.00	
																			BUY-UP PLAN:		**$ 167,394.29**	**$ 167,394.29**			
																			TOTAL:		**$ 399,868.74**	**$ 399,984.26**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841971746	1053317362	00002016159500D4670X	Family Subscriber	6/3/2016	$ 144.62	$ 144.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	837659984	1053317362	0000201616150T14370X	Single	6/7/2016	$ 67.38	$ 67.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	836764255	1053317362	0000201616250633A10X	Single	6/8/2016	$ 210.09	$ 210.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	836764255	1053317362	0000201616250640A20X	Single	6/7/2016	$ 162.86	$ 162.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	831231684	1053317362	0000201616050194H30X	Family Subscriber	6/6/2016	$ 375.13	$ 375.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	821927743	1053317362	0000201616250645A80X	Family Subscriber	6/7/2016	$ 296.33	$ 296.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	835796048	1861488579	0000201616250097B600X	Single	6/6/2016	$ 132.97	$ 132.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841999389	1053317362	0000201615950OD2460X	Single	6/3/2016	$ 263.87	$ 263.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838046589	1053317362	000020153495074D350X	Single	12/10/2015	$ (10,759.27)	$ (10,759.27)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838046589	1053317362	000020153495074D350X	Single	12/10/2015	$ 6,697.86	$ 6,697.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	821951473	1053317362	0000201616150SH6100X	Single	6/6/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	842863741	1053317362	0000201616050226H10X	Family Subscriber	6/2/2016	$ 94.97	$ 94.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	837166504	1770573586	000020161100303362OC	Single	10/24/2015	$ 892.83	$ 892.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	839982033	1053317362	0000201616150T14460X	Family Member	6/6/2016	$ 36.45	$ 36.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838357304	1770573586	000020161585808628N0X	Single	5/31/2016	$ 554.72	$ 554.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	820092399	1619924719	000020161585051145A0X	Single	5/30/2016	$ 1,976.15	$ 1,976.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	820293214	1053317362	0000201616150T14290X	Single	6/7/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838868267	1053317362	0000201616150T14660X	Single	6/7/2016	$ 196.07	$ 196.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841374646	1053317362	0000201613250192130X	Family Member	5/5/2016	$ 466.52	$ 466.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841300288	1538237763	000020161345065U240X	Single	5/3/2016	$ 87.78	$ 87.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839362813	1225081748	0000201616250389V80X	Single	6/1/2016	$ 119.29	$ 119.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839362813	1225081748	0000201616250389V80X	Single	6/1/2016	$ 6.87	$ 6.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839362813	1679596910	0000201616250549Q40X	Single	6/1/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839362813	1679596910	0000201616250549Q40X	Single	6/1/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837357584	1164526745	0000201609503027020C	Family Member	3/2/2016	$ 350.00	$ 350.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837357584	1164526745	0000201609503027020C	Family Member	3/2/2016	$ 18.48	$ 18.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839948815	1275899759	000020161595042G310X	Family Member	6/6/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839948815	1275899759	0000201616050794 2N0X	Family Member	6/7/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839750677	1497764708	000020161325039Z920X	Family Subscriber	4/14/2016	$ 22.61	$ 22.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839750677	1497764708	000020161325040Z800X	Family Subscriber	3/31/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841823048	1124006390	0000201613350388U80X	Single	5/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841823048	1124006390	0000201613350388U80X	Single	5/10/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841823048	1124006390	0000201613350388U80X	Single	5/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841823048	1124006390	0000201613350388U80X	Single	5/10/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841823048	1124006390	0000201613350388U80X	Single	5/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	831247828	1750349700	0000201616150 1L3430X	Single	5/13/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	831247828	1750349700	0000201616150 1L3430X	Single	5/13/2016	$ 78.71	$ 78.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842726405	1780712620	0000201615950N75710X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.80	$ 5.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.29	$ 5.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 3.66	$ 3.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 15.02	$ 15.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 16.96	$ 16.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 20.35	$ 20.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844558078	1568840593	0000201613850 6X7510X	Family Member	5/12/2016	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820272004	1114222817	0000201610650 17H210X	Single	3/29/2016	$ 940.24	$ 940.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832842714	1992906762	0000201613350P89150X	Family Subscriber	5/6/2016	$ 109.00	$ 109.00	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836405991	1770604688	00002016158508532Q0X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820224004	1467473033	0000201615850O207E0X	Single	5/26/2016	$ 34.30	$ 34.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1356361976	00002016160506270N0X	Single	5/27/2016	$ 49.49	$ 49.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834908995	1396867636	0000201615850D01050X	Family Member	5/30/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834908995	1396867636	0000201615850D01050X	Family Member	5/30/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834908995	1396867636	0000201615850D01050X	Family Member	5/30/2016	$ 15.73	$ 15.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820247559	1205915048	0000201613250 2W4420X	Single	5/4/2016	$ 67.58	$ 67.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1609858729	0000201608850484L10X	Single	3/23/2016	$ 58.00	$ 58.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1346554656	000020161555014F100X	Single	5/31/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1346554656	000020161555O14F100X	Single	5/31/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838692582	1316184302	0000201615850 8412U0X	Single	6/1/2016	$ 5.25	$ 5.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838692582	1316184302	000020161585088 15U0X	Single	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838692582	1316184302	0000201615850 8815U0X	Single	6/1/2016	$ 78.71	$ 78.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823741745	1306859681	0000201616250 125N70X	Single	6/10/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842930146	1871615708	0000201615803008710C	Single	8/12/2015	$ 204.62	$ 204.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838025158	1790721538	000020161585051W730X	Single	5/26/2016	$ 13.67	$ 13.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820244644	1790721538	0000201615850 62W730X	Single	5/26/2016	$ 6.49	$ 6.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820244644	1790721538	000020161585062W730X	Single	5/26/2016	$ 10.51	$ 10.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201615850 9177U0X	Single	6/2/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838215907	1073508545	0000201616250 181S50X	Single	6/7/2016	$ 199.80	$ 199.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 26.79	$ 26.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 12.71	$ 12.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616050 084J30X	Single	5/9/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	847175154	1356692164	0000201616150 2522Z0X	Family Member	4/18/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2281B0X	Single	6/6/2016	$ 77.44	$ 77.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2281B0X	Single	6/6/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2281B0X	Single	6/6/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2281B0X	Single	6/6/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2387B0X	Single	6/3/2016	$ 77.44	$ 77.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2387B0X	Single	6/3/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2387B0X	Single	6/3/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2387B0X	Single	6/3/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2507B0X	Single	6/2/2016	$ 77.44	$ 77.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2508B0X	Single	6/1/2016	$ 77.44	$ 77.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2508B0X	Single	6/1/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2508B0X	Single	6/1/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616050 2508B0X	Single	6/1/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1538144910	0000201616150 J43570X	Single	5/31/2016	$ 57.88	$ 57.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1639368889	0000201616150 W11600X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1639368889	0000201616150W11600X	Single	5/31/2016	$ 7.14	$ 7.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1639368889	0000201616150W11600X	Single	5/31/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1225139942	0000201616150 0B5450X	Single	6/3/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842672433	1225139942	0000201616150 0B5450X	Single	6/3/2016	$ 28.78	$ 28.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835162391	1821073792	0000201616250 27Q410X	Family Subscriber	6/3/2016	$ 31.44	$ 31.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835162391	1821073792	0000201616250 27Q410X	Family Subscriber	6/3/2016	$ 22.76	$ 22.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835162391	1801979877	0000201616250 853W20X	Family Subscriber	6/3/2016	$ 117.75	$ 117.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616150 0L3960X	Single	6/6/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616150 0L3960X	Single	6/6/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616150 0L3960X	Single	6/6/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616150 0L3960X	Single	6/6/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616150 0L3970X	Single	6/6/2016	$ 6.63	$ 6.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838722769	1629023460	0000201616250 079Z60X	Family Member	6/1/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	0000201616250 838J50X	Single	6/3/2016	$ 70.80	$ 70.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	0000201616250 838J50X	Single	6/3/2016	$ 105.15	$ 105.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	0000201616250 838J50X	Single	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	0000201616250 838J50X	Single	6/3/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	0000201616250 838J50X	Single	6/3/2016	$ 10.22	$ 10.22	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 7.75	$ 7.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 3.20	$ 3.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1861455735	00002016162508838J50X	Single	6/3/2016	$ 18.06	$ 18.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505516Y60X	Family Subscriber	6/3/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1396867636	00002016162505537Y80X	Family Subscriber	6/3/2016	$ 147.92	$ 147.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839093921	1073833406	00002016132501S4630X	Family Subscriber	4/28/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839093921	1073833406	00002016132501S4630X	Family Subscriber	5/5/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837390643	1558570416	00002016158504391L0X	Single	5/25/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837390643	1558570416	00002016158504391L0X	Single	5/25/2016	$ 11.93	$ 11.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837390643	1063513794	00002016160504434U10X	Single	6/2/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837390643	1063513794	00002016160504434U10X	Single	6/2/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821951473	1346554656	00002016162504222A0X	Single	6/6/2016	$ 61.79	$ 61.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840001656	1467562728	00002016159506X0930X	Single	5/29/2016	$ 36.35	$ 36.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840001656	1467562728	00002016159506X0930X	Single	5/29/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840001656	1801877212	00002016162504120Q80X	Single	5/29/2016	$ 115.01	$ 115.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841253417	1255373809	00002016161503P1860X	Family Member	6/7/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843598214	1053596320	00002016162504SE520X	Family Subscriber	2/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843457334	1881679751	00002016161502J32620X	Family Subscriber	6/6/2016	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843457334	1881679751	00002016161502J32620X	Family Subscriber	6/6/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843457334	1881679751	00002016161502J32620X	Family Subscriber	6/6/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843457334	1881679751	00002016161502J32620X	Family Subscriber	6/6/2016	$ 5.56	$ 5.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838078041	1790721538	00002016159508W4020X	Single	6/1/2016	$ 6.40	$ 6.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1780600510	00002016161502P9010X	Family Subscriber	6/9/2016	$ 4.61	$ 4.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1073508545	00002016162508196S20X	Family Subscriber	6/7/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841584821	1558503995	00002016090505734S0X	Family Subscriber	3/23/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1225081748	00002016162504405V20X	Single	5/31/2016	$ 119.29	$ 119.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1225081748	00002016162504405V20X	Single	5/31/2016	$ 6.87	$ 6.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1679596910	00002016162505552Q50X	Single	5/31/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1679596910	00002016162505552Q50X	Single	5/31/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	822561722	1881679751	00002016158509558F80X	Single	6/1/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841298162	1407037633	00002016159501Y4930X	Single	5/2/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840424112	1770699639	00002016161506 2A270X	Single	6/1/2016	$ 69.85	$ 69.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840661159	1750349700	00002016158508481U0X	Family Member	5/4/2016	$ 90.00	$ 90.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838357304	1043589435	00002016161505P5780X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	849009511	1215289129	00002016161506V98120X	Single	1/26/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	831008412	1558477513	00002016159508X2740X	Single	6/6/2016	$ 37.94	$ 37.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	822359787	1346554656	00002016155501 4F440X	Single	5/25/2016	$ 42.45	$ 42.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 115.98	$ 115.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 144.74	$ 144.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 40.89	$ 40.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 139.81	$ 139.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 0.30	$ 0.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 0.62	$ 0.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016159508W27740X	Single	6/1/2016	$ 2.28	$ 2.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1790721538	00002016159502X2880X	Single	6/1/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1790721538	00002016159502X2880X	Single	6/1/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1790721538	00002016159502X2880X	Single	6/1/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1790721538	00002016159506W0880X	Single	6/1/2016	$ 19.70	$ 19.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1790721538	00002016159506W0880X	Single	6/1/2016	$ 26.27	$ 26.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841374646	1952311441	00002016158508D04360X	Single	5/5/2016	$ 708.40	$ 708.40	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 4.08	$ 4.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 0.28	$ 0.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999781	1427233238	00002016160507946U0X	Family Subscriber	4/27/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (121.55)	$ (121.55)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ 121.55	$ 121.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (26.38)	$ (26.38)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (26.38)	$ (26.38)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (152.42)	$ (152.42)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ 152.42	$ 152.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (5.76)	$ (5.76)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ (3.00)	$ (3.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832137160	1184909459	00002015079508F86410X	Single	3/16/2015	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837151482	1386671378	0000201615850C79750X	Single	6/3/2016	$ 85.24	$ 85.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837151482	1386671378	0000201615850C79750X	Single	6/3/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837151482	1386671378	00002016161508V8560X	Single	6/8/2016	$ 52.95	$ 52.95	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837151482	1386671378	00002016161508V8560X	Single	6/8/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840996540	1558306563	00002016161507T6270X	Single	6/2/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840996540	1558306563	00002016161507T6270X	Single	6/2/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840996540	1558306563	00002016161507T6270X	Single	6/2/2016	$ 0.12	$ 0.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840996540	1558306563	00002016161507T6270X	Single	6/2/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841584821	1073892071	0000201615850A03690X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841584821	1073892071	0000201615850A03690X	Family Member	6/3/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838421485	1174702872	00002016158506922G0X	Family Subscriber	6/2/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1790721538	00002016161501D2040X	Single	6/3/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1790721538	00002016161501D2040X	Single	6/3/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1225081748	00002016162501O5V10X	Single	3/15/2016	$ 119.29	$ 119.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1225081748	00002016162501O5V10X	Single	3/15/2016	$ 6.87	$ 6.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1679596910	00002016162505520Q10X	Single	3/15/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820967025	1679596910	00002016162505520Q10X	Single	3/15/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844582828	1942467113	00002016159503N6770X	Single	3/4/2016	$ 471.80	$ 471.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837308185	1386648798	00002016160507086P0X	Family Subscriber	6/4/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835696300	1477734457	00002016159504X4450X	Family Member	6/3/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839408319	1821073792	0000201615850162G10X	Single	6/1/2016	$ 22.76	$ 22.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820395768	1174702872	00002016158506921G0X	Single	6/3/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 5.43	$ 5.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 2.01	$ 2.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 3.36	$ 3.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 8.99	$ 8.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842883867	1790721538	00002016159508W0140X	Single	6/2/2016	$ 9.63	$ 9.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839948815	1346570355	00002016132508368500X	Family Subscriber	4/25/2016	$ 255.36	$ 255.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835295873	1104930809	00002016161502A27120X	Family Member	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835295873	1104930809	00002016161502A27120X	Family Member	6/6/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835295873	1104930809	00002016161502A27120X	Family Member	6/6/2016	$ 0.07	$ 0.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835295873	1104930809	00002016161502A27120X	Family Member	6/6/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842647675	1396867636	00002016162505517Y10X	Family Subscriber	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844863726	1619026507	0000201616050093L60X	Single	6/3/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844863726	1619026507	0000201616050093L60X	Single	6/3/2016	$ 23.10	$ 23.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.71	$ 9.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.94	$ 9.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.07	$ 9.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 5.89	$ 5.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 5.89	$ 5.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 5.89	$ 5.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 5.89	$ 5.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 5.48	$ 5.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 10.91	$ 10.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 11.93	$ 11.93	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.71	$ 9.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.71	$ 9.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.71	$ 9.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 6.14	$ 6.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.04	$ 9.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 10.70	$ 10.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 7.75	$ 7.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 12.36	$ 12.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 6.97	$ 6.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 6.97	$ 6.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 6.97	$ 6.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 9.04	$ 9.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 8.65	$ 8.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 25.46	$ 25.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 11.29	$ 11.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 33.40	$ 33.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841235666	1962857896	0000201616150J26610X	Family Subscriber	6/7/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843696907	1861783276	161493336775001	Single	5/28/2016	$ 1,006.08	$ 1,006.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841229130	1801877436	161555105737014	Single	6/3/2016	$ 46.86	$ 46.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839433383	1538174545	161445393006007	Single	5/23/2016	$ (53.45)	$ (53.45)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841114832	1225317084	161515549691029	Single	5/30/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820337185	1003180704	161544296715010	Single	6/2/2016	$ 38.22	$ 38.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844455838	1497197693	161443303839006	Single	5/23/2016	$ (446.44)	$ (446.44)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	842726405	1003030636	161532059686007	Single	6/1/2016	$ 6.00	$ 6.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	842726405	1003030636	161554690585001	Single	6/3/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837887066	1821106717	161534960591017	Single	6/1/2016	$ 175.60	$ 175.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841391877	1720218035	161531428385014	Single	6/1/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843598214	1932525987	161514033340026	Family Member	5/30/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836405991	1114932191	161523436676015	Single	5/31/2016	$ 682.01	$ 682.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836405991	1114932191	161523695255008	Single	5/31/2016	$ 2.35	$ 2.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839179772	1801877436	161534487993017	Single	6/1/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	834908995	1396816518	161513282654016	Family Member	5/30/2016	$ 17.36	$ 17.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839179772	1801877436	161533294209005	Family Member	6/1/2016	$ 183.29	$ 183.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839179772	1801877436	161533296013025	Family Member	6/1/2016	$ 21.72	$ 21.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838215907	1952410946	161544405193027	Single	6/2/2016	$ 262.48	$ 262.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840398389	1821016627	161534948254008	Single	6/1/2016	$ 91.99	$ 91.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839192919	1720218035	161524910658025	Single	5/31/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844573284	1225317084	161464715655020	Single	5/25/2016	$ (3.52)	$ (3.52)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844573284	1225317084	161464716892026	Single	5/25/2016	$ (2.35)	$ (2.35)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844573284	1225317084	161533357868023	Single	6/1/2016	$ 6.04	$ 6.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839877151	1841505161	161494420775009	Single	5/28/2016	$ 55.74	$ 55.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839877151	1841505161	161494433258027	Single	5/28/2016	$ 191.73	$ 191.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839877151	1841505161	161494437008020	Single	5/28/2016	$ 655.03	$ 655.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839877151	1841505161	161494442437016	Single	5/28/2016	$ 155.56	$ 155.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836663834	1427224542	161514586783009	Family Member	5/30/2016	$ 318.36	$ 318.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838722769	1114341369	161544468666022	Single	6/2/2016	$ 94.11	$ 94.11	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820507710	1114932191	161505676215017	Family Member	5/29/2016	$ 5.22	$ 5.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	830143286	1184759912	161554872033004	Single	6/3/2016	$ 18.91	$ 18.91	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	830143286	1184759912	161554886116024	Single	6/3/2016	$ 12.01	$ 12.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841989610	1750402756	161493541052016	Single	5/28/2016	$ 192.36	$ 192.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841989610	1750402756	161524585211004	Single	5/31/2016	$ 24.70	$ 24.70	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843598214	1932525987	161485119018001	Family Member	5/27/2016	$ (258.66)	$ (258.66)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838078041	1578672556	161533864921009	Single	6/1/2016	$ 173.29	$ 173.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837580455	1194742247	161553678815002	Single	6/3/2016	$ 13.74	$ 13.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837734906	1881703866	161533251666006	Single	6/1/2016	$ 838.78	$ 838.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820546567	1225147655	161514182886015	Single	5/30/2016	$ 127.88	$ 127.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820546567	1225147655	161523995524027	Single	5/31/2016	$ 64.63	$ 64.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837742120	1538297254	161544035978022	Single	6/2/2016	$ 20.28	$ 20.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820039104	1033479241	161530513052014	Single	6/1/2016	$ 441.81	$ 441.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835654418	1225147648	161494875180027	Single	5/28/2016	$ 299.22	$ 299.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835654418	1225147648	161514373488021	Single	5/30/2016	$ 421.81	$ 421.81	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840424112	1871504423	161534571069006	Single	6/1/2016	$ 70.38	$ 70.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	849009511	1952410946	161553946881016	Single	6/3/2016	$ 30.43	$ 30.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839408888	1497197693	161534941127019	Single	6/1/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839408888	1619978434	161544170248011	Single	6/2/2016	$ 182.81	$ 182.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839408888	1619978434	161544179929018	Single	6/2/2016	$ 87.02	$ 87.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839408888	1619978434	161544180745006	Single	6/2/2016	$ 32.12	$ 32.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839408888	1619978434	161544183504015	Single	6/2/2016	$ 7.49	$ 7.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836663834	1427224542	161556250944011	Single	6/3/2016	$ 0.79	$ 0.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839477435	1508975921	161523694564023	Single	5/31/2016	$ 73.33	$ 73.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840781285	1821016627	161524304411028	Single	5/31/2016	$ 3.09	$ 3.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	842416943	1265538664	161554962353016	Family Member	6/3/2016	$ 62.12	$ 62.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	842416943	1154694644	161556464078021	Family Member	6/3/2016	$ 3.09	$ 3.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840996540	1134238116	161545282670019	Single	6/2/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838006680	1225147648	161514653941004	Single	5/30/2016	$ 344.40	$ 344.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839399321	1699979575	161553971778007	Family Member	6/3/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840319701	1619053964	161537883658029	Single	6/1/2016	$ 309.43	$ 309.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844089208	1821015983	161551441227015	Single	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844089208	1821015983	161553319324012	Single	6/3/2016	$ 8.32	$ 8.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840873800	1497817837	161533780514030	Single	6/1/2016	$ 6.98	$ 6.98	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835044613	1861783276	161443080608026	Single	5/23/2016	$ (4.69)	$ (4.69)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835044613	1497197693	161537079415021	Single	5/31/2016	$ 7.96	$ 7.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820719410	1477877389	161545136460005	Family Member	6/2/2016	$ 13.79	$ 13.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	842883867	1184759912	161545087436004	Single	6/2/2016	$ 6.10	$ 6.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835295873	1851400279	161544421718008	Family Member	6/2/2016	$ 336.79	$ 336.79	0%	$0.00	
																			BASIC PLAN:		**$ 21,850.60**	**$ 21,850.60**			
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	839029169	1194787218	00002016159505S2200X	Family Member	5/31/2016	$ 1,434.56	$ 1,434.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	841025953	1619924719	00002016160502261H50X	Single	6/3/2016	$ 356.24	$ 356.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	820646764	1053317362	00002016133508075P0X	Single	5/9/2016	$ 162.86	$ 162.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	820646764	1053317362	00002016134504V6570X	Single	5/9/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	841236260	1053317362	00002016158501108V0X	Family Subscriber	6/1/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838237340	1861449894	00002016029503 5W030X	Family Member	12/1/2015	$ (9.23)	$ (9.23)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838237340	1861449894	00002016029503 5W030X	Family Member	12/1/2015	$ 367.29	$ 367.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838237340	1861449894	00002016029503 5W030X	Family Member	12/1/2015	$ 31.86	$ 31.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838237340	1346554656	00002016155501 3F310X	Family Member	5/26/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838237340	1346554656	00002016155501 3F310X	Family Member	5/26/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	837035981	1669708780	00002016162507 91J90X	Family Member	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	837035981	1982827150	00002016158032 87320C	Family Subscriber	3/19/2016	$ 105.00	$ 105.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841743441	1013930080	00002016161 50A70630X	Single	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840131552	1255401196	00002016162509 77G90X	Single	4/27/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841236260	1144251547	00002016158 50A11100X	Family Subscriber	5/25/2016	$ 110.37	$ 110.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841236260	1144251547	00002016158 50A11100X	Family Subscriber	5/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841236260	1346554656	00002016158 5089Z850X	Family Subscriber	6/1/2016	$ 45.13	$ 45.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841236260	1144251547	00002016160 5067 6H90X	Family Subscriber	5/26/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841444598	1962857896	00002016159 50W36340X	Family Member	6/3/2016	$ 40.30	$ 40.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841444598	1962857896	00002016159 50W36340X	Family Member	6/3/2016	$ 51.44	$ 51.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016138 504D1250X	Family Subscriber	5/13/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1659461515	00002016138 504V4650X	Family Subscriber	5/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842359852	1780916585	00002016158 50A39700X	Family Member	5/31/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	833067830	1730460049	00002016159 50T91080X	Family Member	3/9/2016	$ 129.79	$ 129.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1407844848	00002016158 50029Y20X	Family Subscriber	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842935987	1760465173	00002016160 50020L40X	Family Subscriber	6/7/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841737822	1629023460	00002016158 50C71360X	Family Subscriber	5/25/2016	$ 131.47	$ 131.47	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	838237340	1306851464	161493706864030	Family Member	5/28/2016	$ 18.89	$ 18.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839029169	1619053964	161480786626024	Single	5/26/2016	$ (1,486.60)	$ (1,486.60)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839029169	1619053964	161525797032014	Single	5/31/2016	$ 1,486.60	$ 1,486.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	841743441	1194969279	161522933739015	Single	5/31/2016	$ 16.64	$ 16.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840073256	1033479241	161553548271017	Family Member	6/3/2016	$ 16.53	$ 16.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840073256	1033479241	161553551415012	Family Member	6/3/2016	$ 4.21	$ 4.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840928329	1801877436	161535247769020	Single	6/1/2016	$ 15.13	$ 15.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840028164	1114932191	161533847281014	Single	6/1/2016	$ 4.60	$ 4.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	841444598	1225140130	161494154758025	Family Member	5/28/2016	$ 27.21	$ 27.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	841444598	1225140130	161514296238003	Family Member	5/30/2016	$ 396.20	$ 396.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	842366932	1568559763	161515819276007	Single	5/30/2016	$ 3.09	$ 3.09	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	842912273	1497169288	161524735241002	Single	5/31/2016	$ 12.01	$ 12.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	821142556	1952645889	161527932553023	Single	5/31/2016	$ 142.95	$ 142.95	0%	$0.00	
																			BUY-UP PLAN:		**$ 4,420.88**	**$ 4,420.88**			
																			TOTAL:		**$ 26,271.48**	**$ 26,271.48**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Cross	Basic Coverage	821324621	1548226988	00002016081501X2870X	Single	3/8/2016	$ (190.51)	$ (190.51)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Cross	Basic Coverage	821324621	1548226988	00002016081501X2870X	Single	3/8/2016	$ 264.59	$ 264.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Cross	Basic Coverage	841663203	1619924719	00002016137507708P0X	Single	5/9/2016	$ 910.02	$ 910.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	845904817	1104033174	00002016160504OS820X	Family Subscriber	4/20/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1649453200	00002016132506?Z770X	Single	5/10/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1649453200	00002016132506?Z770X	Single	5/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1649453200	00002016132506?Z770X	Single	5/10/2016	$ 0.88	$ 0.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1881761005	00002016133501860S0X	Single	5/10/2016	$ 129.83	$ 129.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1881761005	00002016133501918S0X	Single	5/10/2016	$ 126.75	$ 126.75	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1023175403	00002016137503401U0X	Single	5/10/2016	$ 38.19	$ 38.19	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	841663203	1649453200	00002016138508?P870X	Single	5/16/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	836698906	1528291713	00002016161503?A830X	Family Member	6/6/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (840.00)	$ (840.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (35.00)	$ (35.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (80.85)	$ (80.85)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 80.85	$ 80.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (210.00)	$ (210.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 210.00	$ 210.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (52.50)	$ (52.50)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (133.00)	$ (133.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 133.00	$ 133.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (59.50)	$ (59.50)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 59.50	$ 59.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (35.00)	$ (35.00)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (1.05)	$ (1.05)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 1.05	$ 1.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ (25.20)	$ (25.20)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844946498	1801983069	00002016076031372?0C	Single	1/12/2016	$ 25.20	$ 25.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	820625476	1780600510	00002016161?50U85930X	Single	6/6/2016	$ 6.54	$ 6.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	833269523	1013037423	00002016162509?2Y50X	Family Subscriber	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016159506P3380X	Single	6/6/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016159506P3380X	Single	6/6/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016159506P3380X	Single	6/6/2016	$ 0.24	$ 0.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016162509?5F90X	Single	6/9/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016162509?5F90X	Single	6/9/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016162509?5F90X	Single	6/9/2016	$ 0.88	$ 0.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	844702624	1649453200	00002016162509?5F90X	Single	6/9/2016	$ 0.24	$ 0.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747038	1790721538	0000201615950?W5340X	Family Subscriber	6/2/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747038	1407829633	00002016162507?F140X	Family Subscriber	6/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747038	1407829633	00002016162507?F140X	Family Subscriber	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747038	1407829633	00002016162507?F140X	Family Subscriber	6/2/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747038	1407829633	00002016162507?F140X	Family Subscriber	6/2/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838324103	1811186042	00002016160501271B0X	Single	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	840835328	1750402756	161525999033009	Single	5/31/2016	$ 686.64	$ 686.64	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	840835328	1750402756	161545675246002	Single	6/2/2016	$ 55.61	$ 55.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	836290817	1962643437	161494235691014	Family Member	5/28/2016	$ 1.67	$ 1.67	0%	$0.00	
																			BASIC PLAN:		**$ 2,598.98**	**$ 2,598.98**			
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1073508545	000020161595003N720X	Family Member	6/3/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	846260941	1568509883	00002016138504V3950X	Family Member	5/16/2016	$ 59.22	$ 59.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161595?N52400X	Family Member	6/4/2016	$ 15.21	$ 15.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161595?N52400X	Family Member	6/4/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161595?N52400X	Family Member	6/4/2016	$ 24.49	$ 24.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161595?N52400X	Family Member	6/4/2016	$ 24.22	$ 24.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161625056F680X	Family Member	6/9/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161625056F990X	Family Member	6/9/2016	$ 45.21	$ 45.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161625056F990X	Family Member	6/9/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161625056F990X	Family Member	6/9/2016	$ 24.49	$ 24.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	000020161625056F990X	Family Member	6/9/2016	$ 24.22	$ 24.22	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1225081748	00002016162503 79V00X	Family Subscriber	5/19/2016	$ 119.29	$ 119.29	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1225081748	0000201616250379V00X	Family Subscriber	5/19/2016	$ 6.87	$ 6.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839155256	1790721538	00002016159506W1000X	Family Subscriber	5/12/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839155256	1790721538	00002016159506W1000X	Family Subscriber	5/12/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839155256	1790721538	00002016159506W1000X	Family Subscriber	5/12/2016	$ 19.93	$ 19.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	0000201616150 72A100X	Single	6/3/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838137670	1639225345	0000201616150Y79400X	Family Member	3/8/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838137670	1639225345	0000201616150Y79400X	Family Member	3/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838137670	1639225345	0000201616150Y79400X	Family Member	3/8/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838137670	1639225345	0000201616150Y79400X	Family Member	3/8/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1508884412	0000201615950 0T8730X	Family Subscriber	6/3/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1508884412	0000201615950 0T8730X	Family Subscriber	6/3/2016	$ 39.48	$ 39.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1508884412	0000201615950 0T9150X	Family Subscriber	4/26/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1508884412	0000201615950 0T9150X	Family Subscriber	4/26/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1225139942	0000201616150 0B3310X	Family Subscriber	6/3/2016	$ 112.61	$ 112.61	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841058103	1871832113	0000201615950 S26130X	Single	5/25/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	836137682	1104033174	0000201616050 37S950X	Family Member	5/9/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	836137682	1104033174	0000201616050 40S500X	Family Member	5/5/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	836137682	1104033174	0000201616050 40S500X	Family Member	5/5/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	829114659	1194769497	0000201613150 8148A0X	Single	4/26/2016	$ 21.54	$ 21.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839862263	1194969279	161546364542003	Single	6/2/2016	$ 258.66	$ 258.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839862263	1194969279	161546372285010	Single	6/2/2016	$ 54.01	$ 54.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	840712957	1194877456	161494135703012	Single	5/28/2016	$ 13.62	$ 13.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	842602402	1386850568	161545153842021	Single	6/2/2016	$ 28.43	$ 28.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	842602402	1386850568	161493845148026	Family Member	5/28/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	842602402	1386850568	161557320398018	Family Member	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839014094	1952410946	161547526876016	Single	6/2/2016	$ 103.87	$ 103.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	841450753	1184733529	161500555827018	Single	5/29/2016	$ 15.39	$ 15.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	836137682	1578792073	161307076625026	Family Member	5/9/2016	$ 20.53	$ 20.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	838794615	1740389139	161535513581026	Family Member	6/1/2016	$ 17.89	$ 17.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	838794615	1740389139	161535515406006	Family Member	6/1/2016	$ 902.56	$ 902.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839241239	1841505161	161524114278015	Single	5/31/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	840759742	1235248642	161494094532004	Single	5/28/2016	$ 15.09	$ 15.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	837151464	1699979575	161476812527019	Single	5/26/2016	$ (140.52)	$ (140.52)	0%	$0.00	
																			BUY-UP PLAN:		**$ 3,727.16**	**$ 3,727.16**			
																			TOTAL:		**$ 6,326.14**	**$ 6,326.14**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Cross	Basic Coverage	830334363	1053317362	00002016160500169H00X	Family Subscriber	5/27/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820629439	1740301985	00002016138507 7Y730X	Family Subscriber	4/28/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820629439	1740301985	00002016138507 7Y730X	Family Subscriber	4/28/2016	$ 11.24	$ 11.24	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820629439	1740301985	00002016138507 7Y730X	Family Subscriber	4/28/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1497989479	00002016083505 2B090X	Single	3/22/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1497989479	00002016090501 75U70X	Single	3/29/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1497989479	00002016098502 9Y500X	Single	4/6/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1174702872	00002016159501 Q9100X	Single	6/1/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1174702872	00002016159501 Q9100X	Single	6/1/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	836156612	1497989479	00002016078500 39490X	Single	3/16/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	836156612	1497989479	00002016078500 39730X	Single	3/14/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	836156612	1497989479	00002016078500 39790X	Single	3/8/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	836156612	1497989479	00002016078500 39790X	Single	3/8/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840713579	1497989479	00002016078500 39640X	Family Subscriber	3/15/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840713579	1497989479	00002016078500 39640X	Family Subscriber	3/15/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840713579	1497989479	00002016083504 9B210X	Family Subscriber	3/22/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840713579	1497989479	00002016098504 5Y350X	Family Subscriber	4/6/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820162933	1174702872	00002016158507 304G0X	Single	6/3/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820162933	1174702872	00002016158507 304G0X	Single	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820162933	1174702872	00002016158507 304G0X	Single	6/3/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820162933	1174702872	00002016158507 304G0X	Single	6/3/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820162933	1174702872	00002016159501 Q9140X	Single	6/6/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840640416	1295808293	00002016159501 Q5650X	Family Member	6/6/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	820538243	1497989479	00002016085500 L4470X	Single	3/23/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837320579	1497989479	00002016103505 B8530X	Single	4/11/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837320579	1497989479	00002016103505 B8530X	Single	4/11/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Drug	Basic Coverage	820629439	1356356430	161513901536026	Single	5/30/2016	$ 178.89	$ 178.89	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Drug	Basic Coverage	843968331	1356356430	161533131466026	Single	6/1/2016	$ 299.22	$ 299.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Drug	Basic Coverage	820162933	1497197693	161555754568012	Single	6/3/2016	$ 2.79	$ 2.79	0%	$0.00	
																			BASIC PLAN:		**$ 2,797.91**	**$ 2,797.91**			
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	834416712	1497989479	0000201607850D39990X	Family Subscriber	3/2/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	837176747	1497989479	0000201607850D39920X	Single	3/1/2016	$ 76.50	$ 76.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	837176747	1497989479	0000201607850D39920X	Single	3/1/2016	$ 106.50	$ 106.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	837176747	1356361976	00002016162508 30J20X	Single	5/25/2016	$ 69.66	$ 69.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	837176747	1356361976	00002016162508 30J20X	Single	5/25/2016	$ 99.07	$ 99.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	821011092	1497989479	0000201607850D39860X	Single	3/10/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	821011092	1497989479	00002016098504 3Y450X	Single	4/6/2016	$ 183.00	$ 183.00	0%	$0.00	
																			BUY-UP PLAN:		**$ 900.73**	**$ 900.73**			
																			TOTAL:		**$ 3,698.64**	**$ 3,698.64**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Cross	Basic Coverage	840707163	1053317362	00002016158508657U0X	Family Member	5/31/2016	$ 1,901.81	$ 1,901.81	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	845710596	1588008247	00002016158508856X50X	Single	5/26/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840480602	1932205838	00002016161502 9A110X	Single	5/27/2016	$ 59.21	$ 59.21	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840480602	1932205838	00002016161502 9A110X	Single	5/27/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840480602	1932205838	00002016161502 9A110X	Single	5/27/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840480602	1932205838	00002016161502 9A110X	Single	5/27/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	00002016158504072L0X	Single	5/30/2016	$ 71.99	$ 71.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161585063W260X	Single	5/30/2016	$ 10.84	$ 10.84	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 6.02	$ 6.02	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 6.00	$ 6.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 2.01	$ 2.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 9.63	$ 9.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 9.63	$ 9.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 9.63	$ 9.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 3.17	$ 3.17	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 13.33	$ 13.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 13.33	$ 13.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 6.42	$ 6.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 6.01	$ 6.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1790721538	00002016161503D1160X	Single	5/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	00002016162507 8X970X	Single	6/9/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	00002016159501N2320X	Single	6/2/2016	$ 1.66	$ 1.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	846597890	1225139942	00002016158504116E0X	Family Subscriber	5/27/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	846597890	1225139942	00002016158504116E0X	Family Subscriber	5/27/2016	$ 52.22	$ 52.22	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	846597890	1225139942	00002016158504116E0X	Family Subscriber	5/27/2016	$ 127.06	$ 127.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	846597890	1225139942	00002016158504116E0X	Family Subscriber	5/27/2016	$ 127.06	$ 127.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	822242418	1497908958	00002016089509W9180X	Single	2/10/2016	$ (655.89)	$ (655.89)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1295727204	00002016161 50W09790X	Family Member	6/7/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	838813727	1386697209	00002016162501 05K80X	Family Subscriber	3/19/2016	$ 71.46	$ 71.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840707163	1952311441	00002016158 50D01310X	Family Member	5/17/2016	$ 157.08	$ 157.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840707163	1770558447	00002016159508D9220X	Family Member	5/31/2016	$ 498.31	$ 498.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1497092068	00002016160 5023T340X	Family Member	6/2/2016	$ 4.79	$ 4.79	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1497092068	00002016160 5023T340X	Family Member	6/2/2016	$ 43.06	$ 43.06	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 24.53	$ 24.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 28.53	$ 28.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.51	$ 19.51	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 55.00	$ 55.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	00002016162504 20N90X	Family Member	6/7/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	00002016131 50G51450X	Single	3/30/2016	$ 136.50	$ 136.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	842058901	1194769497	00002016159 50N39170X	Family Member	5/31/2016	$ 54.77	$ 54.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	845879086	1942467113	00002016160 50713W60X	Family Subscriber	3/13/2016	$ 526.40	$ 526.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	845879086	1942467113	00002016160 50713W60X	Family Subscriber	3/13/2016	$ 1,346.80	$ 1,346.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	846597890	1841505161	161555671198008	Family Member	6/3/2016	$ 7.54	$ 7.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	841550963	1720178791	161504327641023	Single	5/29/2016	$ 363.54	$ 363.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	838813727	1891809885	161553445545015	Single	6/3/2016	$ 31.59	$ 31.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	841444302	1841505161	161554934592024	Single	6/3/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	840707163	1952410946	161523200490026	Single	5/31/2016	$ 188.42	$ 188.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	847237915	1871504423	161526002684007	Single	5/31/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	840854233	1508975921	161433735282006	Single	5/22/2016	$ (584.89)	$ (584.89)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	838929328	1851400279	161493461196003	Single	5/28/2016	$ 8.49	$ 8.49	0%	$0.00	
																			BASIC PLAN:		**$ 5,650.99**	**$ 5,650.99**			
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Cross	Basic Coverage	839391065	1770573586	00002016161509H1460X	Single	6/3/2016	$ 3,032.12	$ 3,032.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1952311441	00002016158 50D04550X	Family Subscriber	5/18/2016	$ 256.96	$ 256.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	841303739	1669708780	00002016162507 79J70X	Family Member	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	841303739	1669708780	00002016162507 79J70X	Family Member	6/6/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	841303739	1669708780	00002016162507 79J70X	Family Member	6/6/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	841303739	1952311441	00002016158 50D03380X	Family Subscriber	5/18/2016	$ 292.16	$ 292.16	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 125.00	$ 125.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	00002016159 50N19790X	Family Subscriber	6/1/2016	$ 19.74	$ 19.74	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	0000201615950N19790X	Family Subscriber	6/1/2016	$ 9.87	$ 9.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1104930809	000020161605020T510X	Family Subscriber	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1427295468	0000201616050 2623P0X	Family Subscriber	6/3/2016	$ 86.68	$ 86.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1427295468	000020161605026 37P0X	Family Subscriber	6/3/2016	$ 79.58	$ 79.58	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	839710208	1881929321	000020161605092Z520X	Single	5/13/2016	$ 162.52	$ 162.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	839710208	1881929321	000020161605092Z520X	Single	5/13/2016	$ 650.08	$ 650.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	839710208	1881929321	000020161605092Z520X	Single	5/13/2016	$ 57.88	$ 57.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	839391065	1467707687	000020161615 06P2650X	Single	5/27/2016	$ 239.40	$ 239.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1538206198	000020161585005 1Y20X	Family Member	5/25/2016	$ 33.40	$ 33.40	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1528015096	000020161605084Z280X	Family Member	6/7/2016	$ 435.99	$ 435.99	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1528015096	000020161605084Z280X	Family Member	6/7/2016	$ 369.27	$ 369.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1528015096	000020161605084Z280X	Family Member	6/7/2016	$ 109.57	$ 109.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1528015096	000020161605084Z280X	Family Member	6/7/2016	$ 52.65	$ 52.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1528015096	000020161605084Z280X	Family Member	6/7/2016	$ 34.15	$ 34.15	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615029A120X	Family Subscriber	5/28/2016	$ 9.50	$ 9.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A010X	Family Subscriber	5/28/2016	$ 100.08	$ 100.08	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A010X	Family Subscriber	5/28/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1932205838	000020161615030A130X	Family Subscriber	5/28/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842451936	1184896854	000020161550300 0420C	Single	5/27/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842451936	1184896854	000020161550300 0420C	Single	5/27/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842451936	1790721538	000020161585042W340X	Single	5/27/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842451936	1790721538	000020161585042W340X	Single	5/27/2016	$ 19.93	$ 19.93	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Drug	Basic Coverage	820919956	1154486538	161325068962001	Single	5/11/2016	$ (180.05)	$ (180.05)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Drug	Basic Coverage	820919956	1154486538	161325070543020	Single	5/11/2016	$ (0.51)	$ (0.51)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Drug	Basic Coverage	820919956	1154486538	161526236588025	Single	5/31/2016	$ 32.11	$ 32.11	0%	$0.00	
																			BUY-UP PLAN:		**$ 6,478.63**	**$ 6,478.63**			
																			TOTAL:		**$ 12,129.62**	**$ 12,129.62**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
HIDALGO COUNTY																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Cross	Basic Coverage	840883140	1053317362	00002016095503T1340X	Single	3/1/2016	$ 8,840.65	$ 8,840.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Cross	Basic Coverage	843154925	1174582050	00002016161578J2190X	Single	12/14/2015	$ 122.56	$ 122.56	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1982827150	00002016158032875330C	Single	2/9/2016	$ 99.00	$ 99.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1225139942	00002016161500B3270X	Single	6/3/2016	$ 104.44	$ 104.44	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840160826	1396003299	00002016134501T9280X	Family Member	4/16/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840160826	1396003299	00002016134509P5420X	Family Member	4/2/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844342156	1023190659	00002016159502 1N850X	Family Subscriber	6/6/2016	$ 67.25	$ 67.25	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844342156	1023190659	00002016159502 1N850X	Family Subscriber	6/6/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844342156	1023190659	00002016159502 1N850X	Family Subscriber	6/6/2016	$ 11.01	$ 11.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844342156	1023190659	00002016159502 1N850X	Family Subscriber	6/6/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841984987	1356361976	00002016162508 26J00X	Single	5/16/2016	$ 105.37	$ 105.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1508070038	00002016155502 0G220X	Family Member	6/2/2016	$ 14.45	$ 14.45	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1508070038	00002016155502 0G530X	Family Member	6/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1508070038	00002016155502 0G530X	Family Member	6/1/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1508070038	00002016155502 0G530X	Family Member	6/1/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1790721538	00002016159506 W0520X	Family Member	6/1/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841337953	1790721538	00002016159506 W0520X	Family Member	6/1/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840198739	1437153244	00002016158502 66F30X	Single	6/2/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	903400311	1023175403	00002016159 57H25150X	Single	5/12/2016	$ 8.46	$ 8.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	903400311	1023175403	00002016159 57H25150X	Single	5/12/2016	$ 0.55	$ 0.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	836879087	1356329569	00002016159 57H01410X	Family Member	5/16/2016	$ 8.76	$ 8.76	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844445639	1609858729	00002016082509759G0X	Single	3/17/2016	$ 58.00	$ 58.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844445639	1790721538	00002016158504 5W800X	Single	5/27/2016	$ 5.78	$ 5.78	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844445639	1790721538	00002016158504 5W800X	Single	5/27/2016	$ 13.82	$ 13.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844445639	1790721538	00002016158504 5W800X	Single	5/27/2016	$ 13.77	$ 13.77	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	841749057	1588715585	161535482558006	Single	6/1/2016	$ 212.09	$ 212.09	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840883140	1134238116	161555230815017	Single	6/3/2016	$ 1.41	$ 1.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840883140	1134238116	161555260076025	Single	6/3/2016	$ 119.82	$ 119.82	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	843154925	1356356430	161545609581026	Single	6/2/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	844342156	1255440681	161537846862023	Single	6/1/2016	$ 324.39	$ 324.39	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840198739	1962643437	161495817114012	Single	5/28/2016	$ 94.03	$ 94.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840506354	1801814603	161521441806023	Single	5/31/2016	$ 26.03	$ 26.03	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1285649202	161496101095019	Family Member	5/28/2016	$ 13.60	$ 13.60	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1477742385	161534283870016	Single	6/1/2016	$ 6.45	$ 6.45	0%	$0.00	
																					$ 10,537.03	**$ 10,537.03**			
APPRAISAL DISTRICT																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	839517610	1013930080	00002016161573K8470X	Family Member	5/17/2016	$ 13.73	$ 13.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	839517610	1013930080	00002016161573K8470X	Family Member	5/17/2016	$ 4.67	$ 4.67	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	839517610	1013930080	00002016161573K8470X	Family Member	5/17/2016	$ 0.27	$ 0.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	844734823	1407037633	00002016159500Y8370X	Single	5/20/2016	$ 79.86	$ 79.86	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	837529229	1619053964	161442908306024	Single	5/23/2016	$ (76.53)	$ (76.53)	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	837529229	1619053964	161513411672026	Single	5/30/2016	$ 76.53	$ 76.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161533665931004	Single	6/1/2016	$ 258.66	$ 258.66	0%	$0.00	
																					$ 357.19	**$ 357.19**			
DRAINAGE DISTRICT NO.1																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	839953656	1245230655	00002016162506 3E720X	Single	6/8/2016	$ 59.68	$ 59.68	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	839953656	1306250196	161423766118003	Single	5/21/2016	$ (32.22)	$ (32.22)	0%	$0.00	
																					$ 27.46	**$ 27.46**			
																			BASIC PLAN:		**$ 10,921.68**	**$ 10,921.68**			
																			TOTAL:		**$ 10,921.68**	**$ 10,921.68**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
HIDALGO COUNTY																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Cross	Basic Coverage	835986514	1053317362	00002016158506676W0X	Family Subscriber	5/13/2016	$ 728.28	$ 728.28	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Cross	Basic Coverage	836569213	1891740395	00002016155550G19010X	Single	5/23/2016	$ 535.53	$ 535.53	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	842837981	1457300758	00002016160502294L50X	Family Subscriber	6/6/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	842837981	1457300758	00002016162504891I50X	Family Subscriber	6/7/2016	$ 8.12	$ 8.12	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364546	1013037423	00002016160501081P0X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364546	1013037423	00002016160501081P0X	Family Member	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364546	1013037423	00002016160501081P0X	Family Member	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364546	1790721538	00002016161503D7190X	Family Member	6/6/2016	$ 4.46	$ 4.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364546	1790721538	00002016161503D7190X	Family Member	6/6/2016	$ 2.92	$ 2.92	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1548279904	00002016159504A130X	Single	5/2/2016	$ 329.37	$ 329.37	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Drug	Basic Coverage	835986514	1114932191	161494316262004	Family Member	5/28/2016	$ 8.52	$ 8.52	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Drug	Basic Coverage	837364546	1508975921	161553565153027	Family Member	6/3/2016	$ 25.43	$ 25.43	0%	$0.00	
																			BASIC PLAN:		**$ 1,701.01**	**$ 1,701.01**			
APPRAISAL DISTRICT																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	00002016152502 7W350X	Single	5/24/2016	$ 14,883.35	$ 14,883.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	00002016152503 3W840X	Single	5/18/2016	$ 4,998.71	$ 4,998.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	00002016152503 5W140X	Single	5/25/2016	$ 1,080.94	$ 1,080.94	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	00002016155502Q6840X	Single	5/26/2016	$ 1,105.41	$ 1,105.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50J91460X	Single	5/5/2016	$ 137.83	$ 137.83	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50J96810X	Single	5/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50J97240X	Single	5/3/2016	$ 118.41	$ 118.41	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50J99140X	Single	5/6/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K01380X	Single	5/6/2016	$ 270.55	$ 270.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K04220X	Single	5/3/2016	$ 142.88	$ 142.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K04220X	Single	5/3/2016	$ 3.42	$ 3.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K04220X	Single	5/3/2016	$ 3.42	$ 3.42	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K06000X	Single	5/3/2016	$ 15.88	$ 15.88	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K07090X	Single	5/3/2016	$ 16.63	$ 16.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016131 50K07840X	Single	4/29/2016	$ 187.71	$ 187.71	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016132 5027U790X	Single	5/7/2016	$ 194.48	$ 194.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016132 5027U790X	Single	5/9/2016	$ 194.48	$ 194.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016132 5029U890X	Single	5/8/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016132 5038U430X	Single	5/7/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016137 503119X0X	Single	5/12/2016	$ 200.43	$ 200.43	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016138 5088G730X	Single	5/13/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016139 505756U0X	Single	5/8/2016	$ 194.48	$ 194.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016139 506270U0X	Single	5/10/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016139 506540U0X	Single	5/4/2016	$ 16.63	$ 16.63	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016139 506561U0X	Single	5/11/2016	$ 136.27	$ 136.27	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016139 506630U0X	Single	5/10/2016	$ 194.48	$ 194.48	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016141 504152H0X	Single	5/18/2016	$ 47.73	$ 47.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016141 504637H0X	Single	5/3/2016	$ 74.55	$ 74.55	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016141 504637H0X	Single	5/3/2016	$ 58.46	$ 58.46	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016141 504637H0X	Single	5/3/2016	$ 19.31	$ 19.31	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	00002016141 504637H0X	Single	5/3/2016	$ 58.46	$ 58.46	0%	$0.00	
																					$ 24,387.90	**$ 24,387.90**			
HIDALGO COUNTY																									
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	838751005	1053317362	00002016132 5019Z290X	Family Member	4/28/2016	$ 3,693.33	$ 3,693.33	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502046P0X	Family Member	4/4/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502052P0X	Family Member	5/19/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502066P0X	Family Member	3/8/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502069P0X	Family Member	3/15/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502176P0X	Family Member	5/5/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502483P0X	Family Member	4/19/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502505P0X	Family Member	3/10/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502517P0X	Family Member	3/2/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502517P0X	Family Member	3/2/2016	$ 28.59	$ 28.59	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1245596311	00002016141 502536P0X	Family Member	3/28/2016	$ 26.73	$ 26.73	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1801856786	00002016145 50582N20X	Family Member	4/28/2016	$ 681.62	$ 681.62	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 39.32	$ 39.32	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 33.72	$ 33.72	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016148 509X8920X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1952311441	00002016153503T4800X	Family Member	4/28/2016	$ 514.80	$ 514.80	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016153508C1780X	Family Member	5/9/2016	$ 29.49	$ 29.49	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016153508C1780X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016153508C1780X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016153508C1780X	Family Member	5/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	00002016120507N2990X	Family Member	4/19/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Drug	Basic Coverage	838751005	1720093800	161524881670004	Family Member	5/31/2016	$ 23.35	$ 23.35	0%	$0.00	
21185	TX1	618139	611853	6/4/2016	6/10/2016	6/4/2016	6/10/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Drug	Basic Coverage	838751005	1023025038	161547324866020	Single	6/2/2016	$ 11.71	$ 11.71	0%	$0.00	
																					$ 5,849.94	**$ 5,849.94**			
																			BUY-UP PLAN:		**$ 30,237.84**	**$ 30,237.84**			
																			TOTAL:		**$ 31,938.85**	**$ 31,938.85**			

BlueCross BlueShield of Texas

Group # 021185 **HIDALGO COUNTY**
Settlement ID: **TX433010006**
Processed Date
Period **6/11/2016 to 6/17/2016**

SECTION			
0001-0011	HIDALGO COUNTY	$	334,615.40
0002-0012	HEAD START	$	203,443.65
0003-0013	APPRAISAL DISTRICT	$	10,384.40
0004-0014	COMMUNITY SERVICE AGENCY	$	1,970.89
0005-0015	DRAINAGE DISTRICT NO.1	$	13,713.28
0006-0016	RETIREES	$	3,633.98
9001-9002	COBRA	$	8,187.80
	STOP LOSS	$	(1,924.59)
	TOTAL	$	574,024.81

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833605765	1619924719	00002016168501 4S220X	Family Subscriber	6/10/2016	$ 910.02	$ 910.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841229224	1770573586	00002016165509J3270X	Family Member	6/6/2016	$ 513.81	$ 513.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835797141	1770573586	00002016168500066D30X	Single	6/10/2016	$ 1,100.47	$ 1,100.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833969117	1619924719	00002016165502K9880X	Family Subscriber	5/14/2016	$ 1,976.15	$ 1,976.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	844860443	1053317362	00002016120509 2B180X	Single	4/26/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	834768526	1548226988	00002016165501K8380X	Single	5/25/2016	$ 317.55	$ 317.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	847051141	1053317362	00002016166507 16G90X	Single	6/10/2016	$ 38.29	$ 38.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841200104	1053317362	00002016166507 16G20X	Family Subscriber	6/9/2016	$ 162.86	$ 162.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838133161	1053317362	00002016166501 24C40X	Family Subscriber	6/10/2016	$ 51.46	$ 51.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	836109863	1053317362	00002016165508J9180X	Family Member	2/7/2016	$ 138.96	$ 138.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	844597365	1861488579	00002016167506533J0X	Family Subscriber	6/9/2016	$ 291.02	$ 291.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	822935426	1770573586	00002016167502 97780X	Single	6/10/2016	$ 2,653.08	$ 2,653.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	836117245	1053317362	00002016167501 3350X	Family Subscriber	6/6/2016	$ 36.45	$ 36.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838386384	1053317362	00002016166506 99G00X	Family Member	6/9/2016	$ 107.62	$ 107.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838386384	1053317362	00002016165501 V3390X	Family Member	6/9/2016	$ 271.74	$ 271.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842787793	1053317362	00002016140501 X5740X	Single	5/16/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835094790	1770573586	00002016095505T0440X	Family Member	3/29/2016	$ 513.83	$ 513.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820357191	1053317362	00002016034509 04T20X	Single	1/28/2016	$ (188.63)	$ (188.63)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820357191	1053317362	00002016034509 04T20X	Single	1/28/2016	$ 188.63	$ 188.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833410405	1043354111	00002016163529194B0H	Family Member	5/29/2016	$ 1,693.14	$ 1,693.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833410405	1043354111	00002016163529194B0H	Family Member	5/29/2016	$ 976.97	$ 976.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835616656	1053317362	00002016168500 3S420X	Single	6/14/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843598823	1053317362	00002016165501 92720X	Family Subscriber	6/9/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837670231	1053317362	00002016106509 63J40X	Family Member	1/16/2016	$ 82,782.77	$ 82,782.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838299263	1053317362	00002016165507J9760X	Family Subscriber	6/9/2016	$ 233.67	$ 233.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	836917076	1770573586	00002016165509J3130X	Single	6/7/2016	$ 338.27	$ 338.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835704638	1053317362	00002016120500 4C560X	Family Subscriber	4/25/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837082769	1619924719	00002016167507 59710X	Family Member	6/10/2016	$ 896.00	$ 896.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837082769	1053317362	00002016165501 V3430X	Family Member	6/9/2016	$ 323.98	$ 323.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837082769	1053317362	00002016120508 8B510X	Family Subscriber	4/26/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	827868531	1053317362	00002016169501 46720X	Family Subscriber	6/14/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833410405	1053317362	00002016166501 26C00X	Family Subscriber	6/10/2016	$ 263.87	$ 263.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837670762	1619924719	00002015280 59F16700X	Family Member	5/3/2014	$ 425.88	$ 425.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	821175139	1053317362	00002016166507 10G80X	Single	6/10/2016	$ 248.86	$ 248.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843559692	1205189172	00002016166502 0F140X	Family Member	5/27/2016	$ 180.80	$ 180.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837647116	1053317362	00002016169501 54000X	Family Member	6/14/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843167236	1053317362	00002016167501 63490X	Family Subscriber	6/11/2016	$ 360.85	$ 360.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	839669006	1053317362	00002016120500 4C340X	Family Subscriber	4/26/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842640340	1053317362	00002016166500 88C30X	Single	6/9/2016	$ 60.39	$ 60.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	829778532	1053317362	00002016169503 31X80X	Family Subscriber	6/10/2016	$ 1,056.37	$ 1,056.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	844765128	1053317362	00002016167500 821K0X	Single	6/11/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	845799348	1861488579	00002016169504 17X20X	Family Member	6/13/2016	$ 115.76	$ 115.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	821613934	1770573586	00002016112500 72E50X	Family Member	4/14/2016	$ 5,828.14	$ 5,828.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837362277	1619924719	00002016165501 U86040X	Family Subscriber	6/6/2016	$ 229.19	$ 229.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	821136889	1770573586	00002016167502 A4360X	Single	6/10/2016	$ 1,631.07	$ 1,631.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	834589346	1881688976	00002016167502 97170X	Family Member	6/9/2016	$ 882.08	$ 882.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841963617	1053317362	00002016166500 68C70X	Single	6/10/2016	$ 70.59	$ 70.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841963617	1053317362	00002016167501 15800X	Single	6/13/2016	$ 100.90	$ 100.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841963617	1053317362	00002016168508 7V210X	Single	6/14/2016	$ 70.59	$ 70.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835779465	1053317362	00002016168508 6V970X	Family Subscriber	6/13/2016	$ 347.96	$ 347.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842740918	1861488579	00002016163506 964C0X	Family Subscriber	6/3/2016	$ 357.57	$ 357.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842740918	1053317362	00002016167502 68920X	Family Subscriber	6/7/2016	$ 415.21	$ 415.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820847133	1053317362	00002016138505 W0020X	Family Member	5/13/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820847133	1053317362	00002016139506 837G0X	Family Member	5/13/2016	$ 78.40	$ 78.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	836476338	1053317362	00002016140502 N4940X	Family Member	5/17/2016	$ 338.00	$ 338.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	843616730	1053317362	00002016169509 634W0X	Family Member	6/14/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838332130	1053317362	00002016114 50W12140X	Family Member	4/19/2016	$ (422.77)	$ (422.77)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	838332130	1053317362	00002016114 50W12140X	Family Member	4/19/2016	$ 422.77	$ 422.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	841339346	1053317362	00002016145506 65Y50X	Single	5/17/2016	$ 826.31	$ 826.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	836387259	1619924719	00002016169504 362X0X	Single	6/12/2016	$ 910.05	$ 910.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	839231123	1053317362	00002016166501 14C50X	Single	6/10/2016	$ 370.46	$ 370.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	849356199	1619924719	00002016168501 3S990X	Single	6/11/2016	$ 910.05	$ 910.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	842924474	1770573586	00002016165509J2190X	Family Member	6/6/2016	$ 513.82	$ 513.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	831814111	1548226988	00002016167502 68970X	Family Subscriber	5/10/2016	$ 391.63	$ 391.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837683321	1053317362	00002016145506 22Y90X	Single	5/19/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837448263	1053317362	00002016167502 68230X	Single	6/1/2016	$ 359.27	$ 359.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	835751511	1053317362	00002016165509J0170X	Family Subscriber	6/8/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	823771606	1861488579	00002016166508 7C620X	Family Member	6/9/2016	$ 268.24	$ 268.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	839956421	1053317362	00002016165501 V35200X	Family Subscriber	6/9/2016	$ 162.86	$ 162.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	833405187	1053317362	00002016168500 5S300X	Family Member	6/14/2016	$ 359.48	$ 359.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	837600398	1053317362	00002016165508J7900X	Family Member	6/7/2016	$ 223.05	$ 223.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820046727	1053317362	00002016100505 V4880X	Single	4/5/2016	$ (422.77)	$ (422.77)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	820046727	1053317362	00002016100505V4880X	Single	4/5/2016	$ 422.77	$ 422.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	846602643	1770573586	00002016117030194S0C	Family Member	8/28/2015	$ 200.00	$ 200.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Cross	Basic Coverage	840983975	1053317362	00002016141506629X00X	Family Subscriber	4/19/2016	$ 863.51	$ 863.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848405279	1366475923	00002015350S0C69290X	Family Member	12/4/2015	$ 28.37	$ 28.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848405279	1588008247	00002016166503 79D70X	Family Member	5/27/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848405279	1790721538	00002016168501 29J40X	Family Member	6/6/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840874127	1083904890	00002016165507C4320X	Family Subscriber	5/17/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842250441	1467473033	00002016169500D40560X	Family Member	5/25/2016	$ 34.30	$ 34.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833605765	1023175403	00002016168505 0Q660X	Family Subscriber	6/10/2016	$ 13.73	$ 13.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833605765	1023175403	00002016168505 0Q660X	Family Subscriber	6/10/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840962485	1386648798	00002016165506Y3310X	Family Member	6/7/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1255401196	00002016168507 08P20X	Family Subscriber	6/15/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1255401196	00002016168507 08P20X	Family Subscriber	6/15/2016	$ 98.46	$ 98.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1255401196	00002016168507 09P00X	Family Member	6/15/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841229224	1255401196	00002016168507 09P00X	Family Member	6/15/2016	$ 98.46	$ 98.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843721914	1023439163	00002016168503 5T620X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843721914	1023439163	00002016168503 5T620X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843721914	1023439163	00002016168503 5T620X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843721914	1023439163	00002016168503 5T620X	Family Member	4/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839980602	1881679751	00002016168502 2J660X	Single	6/13/2016	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839980602	1881679751	00002016168502 2J660X	Single	6/13/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839980602	1881679751	00002016168502 2J660X	Single	6/13/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839980602	1881679751	00002016168502 2J660X	Single	6/13/2016	$ 5.56	$ 5.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839980602	1881679751	00002016168502 2J660X	Single	6/13/2016	$ 8.34	$ 8.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849493910	1932205838	00002016152 50F41990X	Family Subscriber	5/20/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849493910	1932205838	00002016152 50F41990X	Family Subscriber	5/20/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849493910	1932205838	00002016152 50F41990X	Family Subscriber	5/20/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016145502 137H0X	Family Member	5/11/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830484558	1851606537	00002016145502 137H0X	Family Member	5/18/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836531695	1689905309	00002016165 50W04440X	Single	5/26/2016	$ 147.92	$ 147.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836531695	1689905309	00002016165 50W04440X	Single	5/26/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834837638	1962614099	00002016165509S9090X	Family Subscriber	5/12/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836451678	1720376304	00002016168500U5540X	Single	6/14/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821316069	1558570416	00002016169 50Y25170X	Single	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839936474	1215289129	00002016168501 85W00X	Single	5/3/2016	$ 179.23	$ 179.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839936474	1215289129	00002016168501 85W00X	Single	5/3/2016	$ 77.64	$ 77.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	3/31/2016	$ (97.62)	$ (97.62)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	3/31/2016	$ 97.62	$ 97.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/7/2016	$ (23.24)	$ (23.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/7/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/14/2016	$ (23.24)	$ (23.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/14/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/21/2016	$ (23.24)	$ (23.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/21/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/28/2016	$ (23.24)	$ (23.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	4/28/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	5/5/2016	$ (23.24)	$ (23.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847132222	1578591178	00002016133 50L97780X	Family Member	5/5/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833735736	1194769497	00002016169505 774B0X	Single	3/25/2016	$ 29.93	$ 29.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833735736	1194769497	00002016169505 774B0X	Single	3/25/2016	$ 21.54	$ 21.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847051141	1043515166	00002016168503 Z4960X	Single	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847051141	1043515166	00002016168503 Z4960X	Single	6/10/2016	$ 6.48	$ 6.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847051141	1043515166	00002016168503 Z4960X	Single	6/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838102460	1679825681	00002016168503 9Q740X	Family Subscriber	6/14/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840902504	1780634766	00002016165501 84400X	Family Member	6/12/2016	$ 75.87	$ 75.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	827726778	1740301985	00002016166509 112E0X	Family Subscriber	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	827726778	1740301985	00002016166509 112E0X	Family Subscriber	6/8/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	827726778	1740301985	00002016166509 112E0X	Family Subscriber	6/8/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	827726778	1740301985	00002016166509 112E0X	Family Subscriber	6/8/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820292981	1548501984	00002016169509 713A0X	Single	6/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1598958431	00002016163507 237J0X	Family Subscriber	6/7/2016	$ 131.93	$ 131.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1598958431	00002016163507 298J0X	Family Subscriber	6/8/2016	$ 829.24	$ 829.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168502 Z0490X	Family Subscriber	6/7/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168502 Z0520X	Family Subscriber	6/2/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168502 Z0530X	Family Subscriber	6/6/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168502 Z0540X	Family Subscriber	6/3/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168503 Z6840X	Family Subscriber	5/31/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016168503 Z6850X	Family Subscriber	6/1/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1427386358	00002016169502 994H0X	Family Subscriber	5/24/2016	$ 99.02	$ 99.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1427386358	00002016169502 994H0X	Family Subscriber	5/24/2016	$ 14.97	$ 14.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1427386358	00002016169502 994H0X	Family Subscriber	5/24/2016	$ 2.88	$ 2.88	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016169507664G0X	Family Subscriber	6/8/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016169507666G0X	Family Subscriber	6/9/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016169507681G0X	Family Subscriber	6/11/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016169507694G0X	Family Subscriber	6/12/2016	$ 70.63	$ 70.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835971426	1942571252	00002016169507698G0X	Family Subscriber	6/10/2016	$ 49.01	$ 49.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1780600510	00002016167507U97310X	Family Member	6/9/2016	$ 6.05	$ 6.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1780600510	00002016167507U97310X	Family Member	6/10/2016	$ 6.47	$ 6.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837387525	1194769497	00002016167507097P0X	Family Member	6/8/2016	$ 21.54	$ 21.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843540553	1558570416	00002016169507Y26390X	Single	6/14/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835543591	1144251547	00002016141501066P0X	Single	5/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838024221	1245375609	00002016113502832O0X	Family Member	4/20/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840229043	1407888282	00002016140505V5700X	Family Member	5/12/2016	$ 80.84	$ 80.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829679184	1619099124	00002016165506W29100X	Single	5/19/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844968691	1831159466	00002016169507H57960X	Family Member	6/14/2016	$ 41.58	$ 41.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820229545	1407829633	00002016167501701P0X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820229545	1407829633	00002016167501701P0X	Single	6/3/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820229545	1407829633	00002016167501701P0X	Single	6/3/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	00002016165506Y9630X	Family Member	6/13/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	00002016165507Y1380X	Family Member	6/8/2016	$ 60.49	$ 60.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	903660010	1629189246	00002016166508876C0X	Family Member	6/14/2016	$ 56.18	$ 56.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507197P0X	Single	6/8/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507242P0X	Single	6/8/2016	$ 2.41	$ 2.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507242P0X	Single	6/8/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507242P0X	Single	6/8/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507242P0X	Single	6/8/2016	$ 19.22	$ 19.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507257P0X	Single	6/8/2016	$ 5.16	$ 5.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507273P0X	Single	6/8/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828371824	1962443911	00002016164507408P0X	Single	6/8/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838728898	1780600510	00002016169507U73100X	Single	6/14/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838728898	1780600510	00002016169507U73100X	Single	6/14/2016	$ 10.02	$ 10.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838728898	1437153244	00002016169505802E0X	Single	6/15/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834676620	1942467113	00002016165504E1370X	Family Member	6/4/2016	$ 1,346.80	$ 1,346.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834676620	1437478302	00002016167507H74110X	Family Member	6/4/2016	$ 36.35	$ 36.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834676620	1437478302	00002016167507H74110X	Family Member	6/4/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	00002016165505967Y0X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848384448	1780916585	00002016165505967Y0X	Family Member	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840548364	1073892071	00002016165032513500C	Family Member	4/1/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840548364	1073892071	00002016165032513800C	Family Member	3/23/2016	$ 63.99	$ 63.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840548364	1073892071	00002016165032514000C	Family Member	2/3/2016	$ 8.63	$ 8.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840548364	1073892071	00002016165032514000C	Family Member	2/3/2016	$ 70.06	$ 70.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838603410	1013037423	00002016165505Y8010X	Family Subscriber	6/10/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838603410	1699865972	00002016169506765X0X	Family Subscriber	6/14/2016	$ 156.75	$ 156.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1346554656	00002016164505181S0X	Family Subscriber	6/3/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1023439163	00002016166502630D60X	Family Subscriber	5/31/2016	$ 195.00	$ 195.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840295476	1831131143	00002016166505407E0X	Family Subscriber	6/3/2016	$ 16.78	$ 16.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1023439163	00002016169505729X0X	Family Subscriber	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1023439163	00002016169505729X0X	Family Subscriber	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1023439163	00002016169505729X0X	Family Subscriber	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1023439163	00002016169505729X0X	Family Subscriber	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1023439163	00002016169505729X0X	Family Subscriber	4/20/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820958052	1144251547	00002016168502986O0X	Family Member	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845305492	1649545716	00002016148501877I0X	Family Member	4/25/2016	$ 59.74	$ 59.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845305492	1649545716	00002016167506727W0X	Family Member	6/13/2016	$ 59.74	$ 59.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837769118	1427136357	00002016166507797J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837769118	1427136357	00002016166507797J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837769118	1427136357	00002016166507797J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837769118	1427136357	00002016166507797J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837769118	1427136357	00002016166507797J80X	Family Member	4/28/2016	$ 49.66	$ 49.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833004915	1396867636	00002016168501Z8140X	Single	6/4/2016	$ 53.39	$ 53.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833004915	1396867636	00002016168501Z8140X	Single	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833004915	1396867636	00002016168501Z8140X	Single	6/4/2016	$ 0.65	$ 0.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	00002016163506174E0X	Single	6/8/2016	$ 46.97	$ 46.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	00002016163506216E0X	Single	6/8/2016	$ 51.52	$ 51.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437478302	00002016165506N40030X	Single	6/5/2016	$ 7.82	$ 7.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1942467113	00002016165506E4140X	Single	6/4/2016	$ 909.30	$ 909.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437478302	00002016165506282Y0X	Single	6/4/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016166505O51L350X	Single	6/8/2016	$ 47.43	$ 47.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016166505O2L330X	Single	6/6/2016	$ 46.97	$ 46.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016166505O2L670X	Single	6/7/2016	$ 46.97	$ 46.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016166505O3L490X	Single	6/2/2016	$ 1.37	$ 1.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016167506E48010X	Single	6/2/2016	$ 49.26	$ 49.26	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016167 50E48140X	Single	6/4/2016	$ 49.26	$ 49.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016167 50H36180X	Single	6/3/2016	$ 49.26	$ 49.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437153244	00002016168500V9540X	Single	6/14/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1437478302	00002016168503 01A90X	Single	6/9/2016	$ 19.31	$ 19.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016168507 5D490X	Single	6/5/2016	$ 89.10	$ 89.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1023439163	00002016169 50F67690X	Single	6/3/2016	$ 812.60	$ 812.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1023439163	00002016169 50F67690X	Single	6/3/2016	$ 113.55	$ 113.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1023439163	00002016169 50F67690X	Single	6/3/2016	$ 173.64	$ 173.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843258711	1356361976	00002016169 5002018 0X	Single	6/3/2016	$ 118.12	$ 118.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843817738	1740223379	00002016165 507074Y0X	Family Member	5/5/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841200104	1811944101	00002016166 50148X60X	Family Subscriber	6/10/2016	$ 2.86	$ 2.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841200104	1811393663	00002016166 5062U850X	Family Subscriber	6/9/2016	$ 117.75	$ 117.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838888391	1811393663	00002016166 5062U830X	Family Member	6/6/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832511992	1497989479	00002016112 5031E030X	Family Subscriber	4/20/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838133161	1861464026	00002016166 50907Y60X	Family Subscriber	6/14/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838133161	1861464026	00002016167 502D3030X	Family Subscriber	6/10/2016	$ 30.34	$ 30.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1891897518	00002016163 5070 78J0X	Family Member	5/24/2016	$ 5.50	$ 5.50

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1891897518	00002016163507207J0X	Family Member	6/1/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1891897518	0000201616350720 7J0X	Family Member	6/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1891897518	00002016163507207J0X	Family Member	6/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1891897518	00002016163507207J0X	Family Member	6/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1811944101	00002016168502 0L360X	Family Member	5/28/2016	$ 95.19	$ 95.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1811944101	00002016168505 0L990X	Family Member	6/1/2016	$ 52.73	$ 52.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845942380	1811944101	00002016168505 0L990X	Family Member	6/2/2016	$ 52.73	$ 52.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837329262	1619099124	00002016165500 W27590X	Single	5/27/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837329262	1619099124	00002016169506 987A0X	Single	6/10/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847060143	1144251547	00002016140500 Y24050X	Family Member	5/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842921998	1659709780	00002016167500 U89150X	Single	6/2/2016	$ 2.03	$ 2.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842921998	1083926737	00002016168503 2Z560X	Single	6/15/2016	$ 105.67	$ 105.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 0.01	$ 0.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 6.17	$ 6.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 6.17	$ 6.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 6.17	$ 6.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 6.06	$ 6.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356063	1407904881	00002016165508 U4840X	Family Member	6/13/2016	$ 33.25	$ 33.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 0.01	$ 0.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 6.17	$ 6.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 6.06	$ 6.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837834468	1407904881	00002016163505 535E0X	Family Member	6/10/2016	$ 33.25	$ 33.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018859	1427136357	00002016167 50L56680X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018859	1427136357	00002016167 50L56680X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018859	1427136357	00002016167 50L56680X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018859	1427136357	00002016167 50L56680X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844018859	1427136357	00002016167 50L56680X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837874132	1144251547	00002016169 50U88850X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837874132	1144251547	00002016169 50U88850X	Single	6/8/2016	$ 6.48	$ 6.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837874132	1144251547	00002016169 50U88850X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1467562728	00002016167 502K8340X	Family Subscriber	6/9/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1467562728	00002016167 502K8340X	Family Subscriber	6/9/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1538157086	00002016169 50X27680X	Family Subscriber	6/1/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1538157086	00002016169 50X27680X	Family Subscriber	6/1/2016	$ 23.40	$ 23.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1538157086	00002016169 50X27680X	Family Subscriber	6/1/2016	$ 22.35	$ 22.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1538157086	00002016169 50X26170X	Family Member	6/1/2016	$ 22.35	$ 22.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842948913	1538157086	00002016169 50X37670X	Family Member	6/1/2016	$ 22.35	$ 22.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016166503 028H0X	Single	6/7/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016166503 028H0X	Single	6/7/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016166503 028H0X	Single	6/8/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016166503 294H0X	Single	6/8/2016	$ 17.73	$ 17.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016166503 294H0X	Single	6/8/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016168500 52W10X	Single	6/15/2016	$ 9.78	$ 9.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016168500 58W30X	Single	6/14/2016	$ 9.78	$ 9.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1366475923	00002016168508 54P10X	Single	6/12/2016	$ 136.87	$ 136.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1366475923	00002016168508 54P10X	Single	6/12/2016	$ 8.94	$ 8.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1346554656	00002016168509 56V00X	Single	6/14/2016	$ 9.78	$ 9.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1558314138	00002016169503 502H0X	Single	6/10/2016	$ 131.93	$ 131.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1558314138	00002016169503 502H0X	Single	6/11/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842403799	1558314138	00002016169503 502H0X	Single	6/12/2016	$ 67.69	$ 67.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840219992	1366475923	00002016165500 V9510X	Family Subscriber	4/21/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837795676	1356361976	00002016166505 4L550X	Single	6/9/2016	$ 35.90	$ 35.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837795676	1356361976	00002016166505 4L550X	Single	6/9/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837795676	1356361976	00002016166505 4L550X	Single	6/9/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837640942	1801907894	00002016167505 332U0X	Family Member	6/13/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842248753	1114108958	00002016167506 G2350X	Single	5/31/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845989687	1619099124	00002016165500 W27600X	Family Member	5/20/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845989687	1619099124	00002016165500 W01990X	Family Member	5/20/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546680	1407037633	00002016165509 N2610X	Family Member	2/4/2016	$ 53.69	$ 53.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820097509	1508858663	00002016166500 0W910X	Family Member	6/7/2016	$ 41.58	$ 41.58	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820372218	1740424266	00002016169503329W0X	Single	3/23/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820537524	1013981034	00002016141503330T0X	Family Member	5/19/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836347934	1891855656	00002016169503054B0X	Single	6/9/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1629181961	00002016130506OP570X	Family Member	4/29/2016	$ 279.30	$ 279.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502390D00X	Family Member	4/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1306902283	00002016166502241D40X	Family Member	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840942363	1538157086	00002016165501V3740X	Family Subscriber	5/26/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840942363	1538157086	00002016165501V3740X	Family Subscriber	5/26/2016	$ 17.09	$ 17.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840942363	1861437782	00002016169030503040C	Family Subscriber	5/26/2016	$ 117.75	$ 117.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837210085	1699093906	00002016167502679P0X	Single	6/3/2016	$ 12.03	$ 12.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831714262	1144251547	0000201616950U86690X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838386384	1689071615	00002016166508716C0X	Family Member	6/10/2016	$ 19.29	$ 19.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838386384	1689071615	00002016166508716C0X	Family Member	6/10/2016	$ 43.94	$ 43.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836448073	1659709780	00002016166506I8J80X	Family Subscriber	6/1/2016	$ 27.69	$ 27.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D10X	Family Member	5/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D10X	Family Member	5/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D10X	Family Member	5/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D10X	Family Member	5/2/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D50X	Family Member	5/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D50X	Family Member	5/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D50X	Family Member	5/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D70X	Family Member	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502237D70X	Family Member	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502241D30X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502243D70X	Family Member	5/1/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166502243D70X	Family Member	5/1/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166507260J50X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1306902283	00002016166507260J50X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848392332	1659709780	00002016167501U87190X	Family Subscriber	6/3/2016	$ 2.03	$ 2.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986721	1093792624	00002016165506658Y0X	Single	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1891897518	00002016162507 2Q320X	Family Member	5/30/2016	$ 1.46	$ 1.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1891897518	00002016162507 2Q320X	Family Member	5/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1891897518	00002016162507 2Q320X	Family Member	5/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835094790	1891897518	00002016162507 2Q320X	Family Member	5/31/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1790721538	00002016140504Y4921X	Family Member	5/13/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1790721538	00002016140504Y4921X	Family Member	5/13/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1790721538	00002016140504Y4921X	Family Member	5/13/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1790721538	00002016140504Y4921X	Family Member	5/13/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843419446	1790721538	00002016140504Y4921X	Family Member	5/13/2016	$ 4.14	$ 4.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840187606	1437153244	0000201616950U86920X	Single	6/2/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840187606	1437153244	0000201616950U86920X	Single	6/2/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839471433	1295861557	0000201616950P33760X	Family Subscriber	6/6/2016	$ 63.82	$ 63.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820163050	1699197731	00002016169506401E0X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820163050	1699197731	00002016169506401E0X	Single	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839912087	1669786950	00002016168504 5X840X	Single	5/27/2016	$ 40.71	$ 40.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016168506 26P60X	Family Member	6/7/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016168506 26P60X	Family Member	6/7/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016168506 26P60X	Family Member	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016168506 26P60X	Family Member	6/7/2016	$ 10.90	$ 10.90	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016165006626P60X	Family Member	6/7/2016	$ 2.26	$ 2.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841203562	1669708780	00002016169506H69400X	Family Member	6/12/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841203562	1669708780	00002016169506H69400X	Family Member	6/12/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841203562	1669708780	00002016169506J43590X	Family Member	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840016634	1396844296	00002016165506W20700X	Single	5/5/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839629102	1407904881	00002016139508087V0X	Family Member	5/18/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839629102	1346554656	00002016144500 4Y830X	Family Member	5/18/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839629102	1346554656	00002016144500 4Y830X	Family Member	5/18/2016	$ 12.90	$ 12.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844677674	1558306563	00002016166502064D10X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1831131143	00002016165505Y1750X	Single	6/2/2016	$ 123.36	$ 123.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837973602	1013946243	00002016166506691T40X	Single	6/6/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	830035458	1144251547	00002016167502180U0X	Single	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747213	1962682922	00002016165502O7520X	Single	5/26/2016	$ 122.68	$ 122.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842747213	1962682922	00002016165502O7520X	Single	5/26/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840040552	1508070038	00002016165507N2960X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840040552	1508070038	00002016165507N2960X	Single	6/10/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840040552	1508070038	00002016165507N2960X	Single	6/10/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840040552	1790721538	00002016168500913H10X	Single	6/10/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840040552	1790721538	00002016168500913H10X	Single	6/10/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835640289	1295163327	00002016168500828D30X	Single	5/27/2016	$ 40.85	$ 40.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820357191	1770699639	00002016167502068P0X	Single	6/7/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820357191	1770699639	00002016167502068P0X	Single	6/7/2016	$ 72.94	$ 72.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820357191	1770699639	00002016167502068P0X	Single	6/7/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820357191	1770699639	00002016167502068P0X	Single	6/7/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820357191	1770699639	00002016167502068P0X	Single	6/7/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833410405	1619926771	00002016166524577E0H	Family Member	5/29/2016	$ 10.29	$ 10.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838756563	1023439163	00002016169505783X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838756563	1023439163	00002016169505783X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838756563	1023439163	00002016169505783X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1396867636	00002016145500D83870X	Single	5/20/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1396867636	00002016145500D83870X	Single	5/20/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841581728	1396867636	00002016145500D83870X	Single	5/20/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841689846	1144251547	00002016166500 8H010X	Single	5/31/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841689846	1144251547	00002016166500 8H010X	Single	5/31/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836200835	1790721538	00002016168500883H10X	Family Subscriber	6/11/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836200835	1790721538	00002016168500883H10X	Family Subscriber	6/11/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836200835	1790721538	00002016168500883H10X	Family Subscriber	6/11/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836200835	1790721538	00002016168500883H10X	Family Subscriber	6/11/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847954433	1346554656	00002016166503289H0X	Family Subscriber	6/3/2016	$ 53.21	$ 53.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847954433	1346554656	00002016166503289H0X	Family Subscriber	6/3/2016	$ 56.42	$ 56.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847954433	1346554656	00002016166503289H0X	Family Subscriber	6/3/2016	$ 56.42	$ 56.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847954433	1346554656	00002016166503289H0X	Family Subscriber	6/3/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841307425	1346545209	00002016163504721E0X	Family Member	6/6/2016	$ 119.28	$ 119.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841307425	1346545209	00002016163504721E0X	Family Member	6/6/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840710163	1073508545	00002016165509 2B910X	Single	6/8/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840710163	1073508545	00002016165509 2B910X	Single	6/8/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840710163	1073508545	00002016165509 2B910X	Single	6/8/2016	$ 0.02	$ 0.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840710163	1073508545	00002016165509 2B910X	Single	6/8/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840710163	1073508545	00002016167505P5390X	Single	6/11/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840992623	1538130521	00002016169506X01840X	Family Member	6/15/2016	$ 126.47	$ 126.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841119735	1790721538	00002016168500911H50X	Family Subscriber	6/11/2016	$ 19.20	$ 19.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840108842	1225252976	00002016120508800D60X	Family Member	4/28/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840108842	1225252976	00002016120508800D60X	Family Member	4/28/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840108842	1225252976	00002016120508800D60X	Family Member	4/28/2016	$ 187.40	$ 187.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840108842	1225252976	00002016120508800D60X	Family Member	4/28/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1427479906	00002016127500N32360X	Family Subscriber	5/6/2016	$ (5.45)	$ (5.45)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845965635	1881679751	00002016166507 5Q270X	Family Subscriber	6/10/2016	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840992623	1538130521	00002016169506W99820X	Family Member	6/15/2016	$ 126.47	$ 126.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840992623	1538130521	00002016169506W99820X	Family Member	6/15/2016	$ 50.99	$ 50.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842631456	1538206198	00002016165032516 10C	Family Member	1/20/2016	$ 52.66	$ 52.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293132	1700812468	00002016165502N26780X	Family Member	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840150099	1114070166	00002016166502227J0X	Single	6/13/2016	$ 123.90	$ 123.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840108842	1225252976	00002016168500933S00X	Family Member	6/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016165501 4C510X	Single	5/17/2016	$ 12.03	$ 12.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016167505L1950X	Single	5/19/2016	$ 193.36	$ 193.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016167505L1950X	Single	5/19/2016	$ 171.86	$ 171.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831897464	1699093906	00002016167505L1950X	Single	5/19/2016	$ 208.00	$ 208.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846384110	1144251547	00002016166504721C0X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441699	1013037423	00002016165505Y3700X	Single	6/9/2016	$ 147.92	$ 147.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441699	1013037423	00002016165505Y3700X	Single	6/9/2016	$ 40.87	$ 40.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441699	1790721538	00002016167506Q83750X	Single	6/9/2016	$ 15.06	$ 15.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441699	1790721538	00002016167506Q83750X	Single	6/9/2016	$ 26.27	$ 26.27	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834695435	1588008247	00002016168508655530X	Family Member	6/6/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1821474123	00002016166500004U30X	Family Subscriber	5/27/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841489313	1821474123	00002016166508488T20X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1063408458	00002016168504 2L080X	Family Subscriber	6/13/2016	$ 110.37	$ 110.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842614639	1063408458	00002016168504 2L080X	Family Subscriber	6/13/2016	$ 20.87	$ 20.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837749708	1508884412	00002016145508 39N70X	Family Subscriber	3/1/2016	$ 16.41	$ 16.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837749708	1508884412	00002016145508 39N70X	Family Subscriber	3/1/2016	$ 23.49	$ 23.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1790721538	00002016166502 52Y80X	Family Subscriber	6/6/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1790721538	00002016166502 52Y80X	Family Subscriber	6/6/2016	$ 14.39	$ 14.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1790721538	00002016166502 52Y80X	Family Subscriber	6/6/2016	$ 14.39	$ 14.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1790721538	00002016166502 52Y80X	Family Subscriber	6/6/2016	$ 14.39	$ 14.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1790721538	00002016166502 52Y80X	Family Subscriber	6/6/2016	$ 14.39	$ 14.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1407829633	00002016168504 23W00X	Family Subscriber	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1407829633	00002016168504 23W00X	Family Subscriber	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1407829633	00002016168504 23W00X	Family Subscriber	6/6/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841566616	1407829633	00002016168504 23W00X	Family Subscriber	6/6/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838196721	1427053099	00002016165032555 60C	Family Member	11/13/2015	$ 14.66	$ 14.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835688513	1770699639	00002016165508N3300X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834695435	1386685717	00002016106508 74Y20X	Family Subscriber	4/6/2016	$ 187.31	$ 187.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841293106	1700896826	00002016165508W15000X	Single	5/26/2016	$ 87.78	$ 87.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364264	1508884412	00002016158503947L1X	Family Member	3/25/2016	$ 11.19	$ 11.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845769728	1598980526	00002016169508P36960X	Single	6/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845769728	1598980526	00002016169508P36960X	Single	6/13/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839695727	1467633867	00002016165505B4780X	Family Subscriber	5/27/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1144251547	00002016111950N39050X	Family Member	3/28/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1144251547	00002016166503 2G310X	Family Member	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1144251547	00002016166505 3U170X	Family Member	5/24/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844597365	1144251547	00002016166505 3U170X	Family Member	5/24/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840558358	1417285875	00002016166509 34T50X	Family Member	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840558358	1417285875	00002016166509 34T50X	Family Member	6/13/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840558358	1417285875	00002016166509 34T50X	Family Member	6/13/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840558358	1619099124	00002016168508 2S280X	Family Member	6/3/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834129628	1144251547	00002016168503 1B150X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842193539	1013037423	00002016165505Y3740X	Single	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842193539	1013037423	00002016165505Y3740X	Single	6/10/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844020136	1912142019	00002016167505395N0X	Family Subscriber	6/6/2016	$ 20.86	$ 20.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844020136	1912142019	00002016167506095N0X	Family Subscriber	6/6/2016	$ 21.66	$ 21.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844020136	1912142019	00002016167506095N0X	Family Subscriber	6/6/2016	$ 10.83	$ 10.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849588817	1831272442	00002016169505506G0X	Family Subscriber	5/27/2016	$ 3.80	$ 3.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839017290	1053589564	00002016169504220B0X	Family Subscriber	6/15/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825974400	1639183973	00002016167508 2130X	Family Member	6/14/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825974400	1639183973	00002016168506 9X730X	Family Member	6/15/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1588008247	00002016090507790 10X	Single	3/23/2016	$ 105.67	$ 105.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845919973	1588008247	00002016090507790 10X	Single	3/23/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837485407	1548588841	00002016166502381G0X	Family Subscriber	5/20/2016	$ 86.84	$ 86.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837485407	1407174725	00002016167504P9600X	Family Subscriber	5/27/2016	$ 58.28	$ 58.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837485407	1407174725	00002016167504P9620X	Family Subscriber	5/27/2016	$ 74.80	$ 74.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837485407	1407174725	00002016167506L6420X	Family Subscriber	5/27/2016	$ 263.68	$ 263.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837485407	1407174725	00002016167506L6420X	Family Subscriber	5/27/2016	$ 717.87	$ 717.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833341547	1477734457	00002016166508126C0X	Family Subscriber	6/9/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832992656	1558570416	00002016169509 25420X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837082769	1700067808	00002016169508 51860X	Family Member	5/27/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837082769	1700067808	00002016169508 52610X	Family Member	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838323228	1104150564	00002016165508 39670X	Family Member	6/9/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838323228	1104150564	00002016165508 39670X	Family Member	6/9/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839852950	1962857896	00002016169508 75590X	Family Subscriber	6/15/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822417014	1073508545	00002016167505B6190X	Family Subscriber	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833410405	1215968995	00002016165506560Y0X	Family Subscriber	6/7/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833410405	1013946243	00002016166506906T6X	Family Subscriber	6/6/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846346252	1699093906	00002016169504 13X50X	Family Subscriber	6/1/2016	$ 42.97	$ 42.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 176.28	$ 176.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 201.42	$ 201.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 322.25	$ 322.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 116.00	$ 116.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 98.82	$ 98.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 171.86	$ 171.86	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840555686	1548588841	00002016123507K8980X	Single	4/7/2016	$ 87.88	$ 87.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1144598947	00002016167506P7050X	Family Subscriber	6/9/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837243910	1144598947	00002016167506P7050X	Family Subscriber	6/9/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837197206	1871832113	00002016168503Z9920X	Family Subscriber	6/15/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842471609	1558570416	00002016169S0Y26340X	Single	6/15/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1073508545	00002016167505P5590X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1881929321	00002016168500E890X	Single	5/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1881929321	00002016168500E890X	Single	5/22/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837756578	1881929321	00002016168500E890X	Single	5/22/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836341061	1770699639	00002016167505P7420X	Single	6/7/2016	$ 57.03	$ 57.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836341061	1770699639	00002016167505P7420X	Single	6/7/2016	$ 35.08	$ 35.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837670762	1407904881	00002016165506S0620X	Family Member	6/13/2016	$ 4.97	$ 4.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843974866	1548531338	00002016120508J3370X	Family Member	2/29/2016	$ 397.35	$ 397.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843974866	1548531338	00002016120508J3370X	Family Member	2/29/2016	$ 105.00	$ 105.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843974866	1548531338	00002016120508J3370X	Family Member	2/29/2016	$ 175.00	$ 175.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843974866	1548531338	00002016120508J3370X	Family Member	2/29/2016	$ 138.60	$ 138.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016109505T7210X	Single	4/18/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016109505T7210X	Single	4/18/2016	$ 9.72	$ 9.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016109505T7210X	Single	4/18/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016134506U3040X	Single	2/23/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016134506U3040X	Single	2/23/2016	$ 9.72	$ 9.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820932862	1558636076	00002016134506U3040X	Single	2/23/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924069106	1558477513	00002016167506B1220X	Family Subscriber	6/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840828891	1073743191	00002016165032513390C	Family Member	2/18/2016	$ 54.30	$ 54.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847880408	1144251547	00002016166504802C0X	Family Member	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847880408	1144251547	00002016166504802C0X	Family Member	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847880408	1144251547	00002016166504802C0X	Family Member	6/6/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847880408	1144251547	00002016166504802C0X	Family Member	6/6/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847880408	1144251547	00002016166504802C0X	Family Member	6/6/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 0.06	$ 0.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842312764	1982657870	00002016165506 9B870X	Single	3/11/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841943426	1548588841	00002016139S0K89730X	Single	4/29/2016	$ 161.33	$ 161.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841943426	1548588841	00002016139S0K89730X	Single	4/29/2016	$ 148.57	$ 148.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841943426	1548588841	00002016139S0K89730X	Single	4/29/2016	$ 132.02	$ 132.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 110.18	$ 110.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 10.22	$ 10.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 18.06	$ 18.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 3.20	$ 3.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821175139	1861455735	00002016169504717K0X	Single	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835838074	1720095284	00002016169S0P36720X	Single	6/16/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835838074	1720095284	00002016169S0P36720X	Single	6/16/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835838074	1720095284	00002016169S0P36720X	Single	6/16/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835838074	1720095284	00002016169S0P36720X	Single	6/16/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1457455578	00002016165508N8160X	Family Subscriber	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1457455578	00002016165508N8160X	Family Subscriber	6/10/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1457455578	00002016165508N8160X	Family Subscriber	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1457455578	00002016165508N8160X	Family Subscriber	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1457455578	00002016165508N8160X	Family Subscriber	6/10/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843559692	1396790994	00002016167504B4300X	Family Member	6/13/2016	$ 50.00	$ 50.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841782250	1376857706	00002016166507 1F850X	Family Member	6/13/2016	$ 86.93	$ 86.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841782250	1376857706	00002016166507 1F850X	Family Member	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843954396	1538206198	00002016163507758L0X	Family Member	5/13/2016	$ 47.77	$ 47.77	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843167236	1174702872	00002016167 50V02440X	Family Subscriber	6/14/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1447335765	00002016165503030W0X	Single	6/9/2016	$ 43.94	$ 43.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840926315	1447335765	00002016165503030W0X	Single	6/9/2016	$ 19.29	$ 19.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1356361976	00002016165508B78360X	Family Subscriber	5/27/2016	$ 46.97	$ 46.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837655352	1356361976	00002016165508B90040X	Family Subscriber	5/26/2016	$ 109.16	$ 109.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1023439163	00002016169505794X0X	Family Subscriber	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1023439163	00002016169505794X0X	Family Subscriber	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1023439163	00002016169505794X0X	Family Subscriber	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1023439163	00002016169505794X0X	Family Subscriber	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832081480	1023439163	00002016169505794X0X	Family Subscriber	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	00002016166503 6G560X	Family Subscriber	5/5/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	00002016166503 6G560X	Family Subscriber	5/5/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	00002016166503 6G560X	Family Subscriber	5/5/2016	$ 1.38	$ 1.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 05U20X	Family Subscriber	5/24/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 05U20X	Family Subscriber	5/24/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 05U20X	Family Subscriber	5/24/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 23U90X	Family Subscriber	6/7/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 23U90X	Family Subscriber	6/7/2016	$ 2.76	$ 2.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 23U90X	Family Subscriber	6/7/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016166502 23U90X	Family Subscriber	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016167504B4710X	Family Subscriber	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016167504B4710X	Family Subscriber	6/8/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016167504B4710X	Family Subscriber	6/8/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839669006	1598980526	00002016167504B4710X	Family Subscriber	6/8/2016	$ 72.94	$ 72.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842450773	1821474123	00002016166509 28T20X	Family Member	6/3/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1538157086	00002016169 50X45090X	Single	6/1/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1538157086	00002016169 50X45090X	Single	6/1/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1538157086	00002016169 50X45090X	Single	6/1/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1538157086	00002016169 50X45090X	Single	6/1/2016	$ 23.40	$ 23.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924528878	1538157086	00002016169 50X45090X	Single	6/1/2016	$ 22.35	$ 22.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ (35.01)	$ (35.01)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ (10.12)	$ (10.12)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ (0.73)	$ (0.73)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ 0.73	$ 0.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ (29.20)	$ (29.20)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820301386	1609930809	00002015321504337W0X	Single	11/17/2015	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 6.63	$ 6.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841301716	1407035298	00002016166506 0U590X	Family Member	5/17/2016	$ 4.52	$ 4.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820485815	1861437782	00002016169030 50260C	Family Subscriber	5/27/2016	$ 64.07	$ 64.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841180426	1174702872	00002016169 50F48880X	Family Member	6/15/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820533545	1669708780	00002016169 50J43700X	Family Member	6/16/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829778532	1619099124	00002016169 507219A0X	Family Subscriber	6/13/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821993050	1528039120	00002016168500 U1210X	Single	6/11/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821993050	1528039120	00002016168500 U1210X	Single	6/11/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821993050	1528039120	00002016168500 U1210X	Single	6/11/2016	$ 72.38	$ 72.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821993050	1528039120	00002016168500 U1210X	Single	6/11/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821317603	1023439163	00002016169501633Y0X	Single	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821317603	1023439163	00002016169501633Y0X	Single	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821317603	1023439163	00002016169501633Y0X	Single	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821317603	1023439163	00002016169501633Y0X	Single	4/17/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 33.24	$ 33.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 73.46	$ 73.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 19.66	$ 19.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 35.30	$ 35.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 5.25	$ 5.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825195136	1205017084	00002016168503 73J80X	Family Member	6/9/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834026247	1023175403	00002016168505 1Q530X	Single	6/8/2016	$ 42.91	$ 42.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834026247	1023175403	00002016168505 1Q530X	Single	6/8/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844765128	1346554656	00002016166503 063H0X	Single	6/11/2016	$ 42.48	$ 42.48	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844765128	1346554656	00002016166503063H0X	Single	6/11/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836910140	1881714384	0000201616550A69070X	Family Subscriber	6/3/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836910140	1881714384	0000201616550A69070X	Family Subscriber	6/3/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836910140	1881714384	0000201616550A69070X	Family Subscriber	6/3/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836910140	1881714384	0000201616550A69070X	Family Subscriber	6/3/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836910140	1881714384	0000201616550A69070X	Family Subscriber	6/3/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1619241437	0000201616550W11010X	Family Subscriber	6/10/2016	$ 24.07	$ 24.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469698	1619241437	0000201616550W11010X	Family Subscriber	6/10/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820406163	1174952907	0000201616750L24210X	Single	6/7/2016	$ 12.03	$ 12.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1790721538	0000201616450811 6P0X	Family Subscriber	6/6/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1790721538	0000201616450811 6P0X	Family Subscriber	6/6/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1790721538	0000201616450811 6P0X	Family Subscriber	6/6/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839670294	1790721538	0000201616450811 6P0X	Family Subscriber	6/6/2016	$ 18.02	$ 18.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839956421	1427295948	0000201616550 7H1710X	Family Member	6/9/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839956421	1427295948	0000201616550 7H1710X	Family Member	6/9/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821136889	1134143225	0000201616650622Q30X	Single	6/13/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837989164	1700195658	0000201616750U77980X	Family Member	5/5/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836474583	1366507477	0000201616750Y12830X	Single	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842960482	1699093906	0000201616950403X20X	Single	5/20/2016	$ 42.97	$ 42.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842960482	1699093906	0000201616950421X90X	Single	4/11/2016	$ 176.25	$ 176.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842960482	1699093906	0000201616950421X90X	Single	4/11/2016	$ 87.88	$ 87.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842960482	1699093906	0000201616950421X90X	Single	4/11/2016	$ 57.00	$ 57.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837545356	1861455735	0000201616950481 5K0X	Single	6/7/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837545356	1861455735	0000201616950481 5K0X	Single	6/7/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837545356	1861455735	0000201616950481 5K0X	Single	6/7/2016	$ 53.18	$ 53.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071832	1144251547	0000201616550 4C9200X	Single	5/27/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 18.06	$ 18.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844441148	1750349700	0000201616550 89B750X	Family Member	5/23/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650279D20X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650279D20X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650279D20X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650279D20X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650279D20X	Family Member	4/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650796J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650796J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616650796J80X	Family Member	4/28/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616750H15230X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616750H15230X	Family Member	4/29/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616750H16100X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846499054	1427136357	0000201616750H16100X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834589346	1609866003	0000201616850 35B950X	Family Member	6/9/2016	$ 63.08	$ 63.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841321820	1780600510	0000201616550 3E0130X	Family Member	6/10/2016	$ 5.82	$ 5.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841321820	1780600510	0000201616550 3E0130X	Family Member	6/10/2016	$ 7.90	$ 7.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841321820	1083799001	0000201616750X77120X	Family Member	5/13/2016	$ 429.11	$ 429.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841321820	1083799001	0000201616750X78920X	Family Member	6/10/2016	$ 89.52	$ 89.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1407174725	0000201616950275 2B0X	Single	5/10/2016	$ 37.69	$ 37.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1548588841	0000201616950450X90X	Single	5/3/2016	$ 176.26	$ 176.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1548588841	0000201616950450X90X	Single	5/3/2016	$ 201.42	$ 201.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1548588841	0000201616950450X90X	Single	5/3/2016	$ 87.87	$ 87.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1548588841	0000201616950462X10X	Single	5/10/2016	$ 208.01	$ 208.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823848094	1548588841	0000201616950462X10X	Single	5/10/2016	$ 64.60	$ 64.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845740041	1881679751	0000201616950862 2K0X	Single	6/13/2016	$ 21.88	$ 21.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845740041	1881679751	0000201616950862 2K0X	Single	6/13/2016	$ 22.19	$ 22.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	845740041	1881679751	0000201616950862 2K0X	Single	6/13/2016	$ 23.34	$ 23.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821491794	1699093906	0000201614150388 6Y0X	Family Subscriber	5/4/2016	$ 224.47	$ 224.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821491794	1699093906	0000201614150388 6Y0X	Family Subscriber	5/4/2016	$ 224.47	$ 224.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821491794	1407174725	0000201616750702 3J0X	Family Subscriber	5/23/2016	$ 730.15	$ 730.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820975863	1598980526	0000201616650207U00X	Family Subscriber	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820975863	1598980526	0000201616650207U00X	Family Subscriber	6/10/2016	$ 30.09	$ 30.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841963617	1093959751	0000201616750 1B2630X	Single	6/13/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841963617	1093959751	0000201616850 78S630X	Single	6/14/2016	$ 70.15	$ 70.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841963617	1093959751	0000201616850 78S190X	Single	6/14/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ (1.27)	$ (1.27)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ (5.06)	$ (5.06)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	0000201613250 6Q9890X	Family Subscriber	5/2/2016	$ 5.06	$ 5.06	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	00002016165085240C30X	Family Member	6/10/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842875104	1932205838	00002016165085240C30X	Family Member	6/10/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825988376	1144251547	00002016165504C7650X	Single	5/27/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825988376	1144251547	00002016165504C7650X	Single	5/27/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	825988376	1144251547	00002016165049W860X	Single	6/2/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841087540	1144251547	00002016165032G330X	Single	5/31/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841087540	1144251547	00002016165032G330X	Single	5/31/2016	$ 20.24	$ 20.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841087540	1144251547	00002016165032G330X	Single	5/31/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820920648	1881679751	00002016169508704K0X	Family Member	6/14/2016	$ 16.66	$ 16.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835388652	1548593148	00002016169505921E0X	Family Subscriber	5/23/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835943082	1558477513	00002016167506B1160X	Single	6/14/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835943082	1558477513	00002016167506B1160X	Single	6/14/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842173419	1548593148	00002016166509084Y10X	Family Member	5/17/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840033009	1427258912	00002016167502042P0X	Single	6/13/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841857214	1790721538	00002016164506334P0X	Family Subscriber	5/25/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841857214	1790721538	00002016164506334P0X	Family Subscriber	5/25/2016	$ 5.78	$ 5.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841857214	1790721538	00002016164506334P0X	Family Subscriber	5/25/2016	$ 2.36	$ 2.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841857214	1790721538	00002016164506334P0X	Family Subscriber	5/25/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016165023 8D10X	Family Subscriber	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016165023 8D10X	Family Subscriber	4/29/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016165023 8D70X	Family Subscriber	4/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016165024 0D50X	Family Subscriber	5/2/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837218538	1306902283	00002016165071 6J30X	Family Subscriber	5/1/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924069106	1083799001	00002016167 50X79600X	Family Member	6/7/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848628835	1942467113	00002016165504E9370X	Family Subscriber	5/20/2016	$ 471.80	$ 471.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848628835	1437478302	00002016166504070D40X	Family Subscriber	5/20/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1043276769	00002016168507 07P50X	Family Member	6/15/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1790721538	00002016168501 11J40X	Family Subscriber	6/9/2016	$ 5.12	$ 5.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1790721538	00002016168501 11J40X	Family Subscriber	6/9/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1790721538	00002016168501 11J40X	Family Subscriber	6/9/2016	$ 50.08	$ 50.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1407829633	00002016168504 32W50X	Family Subscriber	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843907558	1407829633	00002016168504 32W50X	Family Subscriber	6/9/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U79070X	Family Member	6/13/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1932205838	00002016169 50U81230X	Family Member	6/13/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835310072	1962692574	00002016167 50306 9P0X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016132505W3940X	Single	1/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016132505W3940X	Single	1/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016132505W3940X	Single	1/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016132505W3940X	Single	1/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836161330	1881929321	00002016132505W3940X	Single	1/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841038014	1174706378	00002016168508 4S120X	Family Member	6/14/2016	$ 70.15	$ 70.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836476338	1861739823	00002016167 50X78270X	Family Member	5/16/2016	$ 100.08	$ 100.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836476338	1861739823	00002016167 50X78270X	Family Member	5/16/2016	$ 32.10	$ 32.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847424904	1447331038	00002016140 5014P070X	Family Member	4/27/2016	$ 89.10	$ 89.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847424904	1588643787	00002016165030 98090C	Family Member	3/19/2016	$ 24.30	$ 24.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1033157821	00002016165504 6B870X	Family Member	6/3/2016	$ 153.02	$ 153.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/3/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1023074929	00002016166501 1S400X	Family Member	6/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1467633867	00002016168508 8280X	Family Member	6/10/2016	$ 49.71	$ 49.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1467633867	00002016168508 8280X	Family Member	6/10/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835590379	1467633867	00002016168508 8280X	Family Member	6/10/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835164416	1366435307	00002016145506686B0X	Single	5/19/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840157319	1740301985	00002016166509121E0X	Family Subscriber	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 0.88	$ 0.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (5.50)	$ (5.50)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (7.15)	$ (7.15)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 7.15	$ 7.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848017492	1902128267	0000201616950 2352H0X	Family Member	6/14/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840255483	1699093906	0000201611150417 0E0X	Single	4/4/2016	$ 322.26	$ 322.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840255483	1699093906	0000201611150417 0E0X	Single	4/4/2016	$ 174.35	$ 174.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833098511	1821152398	0000201616950K29700X	Family Subscriber	6/13/2016	$ 25.88	$ 25.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836792605	1932205838	0000201616750U92500X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836792605	1043433782	0000201616950W95630X	Family Member	6/16/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1376734897	0000201611750008 5C0X	Family Member	4/4/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1376734897	0000201611750008 5C0X	Family Member	4/4/2016	$ 157.50	$ 157.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1376734897	0000201611750008 5C0X	Family Member	4/4/2016	$ 19.60	$ 19.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1376734897	0000201611750008 5C0X	Family Member	4/4/2016	$ 138.60	$ 138.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	0000201616850 01T330X	Family Member	5/17/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837859932	1629034871	0000201616850 01T330X	Family Member	5/17/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839912810	1467633867	0000201616850 134C40X	Family Member	6/8/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	0000201616750 4P5270X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820681779	1326246901	0000201616750 4P5270X	Single	6/13/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820373218	1356361976	0000201610350D11750X	Single	4/5/2016	$ 134.41	$ 134.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924479706	1932205838	0000201616650 3473C0X	Single	6/9/2016	$ 46.79	$ 46.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924479706	1932205838	0000201616650 3630C0X	Single	6/9/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846623784	1790721538	0000201616450 8762P0X	Family Subscriber	6/7/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846623784	1790721538	0000201616450 8762P0X	Family Subscriber	6/7/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	846058489	1346554656	0000201616450 5260S0X	Family Subscriber	6/1/2016	$ 61.79	$ 61.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836585231	1699846444	0000201615803077160C	Single	5/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836585231	1699846444	0000201615803077160C	Single	5/9/2016	$ 128.01	$ 128.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821113629	1528039120	0000201616950 3769A0X	Family Member	6/15/2016	$ 105.37	$ 105.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821506908	1639114291	0000201616650 988W00X	Single	6/6/2016	$ 48.38	$ 48.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821506908	1639114291	0000201616650 988W00X	Single	6/6/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820872859	1245625201	0000201613950B41540X	Single	5/4/2016	$ 104.28	$ 104.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820872859	1245625201	0000201613950B41540X	Single	5/4/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820872859	1245625201	0000201613950B41540X	Single	5/4/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820872859	1245625201	0000201613950B41540X	Single	5/4/2016	$ 129.72	$ 129.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839276488	1669708780	0000201616950J48730X	Family Subscriber	6/16/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804623	1649401951	0000201616650 059Z20X	Family Member	6/3/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829050971	1376857706	0000201616350 9269E0X	Family Member	6/9/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829050971	1376857706	0000201616350 9269E0X	Family Member	6/9/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	829050971	1376857706	0000201616350 9269E0X	Family Member	6/9/2016	$ 13.37	$ 13.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838555631	1073508545	0000201616550 94B100X	Family Member	6/9/2016	$ 23.71	$ 23.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838555631	1073508545	0000201616550 94B100X	Family Member	6/9/2016	$ 4.61	$ 4.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838555631	1073508545	0000201616550 94B100X	Family Member	6/9/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838555631	1073508545	0000201616550 94B100X	Family Member	6/9/2016	$ 49.63	$ 49.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837369701	1568890556	0000201616650 382D10X	Family Subscriber	6/2/2016	$ 345.32	$ 345.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201614050 83V870X	Family Subscriber	4/28/2016	$ 15.47	$ 15.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 176.27	$ 176.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 201.42	$ 201.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 116.00	$ 116.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 206.24	$ 206.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 171.86	$ 171.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 87.88	$ 87.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963817	1699093906	0000201616550 19A550X	Family Subscriber	5/26/2016	$ 64.60	$ 64.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	821882159	1942499728	0000201611350588Y70X	Family Subscriber	4/13/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 70.00	$ 70.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 210.00	$ 210.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 245.00	$ 245.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 25.20	$ 25.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843616730	1063588143	0000201611350337Y00X	Family Subscriber	4/7/2016	$ 1.05	$ 1.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838332130	1467633867	0000201616850 28X680X	Family Member	5/31/2016	$ 34.34	$ 34.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838332130	1467633867	0000201616850 28X680X	Family Member	5/31/2016	$ 22.18	$ 22.18	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840701621	1780600510	00002016165503E1070X	Single	6/7/2016	$ 5.82	$ 5.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840701621	1780600510	00002016165503E1070X	Single	6/7/2016	$ 7.90	$ 7.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840983975	1144251547	0000201614050Y24520X	Family Subscriber	5/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838758080	1356361976	00002016165650B91020X	Single	6/6/2016	$ 4.32	$ 4.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838758080	1356361976	00002016165037G180X	Single	6/6/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841339346	1437346228	00002016152507618N0X	Single	5/23/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832175530	1467633867	0000201616850098C80X	Family Subscriber	6/3/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834591819	1548593148	00002016166650928Y60X	Family Subscriber	5/17/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	822874539	1174836233	0000201616950Q80250X	Family Member	5/20/2016	$ 49.35	$ 49.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839947761	1902804123	0000201616503251510C	Family Member	4/20/2016	$ 60.69	$ 60.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839947761	1902804123	0000201616503251540C	Family Member	4/11/2016	$ 25.06	$ 25.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839947761	1902804123	0000201616503251660C	Family Member	4/19/2016	$ 34.59	$ 34.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843853915	1104192806	00002016167503G0390X	Family Member	6/1/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842851274	1174604763	0000201616550957120X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842851274	1588008247	0000201616850176W80X	Single	6/7/2016	$ 146.75	$ 146.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842851274	1588008247	0000201616850176W80X	Single	6/7/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841243366	1881679751	0000201616950923X0X	Single	6/9/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841243366	1881679751	0000201616950923X0X	Single	6/9/2016	$ 5.57	$ 5.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841364118	1932205838	0000201616650362 3C0X	Family Member	6/9/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838461401	1366470932	0000201616950X28990X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840803706	1548588841	0000201616550093B050X	Single	12/17/2015	$ 62.73	$ 62.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833969607	1548588841	0000201616850 0V6760X	Single	1/27/2016	$ 113.51	$ 113.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820847812	1083926737	0000201616650 6946C0X	Single	6/13/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833711844	1013037423	0000201616550 5Y3730X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833711844	1013037423	0000201616550 5Y3730X	Single	6/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833711844	1013037423	0000201616550 5Y3730X	Single	6/10/2016	$ 8.40	$ 8.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833711844	1013037423	0000201616550 5Y3730X	Single	6/10/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840972064	1407829633	0000201616250 76F570X	Family Subscriber	5/16/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840972064	1407829633	0000201616250 76F570X	Family Subscriber	5/16/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251420C	Family Member	4/27/2016	$ 59.33	$ 59.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251440C	Family Member	4/27/2016	$ 40.12	$ 40.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251450C	Family Member	4/11/2016	$ 69.16	$ 69.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251480C	Family Member	4/1/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251490C	Family Member	3/26/2016	$ 54.46	$ 54.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837283530	1760793566	0000201616503251500C	Family Member	3/28/2016	$ 59.33	$ 59.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 87.22	$ 87.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 125.97	$ 125.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616650 71F810X	Family Member	6/10/2016	$ 5.25	$ 5.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847740336	1376857706	0000201616850 4U0510X	Family Member	6/13/2016	$ 16.34	$ 16.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 3.17	$ 3.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837103939	1790721538	0000201616450 5330Q0X	Single	6/7/2016	$ 18.02	$ 18.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	0000201616650 33G430X	Family Member	5/5/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834840696	1548593148	0000201616650 33G430X	Family Member	5/5/2016	$ 131.79	$ 131.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840420862	1780712620	0000201616950 7085A0X	Family Subscriber	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849779907	1740487073	0000201616750 2413W0X	Family Member	6/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838604594	1356433379	0000201616850 172A60X	Family Member	6/8/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1306902283	0000201616650 238D60X	Family Subscriber	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1306902283	0000201616650 238D60X	Family Subscriber	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1306902283	0000201616650 238D60X	Family Subscriber	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1306902283	0000201616650 238D60X	Family Subscriber	5/4/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616650 956W80X	Family Subscriber	6/13/2016	$ 28.46	$ 28.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919378	1750355996	0000201616650 956W80X	Family Subscriber	6/13/2016	$ 12.55	$ 12.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840820931	1649401951	0000201616650 80Z10X	Single	6/3/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836012670	1780634766	0000201616950 1031L0X	Family Member	6/15/2016	$ 75.87	$ 75.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836012670	1780634766	0000201616950 1031L0X	Family Member	6/15/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1699865972	0000201616950 8550X0X	Single	6/14/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836387259	1699865972	0000201616950 8550X0X	Single	6/14/2016	$ 105.15	$ 105.15	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839231123	1861464026	00002016167502D1320X	Single	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839231123	1861464026	00002016167502D1320X	Single	6/10/2016	$ 0.03	$ 0.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839231123	1861464026	00002016167502D1320X	Single	6/10/2016	$ 0.58	$ 0.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839231123	1861464026	00002016167502D1320X	Single	6/10/2016	$ 58.39	$ 58.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838099600	1508070038	0000201616850248J00X	Family Member	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837095343	1255373809	00002016165500V4340X	Family Member	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842665178	1639368889	00002016165503V0830X	Single	6/4/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356199	1437275955	00002016165509ZB310X	Single	6/8/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356199	1437275955	00002016165509ZB310X	Single	6/8/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849356199	1467473033	00002016169500D40430X	Single	6/11/2016	$ 471.80	$ 471.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841682942	1235148552	00002016141506900G60X	Single	5/17/2016	$ 51.54	$ 51.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274526	1144251547	00002016166503ZG410X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274526	1144251547	00002016166503ZG410X	Single	5/31/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274526	1144251547	00002016169500U60000X	Single	6/14/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274526	1144251547	00002016169500U60000X	Single	6/14/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274526	1144251547	00002016169500U60000X	Single	6/14/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837179543	1932389756	00002016169500X14240X	Family Member	8/31/2015	$ 576.85	$ 576.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837179543	1932389756	00002016169500X14240X	Family Member	8/31/2015	$ 89.00	$ 89.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837448263	1467633867	00002016168508BS650X	Single	6/1/2016	$ 2.03	$ 2.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837448263	1467633867	00002016168508BS650X	Single	6/1/2016	$ 33.43	$ 33.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837448263	1467633867	00002016168508BS650X	Single	6/1/2016	$ 23.68	$ 23.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837448263	1467633867	00002016168508BS650X	Single	6/1/2016	$ 37.99	$ 37.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839137241	1811186042	0000201616750X70760X	Single	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839137241	1811186042	0000201616750X70760X	Single	6/6/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835751511	1346554656	00002016165509459W0X	Family Subscriber	6/8/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835751511	1346554656	00002016165509459W0X	Family Subscriber	6/8/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835199346	1598980526	0000201616850301H80X	Single	6/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844457961	1841324340	00002016163503999F0X	Family Member	5/19/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844457961	1841324340	00002016163503999F0X	Family Member	5/19/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844457961	1841324340	00002016163503999F0X	Family Member	5/19/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	844457961	1841324340	00002016163503999F0X	Family Member	5/19/2016	$ 23.68	$ 23.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837042538	1215289129	00002016168501515C50X	Single	6/2/2016	$ 56.90	$ 56.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820984284	1134149040	00002016165509U5570X	Single	5/19/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840310872	1396867636	0000201616850036T40X	Family Subscriber	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823771606	1467562728	00002016167502K2840X	Family Member	6/9/2016	$ 62.65	$ 62.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503564C0X	Single	6/8/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503564C0X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833931672	1932205838	00002016166503605C0X	Single	6/8/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 50.52	$ 50.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 7.14	$ 7.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841371826	1073508545	00002016167505P3690X	Single	6/13/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	842808137	1568578326	00002016120504746G10X	Family Subscriber	4/25/2016	$ 5.16	$ 5.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1497989479	00002016118502 9Q870X	Family Subscriber	4/26/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1750349700	00002016167505B4090X	Family Subscriber	5/25/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835341624	1750349700	00002016167505B4090X	Family Subscriber	5/25/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843678610	1225252976	0000201616950X12950X	Family Member	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841613868	1346554656	00002016168500 57W80X	Family Subscriber	6/13/2016	$ 24.72	$ 24.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839148145	1467633867	00002016165505B4280X	Single	5/31/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839148145	1467633867	00002016165505B4280X	Single	5/31/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839148145	1467633867	00002016165505B4280X	Single	5/31/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793523	1811944101	00002016165508B5040X	Single	6/9/2016	$ 2.86	$ 2.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828210319	1154669158	00002016165505Y9920X	Family Subscriber	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828210319	1154669158	00002016165505Y9920X	Family Subscriber	6/10/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828210319	1154669158	00002016165505Y9920X	Family Subscriber	6/10/2016	$ 9.08	$ 9.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828210319	1154669158	00002016165505Y9920X	Family Subscriber	6/10/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	828210319	1154669158	00002016165505Y9920X	Family Subscriber	6/10/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833151925	1821381054	00002016169507778E0X	Family Member	6/8/2016	$ 187.05	$ 187.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833151925	1821381054	00002016169507778E0X	Family Member	6/8/2016	$ 177.64	$ 177.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833151925	1821381054	00002016169507778E0X	Family Member	6/8/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	833151925	1821381054	00002016169507778E0X	Family Member	6/8/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	831923717	1174702872	00002016165078K90X	Family Subscriber	6/11/2016	$ 50.27	$ 50.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 9.07	$ 9.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 10.31	$ 10.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840184340	1508884412	00002016165502E7320X	Single	4/1/2016	$ 3.84	$ 3.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834215035	1457416729	00002016165502Z2706X	Single	6/6/2016	$ 55.00	$ 55.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839545059	1629010053	00002016165023P910X	Family Member	5/26/2016	$ 52.95	$ 52.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837616196	1609066257	00002016167504D5400X	Family Member	6/7/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837616196	1609066257	00002016167504D5400X	Family Member	6/7/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837616196	1609066257	00002016167504D5400X	Family Member	6/7/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843819866	1255401196	00002016165O50U06970X	Family Member	6/9/2016	$ 24.07	$ 24.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840624050	1407829633	00002016167502046P0X	Family Member	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840624050	1407829633	00002016167502046P0X	Family Member	6/6/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	849667832	1861455735	00002016169504835K0X	Single	6/10/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839545059	1467473033	00002016166508915O0X	Family Subscriber	6/1/2016	$ 288.40	$ 288.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840912816	1528039120	00002016166503 3F470X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469736	1205017084	00002016168503 34J70X	Family Member	6/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469736	1205017084	00002016168503 34J70X	Family Member	6/14/2016	$ 32.64	$ 32.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841469736	1205017084	00002016168503 34J70X	Family Member	6/14/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841609047	1932205838	00002016166503689C0X	Family Member	6/7/2016	$ 68.24	$ 68.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841609047	1932205838	00002016166503689C0X	Family Member	6/7/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841609047	1932205838	00002016166503689C0X	Family Member	6/7/2016	$ 1.50	$ 1.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	840820493	1043433782	00002016168505 68T90X	Family Subscriber	6/15/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832018845	1700812468	00002016166506263U30X	Single	5/23/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823164861	1144251547	00002016132503S1970X	Single	5/3/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823164861	1144251547	00002016132503S1970X	Single	5/3/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823164861	1144251547	00002016132503S1970X	Single	5/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823164861	1144251547	00002016132503S1970X	Single	5/3/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	823164861	1144251547	00002016132503S1970X	Single	5/3/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804987	1437115003	00002016165032516 80C	Family Member	4/20/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804987	1437115003	00002016165032516 90C	Family Member	4/12/2016	$ 25.06	$ 25.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804987	1437115003	00002016165032553 90C	Family Member	2/19/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804987	1437115003	00002016165032554 20C	Family Member	1/28/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843804987	1437115003	00002016165032554 40C	Family Member	1/18/2016	$ 39.76	$ 39.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839350893	1881929321	00002016163500043J0X	Family Member	5/18/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839350893	1043276769	00002016169 50F80380X	Family Member	6/17/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ (68.99)	$ (68.99)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ (10.90)	$ (10.90)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ (7.07)	$ (7.07)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934872	1205017084	00002016130506 0P270X	Family Member	5/4/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 4.89	$ 4.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1437275955	00002016162509600B0X	Single	6/8/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	838741741	1194769497	00002016169504592A0X	Single	6/8/2016	$ 4.21	$ 4.21	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835383380	1669803102	00002016167504783U0X	Family Member	1/29/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820133701	1649401951	00002016166501470Z50X	Family Subscriber	6/2/2016	$ 26.26	$ 26.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839053905	1588732127	00002016166509190C60X	Family Subscriber	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847364660	1104150564	0000201616950D40950X	Family Subscriber	6/16/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847364660	1104150564	0000201616950D40950X	Family Subscriber	6/16/2016	$ 33.37	$ 33.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	847364660	1104150564	0000201616950D40950X	Family Subscriber	6/16/2016	$ 48.71	$ 48.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 47.08	$ 47.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 78.71	$ 78.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 4.61	$ 4.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 0.15	$ 0.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	839722830	1295861557	00002016167505P4280X	Single	6/13/2016	$ 0.10	$ 0.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832841158	1225252976	00002016165500V7990X	Family Member	6/9/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	832841158	1225252976	00002016165500V7990X	Family Member	6/9/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	820046727	1093959751	00002016165505N4250X	Single	4/17/2016	$ 1,567.50	$ 1,567.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	924054983	1346440047	00002016165506C2700X	Single	6/10/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	836449701	1790721538	00002016165032513300	Single	4/27/2016	$ 3.66	$ 3.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	843078200	1629023460	00002016166508654C0X	Single	6/2/2016	$ 53.69	$ 53.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848438082	1497989479	00002016109050U51350X	Family Member	4/14/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	848438082	1497989479	00002016113509295Y0X	Family Member	4/21/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835716779	1538130521	0000201616950X00350X	Family Member	6/15/2016	$ 40.00	$ 40.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	835716779	1538130521	0000201616950X00350X	Family Member	6/15/2016	$ 50.99	$ 50.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841095127	1891897518	0000201614350P67320X	Family Member	4/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841095127	1891897518	0000201614350P67320X	Family Member	4/11/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841095127	1891897518	0000201614350P67320X	Family Member	4/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841095127	1891897518	0000201614350P67320X	Family Member	4/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	841095127	1891897518	0000201614350P67320X	Family Member	4/12/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834397346	1568890556	0000201616950D19860X	Family Subscriber	6/3/2016	$ 345.32	$ 345.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834397346	1568890556	0000201616950D19860X	Family Subscriber	6/3/2016	$ 291.04	$ 291.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1578872982	00002013330502C2120X	Single	11/21/2013	$ (66.25)	$ (66.25)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1578872982	00002013330502C2120X	Single	11/21/2013	$ 63.58	$ 63.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ (3.74)	$ (3.74)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	834979610	1427136357	0000201400950K70870X	Single	10/23/2013	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364264	1508884412	00002016158503947L1X	Family Member	3/25/2016	$ 18.81	$ 18.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Blue Shield	Basic Coverage	837364264	1508884412	00002016158503947L1X	Family Member	3/25/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848405279	1851400279	161527319481021	Family Member	5/31/2016	$ (23.13)	$ (23.13)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848405279	1851400279	161563086312021	Family Member	6/4/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836495258	1356356430	161593803647012	Single	6/7/2016	$ 278.54	$ 278.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841229224	1194969279	161607041719027	Family Member	6/8/2016	$ 71.90	$ 71.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841229224	1942337100	161563634413029	Family Member	6/4/2016	$ 31.09	$ 31.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837130579	1225147655	161587752387017	Single	6/6/2016	$ 264.70	$ 264.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840584873	1750402756	161587205068013	Single	6/6/2016	$ 262.48	$ 262.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839980602	1437214699	161616318210012	Single	6/9/2016	$ 19.42	$ 19.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837284052	1952645889	161600406839008	Single	6/8/2016	$ 85.90	$ 85.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840575248	1588757934	161604238768022	Single	6/8/2016	$ 31.59	$ 31.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846499054	1801877436	161574251929028	Family Member	6/5/2016	$ 13.15	$ 13.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846499054	1801877436	161574841690005	Family Member	6/5/2016	$ 13.45	$ 13.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	825831108	1952410946	161594927818025	Single	6/7/2016	$ 74.01	$ 74.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820792750	1962643437	161603284016007	Single	6/8/2016	$ 2.53	$ 2.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844968691	1306973532	161583694089021	Family Member	6/6/2016	$ 271.61	$ 271.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847051141	1750402756	161626022158021	Single	6/10/2016	$ 1.95	$ 1.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	827726778	1962643437	161606116234025	Single	6/8/2016	$ 2.43	$ 2.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161533216065004	Single	6/1/2016	$ (43.72)	$ (43.72)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161533242789027	Single	6/1/2016	$ (37.14)	$ (37.14)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161594201160023	Single	6/7/2016	$ 43.72	$ 43.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820292981	1356356430	161594201589009	Single	6/7/2016	$ 35.34	$ 35.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842473159	1861783276	161420316270022	Single	5/21/2016	$ (61.46)	$ (61.46)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840229043	1720178791	161613358644019	Family Member	6/9/2016	$ 231.32	$ 231.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838567769	1255440681	161606088696012	Single	6/8/2016	$ 32.22	$ 32.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820229545	1528387693	161470404512019	Single	5/26/2016	$ (318.36)	$ (318.36)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903660010	1770810855	161534181048001	Single	6/1/2016	$ (3,739.52)	$ (3,739.52)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903660010	1356356430	161563771320028	Single	6/4/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903660010	1356356430	161563775398026	Single	6/4/2016	$ 628.75	$ 628.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903660010	1770810855	161613653152012	Single	6/9/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848384448	1396714903	161594507437029	Family Member	6/7/2016	$ 6.30	$ 6.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161575047243021	Single	6/5/2016	$ 10.59	$ 10.59	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161575047343024	Single	6/5/2016	$ 23.88	$ 23.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838728898	1184733529	161575497024011	Single	6/5/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834676620	1841201431	161586550014008	Family Member	6/6/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834676620	1841201431	161623461118025	Single	6/10/2016	$ 9.11	$ 9.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834676620	1841201431	161623831340027	Single	6/10/2016	$ 11.70	$ 11.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848384448	1386850568	161472331749003	Family Member	5/26/2016	$ (3.13)	$ (3.13)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841961164	1114932191	161624776969013	Single	6/10/2016	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	830864415	1366725046	161596314822013	Single	6/7/2016	$ 13.92	$ 13.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820958052	1174658397	161587022413024	Family Member	6/6/2016	$ 101.61	$ 101.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820958052	1174658397	161587025428005	Family Member	6/6/2016	$ 52.55	$ 52.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820958052	1174658397	161587042381007	Family Member	6/6/2016	$ 517.24	$ 517.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833004915	1225455504	161584494773024	Single	6/6/2016	$ 79.20	$ 79.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840435769	1225140130	161586993615029	Single	6/6/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838888391	1578792073	161587449483029	Family Member	6/6/2016	$ 23.00	$ 23.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838133161	1841217072	161563765866003	Single	6/4/2016	$ 68.51	$ 68.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838133161	1841217072	161564576099028	Single	6/4/2016	$ 0.15	$ 0.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841369006	1225147648	161564303032020	Single	6/4/2016	$ 85.90	$ 85.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837329262	1386850568	161623881239023	Single	6/10/2016	$ 20.99	$ 20.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837329262	1386850568	161623882281002	Single	6/10/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847060143	1497197693	161614495851019	Family Member	6/9/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842191414	1841505161	161586987797017	Family Member	6/6/2016	$ 16.53	$ 16.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820195687	1225140130	161614912610019	Family Member	6/9/2016	$ 7.60	$ 7.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837874132	1861783276	161605725468010	Single	6/8/2016	$ 13.61	$ 13.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837795676	1841505161	161615027480030	Single	6/9/2016	$ 2.28	$ 2.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837795676	1841505161	161615028095026	Single	6/9/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820097509	1700803970	161603642450012	Family Member	6/7/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822935426	1497197693	161585625771021	Single	6/6/2016	$ 286.43	$ 286.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820537524	1306851464	161616420611014	Family Member	6/9/2016	$ 266.31	$ 266.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841843021	1306278783	161595284296022	Single	6/7/2016	$ 200.21	$ 200.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841843021	1306278783	161595303822026	Single	6/7/2016	$ 56.60	$ 56.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841843021	1306278783	161595305279025	Single	6/7/2016	$ 214.85	$ 214.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844839420	1184733669	161605408750015	Single	6/8/2016	$ 409.60	$ 409.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838386384	1639218563	161555259128018	Family Member	6/3/2016	$ (7.30)	$ (7.30)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	848392332	1245258086	161565502772018	Family Member	6/4/2016	$ 14.05	$ 14.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842787793	1023025038	161525765312005	Single	5/31/2016	$ (0.94)	$ (0.94)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842787793	1023025038	161525782284028	Single	5/31/2016	$ (17.08)	$ (17.08)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841986721	1245385400	161594470062015	Single	6/7/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839454183	1740671981	161594150201018	Single	6/7/2016	$ 176.02	$ 176.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840187606	1497817837	161626434023024	Single	6/10/2016	$ 231.50	$ 231.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840187606	1497817837	161626435033025	Single	6/10/2016	$ 84.72	$ 84.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839471433	1235523739	161586489677025	Single	6/6/2016	$ 4.45	$ 4.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820163050	1225425267	161615438774017	Single	6/9/2016	$ 0.50	$ 0.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822886274	1003030636	161606643142014	Single	6/8/2016	$ 305.56	$ 305.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822886274	1003030636	161606668621024	Single	6/8/2016	$ 0.97	$ 0.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844677674	1194969279	161595738942022	Family Member	6/7/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161616721523022	Single	6/9/2016	$ 1.92	$ 1.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847928665	1568559763	161606050141030	Single	6/8/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847928665	1568559763	161610583789013	Single	6/9/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840040552	1821015983	161624341488002	Single	6/10/2016	$ 39.00	$ 39.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161585074509012	Family Member	6/6/2016	$ 69.05	$ 69.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845896109	1396714903	161595371527011	Family Member	6/7/2016	$ 2.60	$ 2.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843927889	1023035276	161595191568018	Single	6/7/2016	$ 132.27	$ 132.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843927889	1023035276	161595191696019	Single	6/7/2016	$ 48.11	$ 48.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840315407	1508975921	161573962958026	Single	6/5/2016	$ 74.58	$ 74.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836939140	1033479241	161544807130002	Single	6/2/2016	$ (298.96)	$ (298.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161536099289009	Family Member	6/1/2016	$ (98.55)	$ (98.55)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845965635	1114932191	161624179316017	Family Member	6/10/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840710163	1952410946	161606671591029	Single	6/8/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844660812	1881857407	161593671860025	Single	6/7/2016	$ 35.20	$ 35.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841119735	1699979575	161626759591028	Single	6/10/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841119735	1699979575	161626761028026	Single	6/10/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842631456	1356397640	161586485401022	Single	6/6/2016	$ 146.93	$ 146.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842631456	1356397640	161586530691027	Single	6/6/2016	$ 10.32	$ 10.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842631456	1356397640	161586572306022	Single	6/6/2016	$ 3.58	$ 3.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835132053	1619053964	161524778114020	Single	5/31/2016	$ (141.02)	$ (141.02)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835132053	1619053964	161606093841012	Single	6/8/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841883326	1174607774	161621412815023	Single	6/10/2016	$ 59.59	$ 59.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840992623	1225140130	161626007436024	Family Member	6/10/2016	$ 45.64	$ 45.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836883498	1306250196	161595001061021	Single	6/7/2016	$ 90.04	$ 90.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846384110	1235248642	161586477196015	Family Member	6/6/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834695435	1699979575	161582885287014	Family Member	6/6/2016	$ 12.73	$ 12.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834695435	1699979575	161582885739008	Family Member	6/6/2016	$ 21.59	$ 21.59	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834695435	1699979575	161603692874014	Family Member	6/8/2016	$ 0.17	$ 0.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844171925	1851400279	161564448675016	Single	6/4/2016	$ 157.41	$ 157.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837749708	1396091336	161533512320023	Single	6/1/2016	$ (1,669.25)	$ (1,669.25)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831837880	1275969743	161604857799008	Single	6/8/2016	$ 109.05	$ 109.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831837880	1275969743	161604858162004	Single	6/8/2016	$ 119.42	$ 119.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841566616	1588757934	161616394855023	Single	6/9/2016	$ 2.18	$ 2.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842002609	1952410946	161533634711004	Single	6/1/2016	$ (7.32)	$ (7.32)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842002609	1952410946	161533634711004	Single	6/1/2016	$ 7.32	$ 7.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835688513	1699979575	161465084284016	Single	5/25/2016	$ (89.76)	$ (89.76)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835688513	1699979575	161593007830017	Single	6/7/2016	$ 902.56	$ 902.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835688513	1699979575	161607229847024	Single	6/8/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834695435	1699979575	161582886421016	Single	6/6/2016	$ 231.50	$ 231.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845769728	1356450324	161605659671009	Single	6/8/2016	$ 106.54	$ 106.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840386000	1801877436	161573768548007	Family Member	6/5/2016	$ 132.40	$ 132.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840386000	1801877436	161573769633011	Family Member	6/5/2016	$ 126.75	$ 126.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842021836	1538297254	161615538857026	Family Member	6/9/2016	$ 5.00	$ 5.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842021836	1538297254	161615539779026	Family Member	6/9/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841720639	1184667446	161615556770028	Single	6/9/2016	$ 10.97	$ 10.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837082769	1356356430	161621064602021	Family Member	6/9/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839732104	1669720827	161583836411026	Single	6/6/2016	$ 91.93	$ 91.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839732104	1053551598	161586658257001	Single	6/6/2016	$ 15.22	$ 15.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832992656	1134238116	161626215108029	Single	6/10/2016	$ 504.05	$ 504.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	825974400	1497197693	161483898704008	Single	5/27/2016	$ (0.02)	$ (0.02)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837095343	1619053964	161595408341023	Single	6/7/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837082769	1356356430	161626657422012	Family Member	6/10/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838323228	1841505161	161626854217025	Family Member	6/10/2016	$ 131.49	$ 131.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839852950	1861592164	161585274063010	Single	6/6/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837172414	1437403565	161626345807007	Single	6/10/2016	$ 26.95	$ 26.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843127275	1306250196	161614300279013	Single	6/9/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841270264	1568559763	161583691946024	Single	6/6/2016	$ 737.99	$ 737.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846565353	1154486538	161626121986017	Single	6/10/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833526317	1841505161	161587508118026	Family Member	6/6/2016	$ 1.67	$ 1.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837243910	1699979575	161624970790023	Single	6/10/2016	$ 712.42	$ 712.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842471609	1508975921	161583731994009	Single	6/6/2016	$ 529.80	$ 529.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837756578	1952410946	161583894332012	Single	6/6/2016	$ 37.91	$ 37.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838788716	1306851464	161593583066020	Single	6/7/2016	$ 17.08	$ 17.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832081480	1891716171	161574342403028	Family Member	6/5/2016	$ 13.62	$ 13.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820932862	1033479241	161524855964004	Single	5/31/2016	$ (3.78)	$ (3.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840431085	1790845683	161615258463024	Single	6/9/2016	$ 396.20	$ 396.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840431085	1790845683	161615401427028	Single	6/9/2016	$ 56.60	$ 56.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833571546	1235248642	161534473898024	Family Member	6/1/2016	$ (42.08)	$ (42.08)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847880408	1508975921	161593009027021	Family Member	6/7/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843974866	1881857407	161624543879014	Single	6/10/2016	$ 42.68	$ 42.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841943426	1881703866	161605389172023	Single	6/8/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1881703866	161596182012008	Family Member	6/7/2016	$ 13.62	$ 13.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1881703866	161596195868023	Family Member	6/7/2016	$ 0.09	$ 0.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821175139	1720218035	161622121976003	Single	6/10/2016	$ 441.81	$ 441.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821175139	1023025038	161625012777020	Single	6/10/2016	$ 426.44	$ 426.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1750402756	161564748449026	Family Member	6/4/2016	$ 677.83	$ 677.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1881703866	161596164973027	Family Member	6/7/2016	$ 13.62	$ 13.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838735085	1881703866	161596189955006	Family Member	6/7/2016	$ 0.09	$ 0.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840902504	1720218035	161625556017006	Single	6/10/2016	$ 59.57	$ 59.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840926315	1366725046	161603858611022	Single	6/8/2016	$ 15.89	$ 15.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839246081	1437403565	161585553556025	Single	6/6/2016	$ 149.72	$ 149.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839669006	1508975921	161595180263009	Single	6/7/2016	$ 85.90	$ 85.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839669006	1508975921	161595183685017	Single	6/7/2016	$ 59.49	$ 59.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	924528878	1568559763	161625416389023	Single	6/10/2016	$ 1.11	$ 1.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1225455504	161536191323026	Single	6/1/2016	$ (645.03)	$ (645.03)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1225455504	161571442042029	Single	6/5/2016	$ 502.73	$ 502.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1225455504	161595347132001	Single	6/7/2016	$ 94.90	$ 94.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841624933	1669720827	161584106587002	Single	6/6/2016	$ 91.93	$ 91.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	829778532	1962643437	161586188966021	Single	6/6/2016	$ 0.28	$ 0.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841620346	1114932191	161606344698021	Single	6/8/2016	$ 30.13	$ 30.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834026247	1366724387	161623994059026	Single	6/10/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834026247	1366724387	161624006913016	Single	6/10/2016	$ 261.97	$ 261.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845941732	1720178791	161483765424030	Single	5/27/2016	$ (1,115.68)	$ (1,115.68)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820406163	1699979575	161604728934020	Single	6/8/2016	$ 5.87	$ 5.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845799348	1750402756	161596331199019	Family Member	6/7/2016	$ 100.91	$ 100.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842472366	1801877436	161566558934021	Single	6/4/2016	$ 1.79	$ 1.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842472366	1801877436	161566564916002	Single	6/4/2016	$ 60.61	$ 60.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842472366	1508975921	161573773191002	Single	6/5/2016	$ 19.05	$ 19.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844913332	1851400279	161613435268009	Single	6/9/2016	$ 258.17	$ 258.17	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837610919	1497169288	161564362774018	Family Member	6/4/2016	$ 32.30	$ 32.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842860533	1235248642	161593741697028	Single	6/7/2016	$ 29.36	$ 29.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840097445	1003030636	161583188924028	Single	6/6/2016	$ 28.74	$ 28.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842862550	1912193905	161613814103011	Family Member	6/9/2016	$ 43.75	$ 43.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1528387693	161623329768005	Family Member	6/10/2016	$ 6.58	$ 6.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841321820	1528387693	161626060812009	Family Member	6/10/2016	$ 148.69	$ 148.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841529212	1356356430	161576424612006	Family Member	6/5/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820505551	1982783650	160536561895020	Single	2/22/2016	$ (77.99)	$ (77.99)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847639822	1477877389	161593417885014	Family Member	6/7/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847639822	1477877389	161595633960011	Family Member	6/7/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842875104	1225147655	161627148254008	Family Member	6/10/2016	$ 45.67	$ 45.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835779465	1568559763	161615947612020	Single	6/9/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833927637	1740671981	161534269804001	Single	6/1/2016	$ (6.56)	$ (6.56)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849896230	1538174545	161491198980029	Single	5/28/2016	$ (62.34)	$ (62.34)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849896230	1538174545	161595719627017	Single	6/7/2016	$ 1.92	$ 1.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831556158	1699979575	161546297913022	Single	6/2/2016	$ (52.99)	$ (52.99)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831556158	1699979575	161554829572013	Single	6/3/2016	$ (61.99)	$ (61.99)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831556158	1699979575	161563684637021	Single	6/4/2016	$ 52.99	$ 52.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842792749	1952410946	161615666566013	Single	6/9/2016	$ 229.97	$ 229.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841064192	1003180704	161603669692016	Family Member	6/8/2016	$ 195.27	$ 195.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837218538	1184667446	161613050716015	Family Member	6/9/2016	$ 31.59	$ 31.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837218538	1184667446	161624399023004	Family Member	6/10/2016	$ 306.44	$ 306.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839537097	1952410946	161563113763010	Single	6/4/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	924069106	1366725046	161584691406018	Family Member	6/6/2016	$ 28.08	$ 28.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837231011	1861783276	161610561420030	Single	6/9/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838657969	1972698702	161584388034028	Single	6/6/2016	$ 659.98	$ 659.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821883111	1962643437	161604021762024	Single	6/8/2016	$ 0.15	$ 0.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835310072	1164617585	161603869645026	Single	6/8/2016	$ 3.93	$ 3.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	835310072	1164617585	161625658420029	Single	6/10/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839139929	1720190630	161620267529018	Family Member	6/10/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821429795	1114932191	161484599503002	Single	5/27/2016	$ (7.65)	$ (7.65)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	821429795	1619053964	161574205733005	Single	6/5/2016	$ 7.65	$ 7.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836476338	1801877436	161607516836021	Family Member	6/8/2016	$ 0.69	$ 0.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	903238668	1356356430	161597847516018	Family Member	6/7/2016	$ 41.98	$ 41.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840157319	1033479241	161556400573014	Single	6/3/2016	$ (5.21)	$ (5.21)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840157319	1033479241	161556407366016	Single	6/3/2016	$ (15.56)	$ (15.56)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840157319	1033479241	161584028999001	Single	6/6/2016	$ 2.79	$ 2.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836726412	1699979575	161585669523028	Single	6/6/2016	$ 53.00	$ 53.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836726412	1699979575	161593858692015	Single	6/7/2016	$ 534.64	$ 534.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836726412	1699979575	161593860323005	Single	6/7/2016	$ 28.74	$ 28.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837859932	1508975921	161596359805018	Family Member	6/7/2016	$ 16.62	$ 16.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837859932	1508975921	161596363606011	Family Member	6/7/2016	$ 3.86	$ 3.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839912810	1508975921	161603939566023	Family Member	6/8/2016	$ 38.58	$ 38.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839912810	1508975921	161603941275015	Family Member	6/8/2016	$ 563.17	$ 563.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820052966	1841505161	161603173612018	Single	6/8/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	924479706	1225455504	161615229944030	Single	6/9/2016	$ 2.28	$ 2.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	924479706	1225455504	161624734948016	Single	6/10/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	846058489	1184759912	161585830409004	Single	6/6/2016	$ 20.37	$ 20.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834902022	1770810855	161583509960021	Single	6/6/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822692903	1508975921	161564387423014	Single	6/4/2016	$ 183.29	$ 183.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838758080	1194747857	161604555356010	Single	6/8/2016	$ 23.62	$ 23.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832175530	1356356430	161627960344024	Single	6/10/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820298364	1699979575	161607177784010	Single	6/8/2016	$ 13.39	$ 13.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838337657	1508975921	161582492515012	Single	6/6/2016	$ 545.45	$ 545.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839134703	1114932191	161584546768005	Single	6/6/2016	$ 18.92	$ 18.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841921524	1821015983	161603704154002	Single	6/8/2016	$ 13.74	$ 13.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820450100	1841505161	161604859950008	Family Member	6/8/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838137022	1841505161	161563273695003	Single	6/4/2016	$ 834.33	$ 834.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841364118	1356356430	161614718029024	Family Member	6/9/2016	$ 4.45	$ 4.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841252512	1669499893	161564191249013	Family Member	6/4/2016	$ 8.74	$ 8.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836836053	1952410946	161603643413027	Single	6/8/2016	$ 73.33	$ 73.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	832421718	1346507514	161585498439006	Single	6/6/2016	$ 4.20	$ 4.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837167034	1477635423	161595332401002	Single	6/7/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	830679111	1356450324	161573712095013	Single	6/5/2016	$ 29.11	$ 29.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831736658	1588757934	161605297601028	Single	6/8/2016	$ 3,025.89	$ 3,025.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831736658	1588757934	161605321811021	Single	6/8/2016	$ 939.73	$ 939.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840420862	1396091336	161604123185009	Single	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840420862	1396091336	161604124277016	Single	6/8/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840420862	1396091336	161604169094001	Single	6/8/2016	$ 292.39	$ 292.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840420862	1396091336	161615021417022	Single	6/9/2016	$ 23.17	$ 23.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841219078	1720093800	161584064615019	Family Member	6/6/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849779907	1225425267	161623688371030	Single	6/10/2016	$ 272.14	$ 272.14	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836395367	1306851464	161583631890010	Single	6/6/2016	$ 46.86	$ 46.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	831409461	1356450324	161604053993003	Single	6/8/2016	$ 135.81	$ 135.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843071770	1184688921	161585832087026	Single	6/6/2016	$ 12.28	$ 12.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820919378	1841505161	161485750248003	Single	5/27/2016	$ (16.21)	$ (16.21)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820919378	1841505161	161623489706023	Single	6/10/2016	$ 16.21	$ 16.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840746971	1497197693	161626532997025	Single	6/10/2016	$ 10.86	$ 10.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836624751	1497197693	161615734430029	Single	6/9/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839231123	1841505161	161625353325001	Single	6/10/2016	$ 37.30	$ 37.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837095343	1306928361	161625310094029	Family Member	6/10/2016	$ 3.79	$ 3.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837095343	1306928361	161607410325025	Family Member	6/8/2016	$ 39.58	$ 39.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	849356199	1619053964	161603447345029	Single	6/8/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842924474	1306250196	161593472259027	Family Member	6/7/2016	$ 257.19	$ 257.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820588091	1306250196	161607219270021	Single	6/8/2016	$ 28.48	$ 28.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820274526	1497197693	161485525096021	Single	5/27/2016	$ (121.37)	$ (121.37)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820274526	1497197693	161584985047007	Single	6/6/2016	$ 121.37	$ 121.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820274526	1306250196	161624538529003	Single	6/10/2016	$ 32.92	$ 32.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837448263	1356356430	161583999163016	Single	6/6/2016	$ 147.37	$ 147.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837448263	1750508222	161614099159013	Single	6/9/2016	$ 1.23	$ 1.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845649827	1568697712	161616355404002	Single	6/9/2016	$ 669.16	$ 669.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839137241	1003180704	161586143254006	Single	6/6/2016	$ 54.91	$ 54.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837042538	1972698702	161584963248009	Single	6/6/2016	$ 583.78	$ 583.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	823771606	1528387693	161593213720015	Single	6/7/2016	$ 182.81	$ 182.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	833931672	1952410946	161604494657026	Single	6/8/2016	$ 2.80	$ 2.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842808137	1720218035	161586099550006	Family Member	6/6/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842808137	1720218035	161595932921002	Family Member	6/7/2016	$ 181.54	$ 181.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845313846	1225147655	161593664889029	Single	6/7/2016	$ 164.20	$ 164.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	845313846	1225147655	161593666635018	Single	6/7/2016	$ 239.81	$ 239.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836259161	1306851464	161615387378030	Family Member	6/9/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836259161	1306851464	161606057579011	Single	6/8/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	842640477	1366725046	161626459806028	Single	6/10/2016	$ 21.30	$ 21.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836189939	1366725046	161585268344004	Single	6/6/2016	$ 584.89	$ 584.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838175940	1225455504	161595331981016	Family Member	6/7/2016	$ 94.90	$ 94.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837616196	1255440681	161606802920010	Family Member	6/8/2016	$ 25.12	$ 25.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	840624050	1821016627	161586193240021	Family Member	6/6/2016	$ 70.14	$ 70.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	830237371	1821182643	161604184041012	Single	6/8/2016	$ 10.32	$ 10.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	822402859	1578792073	161563907253012	Family Member	6/4/2016	$ 31.09	$ 31.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820450524	1750402756	161582337602014	Single	6/6/2016	$ 109.47	$ 109.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847735342	1235248642	161612357097027	Family Member	6/9/2016	$ 356.79	$ 356.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	847735342	1235248642	161615386058009	Family Member	6/9/2016	$ 117.80	$ 117.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	836512483	1801877436	161606266866027	Single	6/8/2016	$ 7.31	$ 7.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841479940	1235144338	161466708840009	Family Member	5/25/2016	$ (74.58)	$ (74.58)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841479940	1952410946	161565732012003	Single	6/4/2016	$ 1,365.65	$ 1,365.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841753558	1841505161	161535511335011	Single	6/1/2016	$ (5.98)	$ (5.98)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841753558	1841505161	161583634517025	Single	6/6/2016	$ 937.22	$ 937.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841753558	1841505161	161603899705013	Single	6/8/2016	$ 15.89	$ 15.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	841753558	1134442908	161603967489002	Single	6/8/2016	$ 126.63	$ 126.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	838009111	1861783276	161597154251023	Single	6/7/2016	$ 46.71	$ 46.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	820179322	1528387693	161426173843013	Single	5/21/2016	$ (367.78)	$ (367.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839722830	1518972959	161624501956023	Single	6/10/2016	$ 22.77	$ 22.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839722830	1518972959	161624508170016	Single	6/10/2016	$ 212.41	$ 212.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	839431646	1578792073	161566035075010	Single	6/4/2016	$ 93.76	$ 93.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	837600398	1225140130	161596347709012	Family Member	6/7/2016	$ 8.91	$ 8.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	834572530	1306851464	161553744986028	Single	6/3/2016	$ (440.96)	$ (440.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	844043465	1528387693	161596712278015	Family Member	6/7/2016	$ 266.31	$ 266.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	1	HIDALGO COUNTY	Drug	Basic Coverage	843176408	1528387693	161583549062023	Single	6/6/2016	$ 26.29	$ 26.29	0%	$0.00	
																			BASIC PLAN:		**$ 209,312.22**	**$ 209,312.22**			
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839265205	1619924719	00002015285 59F17280X	Family Member	5/5/2014	$ 287.90	$ 287.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	846993117	1770573586	00002016165509J2360X	Family Member	6/8/2016	$ 1,264.02	$ 1,264.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	838402874	1053317362	00002016139507707G0X	Family Member	5/14/2016	$ 78.40	$ 78.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	844217831	1053317362	00002016165509U93120X	Family Subscriber	6/9/2016	$ 273.52	$ 273.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	821675921	1770573586	00002016165509J2520X	Single	6/7/2016	$ 1,864.02	$ 1,864.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841692795	1861488579	00002016166508 5C660X	Family Subscriber	6/8/2016	$ 619.13	$ 619.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836257358	1053317362	00002016169503 25X60X	Single	6/12/2016	$ 2,363.11	$ 2,363.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842304384	1174582050	00002016166502 01P60X	Single	5/12/2016	$ 322.56	$ 322.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836159397	1053317362	00002016169504 398X0X	Family Member	6/14/2016	$ 301.09	$ 301.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	845324986	1548226988	00002016134503 0L630X	Family Subscriber	4/29/2016	$ (190.51)	$ (190.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	845324986	1548226988	00002016134503 0L630X	Family Subscriber	4/29/2016	$ 264.59	$ 264.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840054443	1619924719	00002016165 50U85970X	Family Member	6/7/2016	$ 181.00	$ 181.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841971482	1053317362	00002016165 50V34740X	Single	6/9/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840699421	1053317362	00002016167500423K0X	Family Member	6/10/2016	$ 273.95	$ 273.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836704221	1053317362	00002016165508J8610X	Family Subscriber	6/3/2016	$ 732.30	$ 732.30	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	849342953	1053317362	00002016165O324X00X	Family Subscriber	6/13/2016	$ 1,281.34	$ 1,281.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840356538	1053317362	00002016165507J8000X	Family Member	6/9/2016	$ 423.72	$ 423.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837947086	1053317362	00002016165509J0010X	Single	6/9/2016	$ 203.59	$ 203.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842182069	1053317362	00002016167501I15500X	Family Subscriber	3/16/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842182069	1053317362	00002016169504364X0X	Family Subscriber	6/15/2016	$ 18.41	$ 18.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839514104	1053317362	00002016169504325X0X	Family Subscriber	6/14/2016	$ 318.56	$ 318.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	838039240	1053317362	00002016145505568Y30X	Family Subscriber	5/19/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841451664	1174582050	00002016166501897P0X	Family Subscriber	6/6/2016	$ 4,005.60	$ 4,005.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837628671	1053317362	00002016169503284X0X	Single	6/12/2016	$ 712.33	$ 712.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	838613302	1619924719	00002016166500990C00X	Family Member	6/9/2016	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841754494	1073615266	00002016145574A69840X	Family Member	4/1/2016	$ 533.26	$ 533.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	838149786	1891882833	00002016166508 4C770X	Family Member	2/29/2016	$ 637.61	$ 637.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841928718	1770573586	00002016165509J3220X	Single	6/6/2016	$ 1,864.02	$ 1,864.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842700382	1053317362	00002016167500524K0X	Single	6/11/2016	$ 310.92	$ 310.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836968394	1619924719	00002016165O U86010X	Single	6/8/2016	$ 1,748.30	$ 1,748.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839996610	1053317362	00002016169509665W0X	Family Member	6/15/2016	$ 222.06	$ 222.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839866234	1619924719	00002016165O V08690X	Family Member	6/2/2016	$ 3,472.82	$ 3,472.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842588981	1053317362	00002016167500409K0X	Family Member	6/9/2016	$ 384.60	$ 384.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839977102	1053317362	00002016165507J9970X	Single	6/9/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839374757	1053317362	00002016168500 5S120X	Family Subscriber	6/13/2016	$ 287.02	$ 287.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	844831747	1053317362	00002016165508J8810X	Single	6/8/2016	$ 2,119.94	$ 2,119.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836104140	1053317362	00002016165O U91970X	Family Member	6/9/2016	$ 210.09	$ 210.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	836017591	1619924719	00002016167 50T59640X	Single	6/10/2016	$ 133.00	$ 133.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837825080	1053317362	00002016113503207 60X	Family Member	4/1/2016	$ 6,448.11	$ 6,448.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	837825080	1053317362	00002016139 50B10880X	Family Member	5/12/2016	$ 1,934.42	$ 1,934.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	839038123	1770573586	00002016165509J3510X	Single	6/7/2016	$ 223.48	$ 223.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	841711925	1598744856	00002016165502D4700X	Family Member	6/4/2016	$ 2,617.99	$ 2,617.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842915537	1053317362	00002016167 50J15250X	Family Member	6/11/2016	$ 341.34	$ 341.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	842915537	1053317362	00002016169509799W0X	Family Subscriber	6/15/2016	$ 216.23	$ 216.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	840320256	1053317362	00002016162506 77P90X	Family Member	6/5/2016	$ 152.12	$ 152.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Basic Coverage	845908957	1619924719	00002016140506 0D530X	Single	5/4/2016	$ 139.96	$ 139.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Cross	Reimbursement	841542411	1861488579	00002012329503050B0X	Family Subscriber	11/15/2012	$ (644.89)	$ (483.67)	25.00%	$161.22	8016151
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837284377	1427020676	00002016167503D3170X	Single	6/8/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836802035	1376857706	00002016169504210B0X	Family Member	6/16/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846993117	1982994075	00002016168506 9D550X	Family Member	6/8/2016	$ 41.54	$ 41.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846993117	1982994075	00002016168506 9D550X	Family Member	6/8/2016	$ 31.16	$ 31.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846993117	1942467113	00002016169 50D48460X	Family Member	6/8/2016	$ 1,539.20	$ 1,539.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846993117	1881776367	00002016167501B4500X	Family Member	6/13/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849659770	1558570416	00002016167 50X88380X	Family Subscriber	6/1/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1881679751	00002016168503 1J800X	Family Member	6/13/2016	$ 6.68	$ 6.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1881679751	00002016168503 1J800X	Family Member	6/13/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1881679751	00002016168503 1J800X	Family Member	6/13/2016	$ 7.02	$ 7.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1881679751	00002016168503 1J800X	Family Member	6/13/2016	$ 6.45	$ 6.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 28P40X	Family Member	6/7/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 28P40X	Family Member	6/7/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 28P40X	Family Member	6/7/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 28P40X	Family Member	6/7/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1326290073	00002016169508903V0X	Family Member	6/16/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 27P60X	Family Subscriber	6/7/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839279900	1558306563	00002016168506 27P60X	Family Subscriber	6/7/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843084206	1952311441	00002016165509S8030X	Family Member	5/12/2016	$ 316.80	$ 316.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841929604	1013037423	00002016167504E8390X	Family Subscriber	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 1.38	$ 1.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 6.48	$ 6.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 25.53	$ 25.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846277235	1548593148	00002016166509 30Y70X	Single	5/13/2016	$ 18.54	$ 18.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843371205	1558570416	00002016167 50X88460X	Single	6/6/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837290301	1437275955	00002016166500820J0X	Family Member	6/10/2016	$ 57.03	$ 57.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837290301	1437275955	00002016166500820J0X	Family Member	6/10/2016	$ 15.19	$ 15.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837290301	1437275955	00002016166500820J0X	Family Member	6/10/2016	$ 9.50	$ 9.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835895868	1558570416	00002016167 50X88360X	Single	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838275699	1790721538	00002016164506425P0X	Single	6/3/2016	$ 3.53	$ 3.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838120615	1437153244	00002016165508 85530X	Single	6/9/2016	$ 44.71	$ 44.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838120615	1437153244	00002016165508 85530X	Single	6/9/2016	$ 16.78	$ 16.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838254710	1588971899	00002016166509 7Q150X	Single	6/8/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1508070038	00002016165507N3090X	Single	6/10/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1508070038	00002016165507N3090X	Single	6/10/2016	$ 14.45	$ 14.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1790721538	00002016166502 28Y10X	Single	6/7/2016	$ 3.17	$ 3.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1790721538	00002016166502 28Y10X	Single	6/7/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1790721538	00002016166502 28Y10X	Single	6/7/2016	$ 13.67	$ 13.67	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1790721538	00002016166502228Y10X	Single	6/7/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838726645	1790721538	00002016166502228Y10X	Single	6/7/2016	$ 18.02	$ 18.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963775	1558589853	00002016168502234J80X	Family Member	6/10/2016	$ 45.00	$ 45.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963775	1558589853	00002016168502234J80X	Family Member	6/10/2016	$ 21.88	$ 21.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963775	1558589853	00002016168502234J80X	Family Member	6/10/2016	$ 21.88	$ 21.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839963775	1790005585	00002016167502X80800X	Family Member	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836664205	1477960730	00002016111350P02520X	Family Member	4/5/2016	$ 58.98	$ 58.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836664205	1477960730	00002016111350P02520X	Family Member	4/5/2016	$ 43.29	$ 43.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835702406	1750463022	00002016168503801H50X	Family Member	6/16/2016	$ 459.84	$ 459.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840191678	1104024280	00002016119509083F0X	Family Member	4/20/2016	$ 536.05	$ 536.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840191678	1104024280	00002016119509083F0X	Family Member	4/20/2016	$ 139.65	$ 139.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842646069	1881995884	00002016166509467H0X	Family Subscriber	1/23/2016	$ 70.31	$ 70.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1790721538	00002016164503613Q0X	Family Member	6/3/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1790721538	00002016164503613Q0X	Family Member	6/3/2016	$ 10.54	$ 10.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1790721538	00002016164503613Q0X	Family Member	6/3/2016	$ 6.71	$ 6.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1790721538	00002016164503613Q0X	Family Member	6/3/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843446790	1790721538	00002016164503613Q0X	Family Member	6/3/2016	$ 19.93	$ 19.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836211517	1073508545	00002016165509 4B710X	Family Subscriber	6/8/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844549868	1891855656	00002016169502580B0X	Single	6/15/2016	$ 33.39	$ 33.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	821675921	1942467113	00002016168500 73A40X	Single	6/7/2016	$ 939.20	$ 939.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820066625	1760488829	00002016119504477 10X	Family Member	4/27/2016	$ (34.39)	$ (34.39)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820066625	1760488829	00002016119504477 10X	Family Member	4/27/2016	$ 34.39	$ 34.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820066625	1760488829	00002016119504477 10X	Family Member	4/27/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820066625	1760488829	00002016119504477 10X	Family Member	4/27/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 22.85	$ 22.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 9.45	$ 9.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/12/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/13/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/14/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/15/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/15/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/15/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/15/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/16/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/16/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/16/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/16/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/17/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/17/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/17/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/17/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/18/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/18/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/18/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/18/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/19/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/19/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/19/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836104140	1881929321	00002016040503554L0X	Family Subscriber	10/19/2015	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834629686	1306924626	00002016169 50X01080X	Family Subscriber	5/16/2016	$ 146.66	$ 146.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834629686	1306924626	00002016169 50X01080X	Family Subscriber	5/16/2016	$ 36.90	$ 36.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (32.64)	$ (32.64)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 32.64	$ 32.64	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (23.80)	$ (23.80)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 23.80	$ 23.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (0.29)	$ (0.29)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 0.29	$ 0.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (12.00)	$ (12.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 12.00	$ 12.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/24/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (65.98)	$ (65.98)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 65.98	$ 65.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (21.79)	$ (21.79)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 21.79	$ 21.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (12.00)	$ (12.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 12.00	$ 12.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ (8.08)	$ (8.08)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506016Q0X	Family Subscriber	3/25/2016	$ 8.08	$ 8.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ (12.00)	$ (12.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ 12.00	$ 12.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/22/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (50.60)	$ (50.60)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 50.60	$ 50.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (21.79)	$ (21.79)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 21.79	$ 21.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (12.00)	$ (12.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 12.00	$ 12.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (8.08)	$ (8.08)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 8.08	$ 8.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (11.03)	$ (11.03)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (3.07)	$ (3.07)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 3.07	$ 3.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ (1.28)	$ (1.28)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506156Q0X	Family Subscriber	3/23/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (8.08)	$ (8.08)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 8.08	$ 8.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (11.03)	$ (11.03)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (3.07)	$ (3.07)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 3.07	$ 3.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ (1.28)	$ (1.28)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/28/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (32.64)	$ (32.64)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 32.64	$ 32.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (23.80)	$ (23.80)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 23.80	$ 23.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (0.29)	$ (0.29)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 0.29	$ 0.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (12.00)	$ (12.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 12.00	$ 12.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (2.96)	$ (2.96)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 2.96	$ 2.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ (1.51)	$ (1.51)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1902971690	00002016102506189Q0X	Family Subscriber	3/29/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903598779	1215253141	00002016162504411J90X	Family Member	6/9/2016	$ 28.24	$ 28.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837386546	1245548759	00002016169506K58220X	Family Subscriber	6/15/2016	$ 10.45	$ 10.45	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842831010	1407829633	00002016167501417P0X	Family Member	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016166505P200X	Family Subscriber	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016166504SP200X	Family Subscriber	6/3/2016	$ 0.12	$ 0.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1881714384	00002016166504SP200X	Family Subscriber	6/3/2016	$ 0.88	$ 0.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1467562728	0000201616750L26550X	Family Subscriber	6/8/2016	$ 41.20	$ 41.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366475923	00002016166507681C0X	Family Member	6/13/2016	$ 75.52	$ 75.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366475923	00002016167505G5000X	Family Member	6/14/2016	$ 77.36	$ 77.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366735169	00002016168503342C90X	Family Member	6/13/2016	$ 150.77	$ 150.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366735169	00002016168503361C00X	Family Member	6/14/2016	$ 53.68	$ 53.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366475923	00002016168507724P50X	Family Member	6/15/2016	$ 77.36	$ 77.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366735169	00002016169503C43710X	Family Member	6/15/2016	$ 53.68	$ 53.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841692795	1366475923	00002016169503U90520X	Family Member	6/16/2016	$ 77.36	$ 77.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837794947	1538144910	00002016165503D01560X	Family Subscriber	6/6/2016	$ 57.88	$ 57.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 54.71	$ 54.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1073508545	00002016167505P3740X	Single	6/13/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 94.52	$ 94.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836257358	1306005095	00002016169503U86180X	Single	6/6/2016	$ 0.06	$ 0.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 10.48	$ 10.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 11.52	$ 11.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 11.60	$ 11.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 8.50	$ 8.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 13.88	$ 13.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 17.50	$ 17.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 3.65	$ 3.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 7.14	$ 7.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 16.93	$ 16.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 20.35	$ 20.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 18.43	$ 18.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 18.43	$ 18.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002015226500025U40X	Family Member	7/29/2015	$ 18.43	$ 18.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 11.60	$ 11.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	00002016015509830D0X	Family Member	12/14/2015	$ 5.75	$ 5.75	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 3.65	$ 3.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 16.93	$ 16.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 12.75	$ 12.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 40.70	$ 40.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1568840593	0000201601550983D00X	Family Member	12/14/2015	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839084311	1770699639	0000201616750S3760X	Family Subscriber	6/6/2016	$ 1,603.48	$ 1,603.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	0000201616850950S30X	Family Member	6/13/2016	$ 54.60	$ 54.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843504441	1487683561	0000201616850951S30X	Family Member	6/13/2016	$ 84.40	$ 84.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843352495	1780712620	0000201616950707086A0X	Family Subscriber	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 82.74	$ 82.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 39.32	$ 39.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 33.72	$ 33.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 186.69	$ 186.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 91.48	$ 91.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839486571	1225252976	0000201614550D73380X	Family Member	5/23/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1780600510	0000201616750V13170X	Single	6/11/2016	$ 11.28	$ 11.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1780600510	0000201616750V13170X	Single	6/11/2016	$ 11.01	$ 11.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1780600510	0000201616750V13170X	Single	6/11/2016	$ 3.22	$ 3.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B5880X	Single	6/10/2016	$ 0.60	$ 0.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B5880X	Single	6/10/2016	$ 0.46	$ 0.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B5880X	Single	6/10/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B5880X	Single	6/10/2016	$ 11.03	$ 11.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B5880X	Single	6/10/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 9.07	$ 9.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 10.31	$ 10.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 13.46	$ 13.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840987760	1073508545	0000201616750 4B6020X	Single	6/10/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	0000201616750 2K9480X	Single	6/14/2016	$ 155.37	$ 155.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1831183730	0000201616850 81Z760X	Single	6/15/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	0000201616950X12140X	Single	6/16/2016	$ 155.37	$ 155.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845634750	1386671378	0000201616950 0348H0X	Single	6/9/2016	$ 155.37	$ 155.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842701516	1508070038	0000201616550 7N4690X	Family Subscriber	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/18/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/18/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/18/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/18/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/18/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1881929321	0000201616850 00E580X	Family Member	5/20/2016	$ 4.40	$ 4.40	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1528039120	00002016141500019C00X	Family Subscriber	5/17/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839400019	1528039120	0000201614150019C00X	Family Subscriber	5/17/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830230489	1407829633	00002016168504424W20X	Family Subscriber	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830230489	1407829633	00002016168504424W20X	Family Subscriber	6/13/2016	$ 25.83	$ 25.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830230489	1407829633	00002016168504424W20X	Family Subscriber	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840806396	1023288990	0000201616703029510C	Family Subscriber	10/16/2015	$ 72.85	$ 72.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1053555144	00002016145500D84400X	Family Member	4/20/2016	$ 67.22	$ 67.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 11.10	$ 11.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 0.01	$ 0.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 0.01	$ 0.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1457656647	00002016165508S1100X	Family Member	6/9/2016	$ 9.83	$ 9.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016162509346B0X	Family Member	5/17/2016	$ 95.00	$ 95.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1952311441	00002016165509S7950X	Family Member	5/10/2016	$ 608.96	$ 608.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841680494	1750349700	00002016168502279H10X	Family Member	6/14/2016	$ 95.00	$ 95.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836190675	1376734897	00002016145500486J80X	Family Subscriber	4/14/2016	$ 960.00	$ 960.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836190675	1376734897	00002016145500486J80X	Family Subscriber	4/14/2016	$ 500.00	$ 500.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836190675	1376734897	00002016145500486J80X	Family Subscriber	4/14/2016	$ 158.40	$ 158.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836190675	1295014389	00002016120502 1V630X	Family Member	4/28/2016	$ 90.62	$ 90.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836190675	1295014389	00002016120502 1V630X	Family Member	4/28/2016	$ 31.48	$ 31.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842304384	1073574810	00002016166502 63P60X	Single	5/11/2016	$ 64.36	$ 64.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842304384	1073574810	00002016166503 20P00X	Single	5/11/2016	$ 139.97	$ 139.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842304384	1073574810	00002016166503 20P00X	Single	5/11/2016	$ 71.19	$ 71.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1528039120	00002016168509T9990X	Family Subscriber	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1528039120	00002016168509T9990X	Family Subscriber	6/13/2016	$ 50.17	$ 50.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1528039120	00002016168509T9990X	Family Subscriber	6/13/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 71.57	$ 71.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 17.65	$ 17.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 0.08	$ 0.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 40.00	$ 40.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016165506Y6060X	Family Member	6/10/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836159397	1154669158	00002016167505G5480X	Family Member	6/14/2016	$ 3.70	$ 3.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840054443	1013930080	00002016168504V3060X	Family Member	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840054443	1013930080	00002016168504V3060X	Family Member	6/13/2016	$ 22.18	$ 22.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840054443	1093729261	0000201616950F78790X	Family Member	6/16/2016	$ 61.90	$ 61.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840054443	1093729261	0000201616950F78790X	Family Member	6/16/2016	$ 26.44	$ 26.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	9999	0000201609503406650C	Single	3/8/2016	$ 44.17	$ 44.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	1346554656	0000201611850 77L800X	Single	4/15/2016	$ 48.57	$ 48.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	1346554656	0000201611850 77L800X	Single	4/15/2016	$ 40.84	$ 40.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	1780600510	00002016167504G0190X	Family Subscriber	6/13/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	1780600510	00002016167504G0190X	Family Subscriber	6/13/2016	$ 4.85	$ 4.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832749446	1780600510	00002016167504G0190X	Family Subscriber	6/13/2016	$ 5.14	$ 5.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841971482	1699197731	00002016169506384E0X	Single	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841971482	1699197731	00002016169506384E0X	Single	6/9/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016163500605L0X	Family Subscriber	6/9/2016	$ 27.81	$ 27.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016163500605L0X	Family Subscriber	6/9/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016169507715E0X	Family Subscriber	6/15/2016	$ 7.09	$ 7.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838021754	1093931495	00002016169507715E0X	Family Subscriber	6/15/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838201785	1386648798	00002016166508243F0X	Family Member	6/9/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840882545	1710149372	00002016165507S7330X	Family Member	6/11/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840882545	1710149372	00002016165507S7330X	Family Member	6/11/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840882545	1710149372	00002016165507S7330X	Family Member	6/11/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820576999	1609066257	00002016167504D4620X	Family Member	6/3/2016	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820576999	1609066257	00002016167504D4620X	Family Member	6/3/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820576999	1609066257	00002016167504D4620X	Family Member	6/3/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505O4550X	Single	9/8/2015	$ (2,567.16)	$ (2,567.16)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505O4550X	Single	9/8/2015	$ 2,567.16	$ 2,567.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505O4550X	Single	9/8/2015	$ (1,388.97)	$ (1,388.97)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ 1,388.97	$ 1,388.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ (1,386.60)	$ (1,386.60)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ 1,386.60	$ 1,386.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ (181.28)	$ (181.28)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ 181.28	$ 181.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841123652	1386648798	00002015255505045 50X	Single	9/8/2015	$ 655.00	$ 655.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839083533	1538130521	00002016169 50X01180X	Family Member	6/17/2016	$ 45.00	$ 45.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 82.77	$ 82.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 8.09	$ 8.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.66	$ 4.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.24	$ 5.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 11.60	$ 11.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.21	$ 5.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.54	$ 5.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.25	$ 4.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 6.94	$ 6.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 8.75	$ 8.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.31	$ 4.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 3.65	$ 3.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 16.93	$ 16.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 12.75	$ 12.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.49	$ 5.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 1.55	$ 1.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.23	$ 4.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.68	$ 5.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 15.52	$ 15.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.80	$ 4.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 40.70	$ 40.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 4.26	$ 4.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.76	$ 5.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1568840593	00002016004501X6300X	Family Subscriber	12/4/2015	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1629307095	00002016167 50L52140X	Family Subscriber	2/15/2016	$ 75.40	$ 75.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1629307095	00002016167 50L76700X	Family Subscriber	2/19/2016	$ 53.60	$ 53.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843706745	1629307095	00002016167 50L78840X	Family Subscriber	2/17/2016	$ 53.60	$ 53.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841707837	1013173798	00002016165 507U8030X	Family Member	6/13/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841707837	1467473033	00002016169 50D42740X	Family Member	5/15/2016	$ 546.40	$ 546.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849342953	1346554656	00002016168 50948V80X	Family Subscriber	6/13/2016	$ 139.28	$ 139.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 8.50	$ 8.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 5.78	$ 5.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 28.61	$ 28.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 2.92	$ 2.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837712490	1790721538	00002016164 504982P0X	Family Member	6/2/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839440058	1083600308	00002016167 6024B670H	Family Member	6/6/2016	$ 858.80	$ 858.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839440058	1083600308	00002016167 6024B670H	Family Member	6/6/2016	$ 106.09	$ 106.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839440058	1669786950	00002016168 5045X470X	Family Member	5/31/2016	$ 85.48	$ 85.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836704848	1891855656	00002016169 50257 3B0X	Family Subscriber	6/13/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836704848	1891855656	00002016169 50257 3B0X	Family Subscriber	6/13/2016	$ 105.15	$ 105.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836704848	1891855656	00002016169 50257 3B0X	Family Subscriber	6/13/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839859960	1619099710	00002016169 5094 46B0X	Single	6/16/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841540092	1780916585	00002016169 50228 7H0X	Family Member	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1497764708	00002016106 50415L30X	Single	3/11/2016	$ 27.61	$ 27.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835104852	1497764708	00002016145 503533X0X	Single	4/18/2016	$ 27.61	$ 27.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840356538	1346554656	00002016165 509791W0X	Family Member	6/9/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840356538	1346554656	00002016165 509791W0X	Family Member	6/9/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840356538	1346554656	00002016168 508U510X	Family Member	6/9/2016	$ 15.58	$ 15.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833734597	1770699639	00002016162 503920C0X	Family Member	6/2/2016	$ 620.32	$ 620.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833734597	1770699639	00002016162 503920C0X	Family Member	6/2/2016	$ 105.15	$ 105.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833734597	1770699639	00002016162 503920C0X	Family Member	6/2/2016	$ 77.87	$ 77.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833734597	1770699639	00002016162 503920C0X	Family Member	6/2/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1780600510	00002016165 504191W0X	Family Member	6/10/2016	$ 13.91	$ 13.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1780600510	00002016165 504191W0X	Family Member	6/10/2016	$ 13.86	$ 13.86	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1558570416	00002016169S0Y28380X	Family Member	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839723918	1780712620	00002016169507526A0X	Family Subscriber	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1790721538	00002016164500877Q0X	Family Member	5/18/2016	$ 6.40	$ 6.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837947086	1881929321	00002016165064Q200X	Single	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837947086	1215183041	0000201616750H62520X	Single	6/14/2016	$ 26.60	$ 26.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1881995884	00002016166509638H0X	Family Subscriber	2/29/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1881995884	00002016166509638H0X	Family Subscriber	2/29/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839130051	1881995884	00002016166509638H0X	Family Subscriber	2/29/2016	$ 0.12	$ 0.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840356538	1083875454	00002016166507630Q10X	Family Subscriber	6/3/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837059357	1952526626	0000201616750C48750X	Family Member	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842958917	1366722415	00002016166609X6990H	Family Member	6/9/2016	$ 138.50	$ 138.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842958917	1366722415	00002016166609X6990H	Family Member	6/9/2016	$ 5.28	$ 5.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842958917	1366722415	00002016166609X6990H	Family Member	6/9/2016	$ 5.89	$ 5.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793160	1124006390	00002016165S0N20650X	Family Member	6/8/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793160	1124006390	00002016165S0N20650X	Family Member	6/8/2016	$ 2.53	$ 2.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793160	1124006390	00002016165S0N20650X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793160	1124006390	00002016165S0N20650X	Family Member	6/8/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838793160	1124006390	00002016165S0N20650X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1699197731	00002016165023P720X	Family Member	5/30/2016	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1699197731	00002016165023P720X	Family Member	5/30/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1699197731	00002016165023P720X	Family Member	5/30/2016	$ 4.70	$ 4.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1699197731	00002016165023P720X	Family Member	5/30/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1467473033	00002016166508886J50X	Family Member	5/28/2016	$ 939.20	$ 939.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840546003	1700896826	00002016168500U7200X	Family Member	6/1/2016	$ 53.88	$ 53.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (144.34)	$ (144.34)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 184.34	$ 184.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (70.73)	$ (70.73)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (63.32)	$ (63.32)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 70.73	$ 70.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ (61.27)	$ (61.27)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 61.27	$ 61.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839255110	1306005095	00002016083500800Z0X	Single	3/7/2016	$ 63.32	$ 63.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	831876333	1538157086	00002016169S0X23920X	Family Member	5/19/2016	$ 16.92	$ 16.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	831876333	1538157086	00002016169S0X23920X	Family Member	5/19/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	831876333	1538157086	00002016169S0X23920X	Family Member	5/19/2016	$ 16.92	$ 16.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	831876333	1538157086	00002016169S0X23920X	Family Member	5/19/2016	$ 29.61	$ 29.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	831876333	1538157086	00002016169S0X23920X	Family Member	5/19/2016	$ 16.92	$ 16.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1134381098	00002016166505S0U680X	Family Subscriber	6/8/2016	$ 170.00	$ 170.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846822527	1134381098	00002016166505S0U680X	Family Subscriber	6/8/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841190837	1003804741	00002016165505337Y0X	Single	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841795312	1538130521	00002016169S0X00320X	Family Subscriber	6/15/2016	$ 45.00	$ 45.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1821127002	00002016162500823C0X	Family Subscriber	6/9/2016	$ 110.67	$ 110.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	0000201616750A12330X	Family Member	3/18/2016	$ 4,430.18	$ 4,430.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	0000201616750A12520X	Family Member	5/25/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	0000201616750A12520X	Family Member	5/25/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	0000201616750A12520X	Family Member	5/25/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837740057	1558572511	0000201616750A12520X	Family Member	5/25/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838039240	1770699639	00002016162504022C0X	Family Subscriber	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838039240	1770699639	00002016162504022C0X	Family Subscriber	6/2/2016	$ 94.21	$ 94.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830121794	1437275955	00002016167505P4910X	Family Subscriber	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	0000201616550C48510X	Family Member	6/9/2016	$ 10.59	$ 10.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	0000201616550C48510X	Family Member	6/9/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	0000201616550C48510X	Family Member	6/9/2016	$ 48.98	$ 48.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	0000201616550C48510X	Family Member	6/9/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1881995884	00002016166509764H0X	Family Member	3/20/2016	$ 69.66	$ 69.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1881995884	00002016166509764H0X	Family Member	3/20/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1881995884	00002016166509764H0X	Family Member	3/20/2016	$ 29.17	$ 29.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1881995884	00002016166509764H0X	Family Member	3/20/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1881995884	00002016166509764H0X	Family Member	3/20/2016	$ 0.88	$ 0.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016167503200U0X	Family Member	6/13/2016	$ 10.59	$ 10.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016167503200U0X	Family Member	6/13/2016	$ 22.60	$ 22.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016167503200U0X	Family Member	6/13/2016	$ 48.98	$ 48.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	833124295	1053345207	00002016167503200U0X	Family Member	6/13/2016	$ 9.69	$ 9.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841451664	1912916131	00002016126500 7T270X	Family Subscriber	4/29/2016	$ (94.52)	$ (94.52)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841451664	1912916131	00002016126500 7T270X	Family Subscriber	4/29/2016	$ 94.52	$ 94.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841451664	1912916131	00002016126500 7T270X	Family Subscriber	4/29/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841451664	1073574810	00002016168500 97B90X	Family Subscriber	6/7/2016	$ 308.52	$ 308.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140 50Y01420X	Single	5/11/2016	$ 1,200.00	$ 1,200.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140 50Y01420X	Single	5/11/2016	$ 100.00	$ 100.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140 50Y01420X	Single	5/11/2016	$ 300.00	$ 300.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140 50Y01420X	Single	5/11/2016	$ 147.00	$ 147.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140 50Y01420X	Single	5/11/2016	$ 98.00	$ 98.00	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628671	1063588143	00002016140506Y7220X	Single	5/16/2016	$ 209.52	$ 209.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1215968995	00002016165502A32990X	Single	6/7/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1215968995	00002016165502A44720X	Single	6/7/2016	$ 6.26	$ 6.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1386697209	00002016165502E9570X	Single	5/21/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1386697209	00002016165502E9570X	Single	5/22/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/18/2016	$ 188.46	$ 188.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/19/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/20/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/23/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/24/2016	$ 96.70	$ 96.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/25/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/26/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/27/2016	$ 67.10	$ 67.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840287772	1538167549	00002016169505I3850X	Single	5/31/2016	$ 99.66	$ 99.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837368075	1699811737	00002016169507819B0X	Family Subscriber	6/14/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1124006390	00002016165502N20860X	Family Subscriber	6/11/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1124006390	00002016165502N20860X	Family Subscriber	6/11/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1124006390	00002016165502N20860X	Family Subscriber	6/11/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1124006390	00002016165502N20860X	Family Subscriber	6/11/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1124006390	00002016165502N20860X	Family Subscriber	6/11/2016	$ 29.20	$ 29.20	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840349220	1013995273	00002016167505B0000X	Family Subscriber	6/14/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165059U840X	Single	6/13/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165059U840X	Single	6/13/2016	$ 2.57	$ 2.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 18.11	$ 18.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 4.52	$ 4.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838857511	1407035298	00002016165060U530X	Single	6/13/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838613302	1902128267	00002016165012H140X	Family Member	6/8/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838613302	1902128267	00002016165012H140X	Family Member	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838613302	1902128267	00002016165012H140X	Family Member	6/8/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838613302	1275687428	00002016165950C76510X	Family Member	6/8/2016	$ 21.30	$ 21.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838613302	1275687428	00002016165950C76510X	Family Member	6/8/2016	$ 23.16	$ 23.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016120504 6P900X	Family Subscriber	4/19/2016	$ 279.95	$ 279.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016140504 3A130X	Family Subscriber	4/26/2016	$ 279.95	$ 279.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016140504 7A690X	Family Subscriber	5/3/2016	$ 279.95	$ 279.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016140504 7A740X	Family Subscriber	5/10/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016140504 7A740X	Family Subscriber	5/10/2016	$ 279.95	$ 279.95	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1073574810	00002016140504 7A740X	Family Subscriber	5/11/2016	$ 27.49	$ 27.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844256627	1649377359	00002016140030 48680C	Family Member	1/22/2016	$ 70.40	$ 70.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1164607941	00002016034574540A0X	Family Member	1/15/2016	$ 450.00	$ 450.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1164607941	00002016034574540A0X	Family Member	1/15/2016	$ 144.00	$ 144.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016137571U4640X	Family Member	4/25/2016	$ 350.00	$ 350.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841754494	1801031240	00002016137571U4640X	Family Member	4/25/2016	$ 80.00	$ 80.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840581839	1669708780	00002016169501J44130X	Family Member	6/9/2016	$ 187.40	$ 187.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840581839	1669708780	00002016169501J44130X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840581839	1669708780	00002016169501J44130X	Family Member	6/9/2016	$ 132.13	$ 132.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840581839	1669708780	00002016169501J44130X	Family Member	6/9/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841413298	1255483178	00002016167507522N0X	Family Subscriber	6/14/2016	$ 10.45	$ 10.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841413298	1255483178	00002016167507522N0X	Family Subscriber	6/14/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	824690355	1750368700	00002016167503789Z0X	Family Member	6/6/2016	$ 800.00	$ 800.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838115846	1942467113	00002016167505 13740X	Family Member	3/23/2016	$ 439.20	$ 439.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841009974	1275903411	00002016091500 11990X	Single	3/23/2016	$ 59.22	$ 59.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836767573	1346554656	00002016168500 61W30X	Single	6/2/2016	$ 52.66	$ 52.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	829629892	1780634766	00002016166502 6S040X	Family Member	6/12/2016	$ 80.87	$ 80.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841928718	1073508545	00002016165509 6B320X	Single	6/9/2016	$ 252.91	$ 252.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841928718	1942467113	00002016167505U98330X	Single	6/6/2016	$ 939.20	$ 939.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842700382	1346554656	00002016166503335H0X	Single	6/11/2016	$ 42.48	$ 42.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842700382	1346554656	00002016166503335H0X	Single	6/11/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016162501259C0X	Single	6/10/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016162501259C0X	Single	6/10/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016162501259C0X	Single	6/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016162501259C0X	Single	6/10/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1013995273	00002016162501259C0X	Single	6/10/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1194769497	00002016165061G740X	Single	6/3/2016	$ 27.60	$ 27.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1194769497	00002016165080G900X	Single	6/3/2016	$ 4.00	$ 4.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1194769497	00002016165080G900X	Single	6/3/2016	$ 4.00	$ 4.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841986253	1184739179	00002016168502 03J30X	Single	6/2/2016	$ 40.71	$ 40.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507185P0X	Family Subscriber	6/8/2016	$ 15.97	$ 15.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507189P0X	Family Subscriber	6/8/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507306P0X	Family Subscriber	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507306P0X	Family Subscriber	6/8/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507306P0X	Family Subscriber	6/8/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507306P0X	Family Subscriber	6/8/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016164507306P0X	Family Subscriber	6/8/2016	$ 5.16	$ 5.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837628551	1962443911	00002016168501 58W90X	Family Subscriber	6/15/2016	$ 73.99	$ 73.99	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1194769497	00002016168507T6960X	Family Member	6/10/2016	$ 28.54	$ 28.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1194769497	0000201616857T6960X	Family Member	6/10/2016	$ 28.54	$ 28.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1619150828	0000201616950U73520X	Family Member	5/26/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1619150828	0000201616950U73520X	Family Member	5/26/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1619150828	0000201616950U73520X	Family Member	5/26/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1619150828	0000201616950U73520X	Family Member	5/26/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1619150828	0000201616950U73520X	Family Member	5/26/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830578934	1003953050	00002016169508427X0X	Family Member	6/10/2016	$ 57.66	$ 57.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840345488	1073508545	0000201616550948900X	Family Subscriber	6/8/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836968394	1245548759	0000201616750 9A2740X	Single	6/8/2016	$ 7.90	$ 7.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836968394	1245548759	0000201616750 9A3310X	Single	6/8/2016	$ 57.74	$ 57.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836968394	1245548759	0000201616750 9A3310X	Single	6/8/2016	$ 20.73	$ 20.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836968394	1245548759	0000201616750 9A3310X	Single	6/8/2016	$ 13.49	$ 13.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836968394	1245548759	0000201616950K58050X	Single	6/15/2016	$ 10.45	$ 10.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838316361	1780916585	0000201616650 5110C0X	Family Member	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247911	1013995273	0000201616250 1615C0X	Family Subscriber	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841247911	1346554656	0000201616450 5666S0X	Family Subscriber	6/7/2016	$ 45.13	$ 45.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1922055417	0000201616550 Y99640X	Family Member	6/9/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1497714281	0000201616950 7866E0X	Family Member	6/11/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1497714281	0000201616950 7866E0X	Family Member	6/11/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1497714281	0000201616950 7866E0X	Family Member	6/11/2016	$ 23.68	$ 23.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1497714281	0000201616950 7866E0X	Family Member	6/11/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840652434	1164720777	0000201613950 5367J0X	Family Member	4/23/2016	$ 111.58	$ 111.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849075966	1619099124	0000201616550 W30170X	Family Member	5/27/2016	$ 29.07	$ 29.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 95.39	$ 95.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 188.08	$ 188.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 132.13	$ 132.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F870X	Family Member	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1831183730	0000201616850 82Z920X	Family Member	6/15/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835135884	1346554656	0000201614550 H03770X	Single	5/21/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830811335	1508070038	0000201616550 7N6280X	Single	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	830811335	1508070038	0000201616550 7N6280X	Single	6/9/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1801856786	0000201614150 8522J0X	Family Member	4/20/2016	$ 104.52	$ 104.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1801856786	0000201614150 8522J0X	Family Member	4/20/2016	$ 114.76	$ 114.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F820X	Family Member	6/2/2016	$ 97.73	$ 97.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F820X	Family Member	6/2/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F820X	Family Member	6/2/2016	$ 188.08	$ 188.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F820X	Family Member	6/2/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844438898	1376857706	0000201616650 71F820X	Family Member	6/2/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832005009	1396967659	0000201616750 4G1750X	Single	6/4/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832005009	1396967659	0000201616750 4G1750X	Single	6/4/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832005009	1396967659	0000201616750 4G1750X	Single	6/4/2016	$ 2.49	$ 2.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832005009	1396967659	0000201616750 4G1750X	Single	6/4/2016	$ 0.48	$ 0.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842400503	1841200805	0000201616550 0T5200X	Family Member	4/28/2016	$ 248.01	$ 248.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1336285170	0000201614050 2P4210X	Family Subscriber	5/13/2016	$ 69.43	$ 69.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1336285170	0000201614050 2P4210X	Family Subscriber	5/13/2016	$ 56.64	$ 56.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1124006390	0000201616550 N20740X	Family Subscriber	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1124006390	0000201616550 N20740X	Family Subscriber	6/8/2016	$ 0.65	$ 0.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1124006390	0000201616550 N20740X	Family Subscriber	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1124006390	0000201616550 N20740X	Family Subscriber	6/8/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1124006390	0000201616550 N20740X	Family Subscriber	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1013995273	0000201616750 4B9790X	Family Subscriber	6/14/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1013995273	0000201616750 4B9790X	Family Subscriber	6/14/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1013995273	0000201616750 4B9790X	Family Subscriber	6/14/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1013995273	0000201616750 4B9790X	Family Subscriber	6/14/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1013995273	0000201616750 4B9790X	Family Subscriber	6/14/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	0000201616750 5P5720X	Family Subscriber	6/13/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	0000201616750 5P5720X	Family Subscriber	6/13/2016	$ 1.51	$ 1.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	0000201616750 5P5720X	Family Subscriber	6/13/2016	$ 1.28	$ 1.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839996610	1073508545	0000201616750 5P5720X	Family Subscriber	6/13/2016	$ 24.82	$ 24.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840854879	1194769497	0000201609650 65S590X	Family Member	3/30/2016	$ 8.59	$ 8.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839866234	1376857706	0000201616850 4U4180X	Family Member	6/14/2016	$ 35.53	$ 35.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839866234	1376857706	0000201616850 4U4180X	Family Member	6/14/2016	$ 22.22	$ 22.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840860803	1043540404	0000201616950 U97490X	Family Subscriber	6/10/2016	$ 29.07	$ 29.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841709992	1821474123	0000201616650 857T60X	Single	6/1/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	0000201616850 230J20X	Family Subscriber	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	0000201616850 269J30X	Family Subscriber	6/10/2016	$ 5.48	$ 5.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	0000201616850 269J30X	Family Subscriber	6/10/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	0000201616850 269J30X	Family Subscriber	6/10/2016	$ 2.65	$ 2.65	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	00002016168502691J30X	Family Subscriber	6/10/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838344844	1134416431	00002016168502691J30X	Family Subscriber	6/10/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832686530	1831183730	0000201616950D01930X	Family Member	6/16/2016	$ 11.92	$ 11.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844790752	1669708780	00002016120507Y8830X	Family Member	4/25/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844790752	1669708780	00002016120507Y8830X	Family Member	4/25/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844790752	1669708780	00002016120507Y8830X	Family Member	4/25/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844790752	1669708780	00002016120507Y8830X	Family Member	4/25/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844790752	1669708780	00002016120507Y8830X	Family Member	4/25/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849311162	1306055579	00002016165505U32310X	Family Subscriber	5/17/2016	$ 72.21	$ 72.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849311162	1306055579	00002016165505U32310X	Family Subscriber	5/17/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834388507	1134129950	00002016166506681Q10X	Family Member	6/10/2016	$ 159.24	$ 159.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834388507	1134129950	00002016166507I7Q80X	Family Member	6/13/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820109762	1619150828	00002016169501U84100X	Single	5/24/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820109762	1619150828	00002016169501U84100X	Single	5/24/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820109762	1619150828	00002016169501U84100X	Single	5/24/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820109762	1619150828	00002016169501U84100X	Single	5/24/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791558	1043515166	00002016166505U130X	Single	6/11/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839543128	1043433782	00002016165505Y8640X	Single	6/6/2016	$ 33.40	$ 33.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839543128	1043433782	00002016165505Y8640X	Single	6/6/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839543128	1043433782	00002016165505Y8640X	Single	6/6/2016	$ 2.68	$ 2.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839543128	1043433782	00002016165505Y8640X	Single	6/6/2016	$ 5.25	$ 5.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1588732127	00002016166509I9C10X	Family Member	5/25/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1487683561	00002016168509505S00X	Family Subscriber	6/13/2016	$ 84.40	$ 84.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1487683561	00002016168509505S00X	Family Subscriber	6/16/2016	$ 84.40	$ 84.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838549272	1144251547	00002016168503B140X	Family Subscriber	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839634926	1144251547	00002016168503B130X	Family Subscriber	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839634926	1144251547	00002016168503B130X	Family Subscriber	6/9/2016	$ 0.24	$ 0.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839634926	1144251547	00002016168503B130X	Family Subscriber	6/9/2016	$ 1.50	$ 1.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839634926	1144251547	00002016168503B130X	Family Subscriber	6/9/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839634926	1205017084	00002016168503J5J00X	Family Member	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1831183730	00002016166503247X0X	Family Member	6/13/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837118157	1831183730	00002016166503247X0X	Family Member	6/13/2016	$ 436.69	$ 436.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	846722233	1851734552	00002016168502307I90X	Single	6/15/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839868458	1144395302	00002016169501F78260X	Single	6/13/2016	$ 24.58	$ 24.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839868458	1144395302	00002016169501F78260X	Single	6/13/2016	$ 34.18	$ 34.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837099499	1194020453	00002016165501W07270X	Single	6/9/2016	$ 17.03	$ 17.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837099499	1881929321	00002016168509705820X	Single	5/23/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 9.71	$ 9.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	832997265	1073508545	00002016167505P5570X	Single	6/11/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1639114291	00002016167501394W0X	Family Member	6/14/2016	$ 102.69	$ 102.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840248926	1639114291	00002016167501394W0X	Family Member	6/14/2016	$ 23.03	$ 23.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839961208	1235235409	00002016165508N8630X	Family Member	6/10/2016	$ 102.27	$ 102.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839961208	1235235409	00002016169501U96440X	Family Member	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839961208	1235235409	00002016169501U96440X	Family Member	6/10/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1346554656	00002016165509457W0X	Family Member	6/9/2016	$ 13.97	$ 13.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1346554656	00002016165509457W0X	Family Member	6/9/2016	$ 14.51	$ 14.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842588981	1346554656	00002016165509457W0X	Family Member	6/9/2016	$ 14.51	$ 14.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1467473033	00002016165503E7880X	Family Subscriber	6/4/2016	$ 1,245.31	$ 1,245.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849183465	1881026664	00002016167501G1670X	Family Subscriber	6/9/2016	$ 102.86	$ 102.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016167501V02320X	Single	6/8/2016	$ 1.24	$ 1.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839977102	1932205838	00002016167501V02320X	Single	6/8/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837272640	1780916585	00002016167501X83460X	Family Member	6/2/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835012417	1356361976	00002016165501B78640X	Single	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016166503133X80X	Family Member	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016166503133X80X	Family Member	6/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016166503075X90X	Family Member	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016166503075X90X	Family Member	6/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 2.53	$ 2.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 58.39	$ 58.39	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502O6600X	Family Member	5/27/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820723546	1528003936	00002016165502Z4550X	Family Member	5/27/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016165008 6X90X	Family Member	6/8/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016165008 6X90X	Family Member	6/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016165008 6X90X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016165008 6X90X	Family Member	6/8/2016	$ 16.04	$ 16.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841089398	1790005585	00002016166501 19Z00X	Family Member	6/9/2016	$ 0.99	$ 0.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016167506B0100X	Single	6/11/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016167506B0100X	Single	6/11/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016167506B0100X	Single	6/11/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016167506B0100X	Single	6/11/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841111505	1013995273	00002016167506B0100X	Single	6/11/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835139500	1013037423	00002016165505Y3340X	Single	6/3/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835139500	1013037423	00002016165505Y3340X	Single	6/3/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835139500	1013037423	00002016165505Y3340X	Single	6/3/2016	$ 1.29	$ 1.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835139500	1588008247	00002016167 50U92320X	Single	6/7/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820867775	1619099124	00002016169507415A0X	Single	6/13/2016	$ 0.45	$ 0.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836606248	1528039120	00002016168509T8940X	Single	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	836606248	1528039120	00002016168509T8940X	Single	6/13/2016	$ 36.84	$ 36.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843710849	1710262662	00002016168505 17J60X	Family Member	6/13/2016	$ 28.24	$ 28.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843710849	1710262662	00002016168505 17J60X	Family Member	6/15/2016	$ 28.24	$ 28.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 6.51	$ 6.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1881714384	00002016169 50D25680X	Family Subscriber	6/14/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1013037423	00002016165505Y3560X	Family Subscriber	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837825080	1013037423	00002016165505Y3560X	Family Subscriber	6/10/2016	$ 2.13	$ 2.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1215968995	00002016165 50A09890X	Family Member	6/6/2016	$ 6.26	$ 6.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841558713	1215968995	00002016165506568Y0X	Family Member	6/6/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1194769497	00002016166507 7G960X	Single	6/7/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1194769497	00002016166507 7G960X	Single	6/7/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1194769497	00002016166507 7G960X	Single	6/7/2016	$ 22.10	$ 22.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839038123	1194769497	00002016166507 7G960X	Single	6/7/2016	$ 7.89	$ 7.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834929064	1740487073	00002016167502073W0X	Family Member	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834929064	1740487073	00002016167502073W0X	Family Member	6/13/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834929064	1740487073	00002016167502073W0X	Family Member	6/13/2016	$ 33.63	$ 33.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834929064	1740487073	00002016167502073W0X	Family Member	6/13/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834929064	1740487073	00002016168502 8C080X	Family Member	6/13/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1568578326	00002016141506844P0X	Family Subscriber	5/18/2016	$ 5.16	$ 5.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1770699639	00002016162503667C0X	Family Member	5/2/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1770699639	00002016162504027C0X	Family Member	5/27/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841355487	1770699639	00002016162504027C0X	Family Member	5/27/2016	$ 94.21	$ 94.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503260C0X	Family Subscriber	6/8/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503586C0X	Family Subscriber	6/8/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503586C0X	Family Subscriber	6/8/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503586C0X	Family Subscriber	6/8/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503586C0X	Family Subscriber	6/8/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838239278	1932205838	00002016166503586C0X	Family Subscriber	6/8/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840392096	1841200805	00002016165500T0120X	Single	4/29/2016	$ 248.01	$ 248.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844991980	1023175403	00002016166502 30D80X	Family Member	6/3/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844991980	1023175403	00002016166502 30D80X	Family Member	6/3/2016	$ 89.60	$ 89.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838490208	1588971899	00002016165505C4330X	Single	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838125163	1982711743	00002016165509 2B060X	Single	6/8/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838125163	1982711743	00002016165509 2B060X	Single	6/8/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839440058	1841200805	00002016165500T4970X	Family Subscriber	4/27/2016	$ 260.42	$ 260.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (74.68)	$ (74.68)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (0.73)	$ (0.73)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 0.73	$ 0.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (10.12)	$ (10.12)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (0.83)	$ (0.83)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (29.20)	$ (29.20)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 87.59	$ 87.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ (21.38)	$ (21.38)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	00002015317506551G0X	Single	11/10/2015	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838876654	1609930809	0000201616850808S80X	Single	6/15/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820084979	1437275955	0000201616550092B230X	Family Subscriber	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839248663	1427136357	0000201616750L57070X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839248663	1427136357	0000201616750L57070X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839248663	1427136357	0000201616750L57070X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839248663	1427136357	0000201616750L57070X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	839248663	1427136357	0000201616750L57070X	Family Member	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840075088	1194020453	0000201616750Q59220X	Single	6/13/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1356584544	0000201616250039X150X	Family Member	6/4/2016	$ 1,562.57	$ 1,562.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1255395810	0000201616750L40850X	Family Member	6/5/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1255395810	0000201616750L40850X	Family Member	6/5/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1255395810	0000201616750L40850X	Family Member	6/5/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841711925	1255373809	0000201616850889P90X	Family Member	6/15/2016	$ 74.68	$ 74.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650954 2H0X	Single	2/5/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650954 2H0X	Single	2/16/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650954 2H0X	Single	2/28/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650962 6H0X	Single	4/1/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650962 6H0X	Single	4/1/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841968400	1881995884	0000201616650962 6H0X	Single	5/24/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844433141	1821474123	0000201616650872T90X	Family Subscriber	5/12/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	835872802	1528039120	0000201616650 36F600X	Single	6/10/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	841193503	1437194875	0000201616850546J20X	Family Subscriber	6/15/2016	$ 144.34	$ 144.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844644380	1376857706	0000201616650 71F760X	Family Member	6/13/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844644380	1376857706	0000201616650 71F760X	Family Member	6/13/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843558287	1376857706	0000201616950 4212B0X	Family Member	6/15/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843558287	1376857706	0000201616950 4212B0X	Family Member	6/15/2016	$ 13.37	$ 13.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843558287	1376857706	0000201616950 4212B0X	Family Member	6/15/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	843558287	1376857706	0000201616950 4212B0X	Family Member	6/15/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/19/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 01E820X	Family Subscriber	5/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822214390	1881929321	0000201616850 98D810X	Family Subscriber	5/20/2016	$ 162.52	$ 162.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	823625270	1538346085	0000201616750E54420X	Single	6/14/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	823625270	1538346085	0000201616750E54420X	Single	6/14/2016	$ 83.88	$ 83.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822172328	1790005585	0000201616650 24P290X	Family Member	6/7/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822172328	1790005585	0000201616650 24P290X	Family Member	6/7/2016	$ 33.12	$ 33.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822172328	1790005585	0000201616650 24P290X	Family Member	6/7/2016	$ 22.83	$ 22.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822172328	1790005585	0000201616650 24P290X	Family Member	6/7/2016	$ 39.30	$ 39.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	822172328	1790005585	0000201616650 24P290X	Family Member	6/7/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1588971899	0000201616550 5C7730X	Single	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 37.10	$ 37.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 9.00	$ 9.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 50.00	$ 50.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 0.12	$ 0.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	903372254	1881995884	0000201616650 9720H0X	Single	3/15/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844678967	1285932418	0000201616650 939T60X	Family Member	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	844678967	1285932418	0000201616650 135U50X	Family Member	6/13/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1194769497	0000201616750 8243P0X	Family Subscriber	6/7/2016	$ 8.59	$ 8.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1194769497	0000201616750 8243P0X	Family Subscriber	6/7/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838563351	1194769497	0000201616750 8243P0X	Family Subscriber	6/7/2016	$ 13.66	$ 13.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849524116	1962614099	0000201616650 6977C0X	Single	5/31/2016	$ 41.54	$ 41.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	849524116	1013913888	0000201616750 4242P0X	Single	5/31/2016	$ 65.89	$ 65.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 10.13	$ 10.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 7.22	$ 7.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 8.50	$ 8.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 6.71	$ 6.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 4.81	$ 4.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	0000201616850 297J60X	Family Member	6/4/2016	$ 6.50	$ 6.50	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	837830639	1790721538	00002016168502971660X	Family Member	6/4/2016	$ 19.93	$ 19.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840807056	1457455578	00002016165508N6220X	Single	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842915537	1952526626	0000201616750C49680X	Family Member	6/11/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842915537	1952526626	0000201616750C49680X	Family Member	6/11/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842915537	1952526626	0000201616750C49680X	Family Member	6/11/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842915537	1952526626	0000201616750C50150X	Family Member	6/11/2016	$ 112.23	$ 112.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	838738273	1902839046	00002016169505907E0X	Family Subscriber	6/16/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1831131143	00002016166505257E0X	Family Member	6/5/2016	$ 21.78	$ 21.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1508070038	00002016165507N3830X	Family Subscriber	6/10/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1508070038	00002016165507N3830X	Family Subscriber	6/10/2016	$ 0.24	$ 0.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	840320256	1508070038	00002016165507N3830X	Family Subscriber	6/10/2016	$ 25.00	$ 25.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845626210	1609066257	00002016165509S2080X	Family Member	6/1/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845626210	1609066257	00002016165509S2080X	Family Member	6/1/2016	$ 96.10	$ 96.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	820028580	1841200805	00002016165500T0690X	Family Subscriber	4/28/2016	$ 310.01	$ 310.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	845692533	1194020453	00002016167506Q58470X	Family Subscriber	6/13/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150420C91X	Single	4/4/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150420C91X	Single	4/4/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150420C91X	Single	4/4/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150494C61X	Single	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150494C61X	Single	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150494C61X	Single	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	834754231	1194769497	0000201614150494C61X	Single	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1427136357	0000201614150238Z71X	Family Member	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1427136357	0000201614150238Z71X	Family Member	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Basic Coverage	842800767	1427136357	0000201614150238Z71X	Family Member	4/6/2016	$ -	$ -	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Reimbursement	841542411	1467562728	00002012334505SJ080X	Family Subscriber	11/15/2012	$ (23.68)	$ (17.76)	25.00%	$5.92	8016151
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Blue Shield	Reimbursement	841542411	1669757928	00002012337508943S0X	Family Subscriber	11/15/2012	$ (106.43)	$ (79.82)	25.00%	$26.61	8016151
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	847944428	1871602201	161596117962013	Single	6/7/2016	$ 18.10	$ 18.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	847944428	1871602201	161604338813011	Single	6/8/2016	$ 89.23	$ 89.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837284377	1578580700	161606346614019	Single	6/8/2016	$ 39.00	$ 39.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837284377	1578580700	161606348867013	Single	6/8/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837284377	1578580700	161606351402022	Single	6/8/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837284377	1578580700	161606351989005	Single	6/8/2016	$ 102.55	$ 102.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820790753	1619053964	161564903622026	Single	6/4/2016	$ 1,670.21	$ 1,670.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834231443	1669499893	161563304603027	Single	6/4/2016	$ 63.42	$ 63.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849659770	1508975921	161601927520030	Single	6/8/2016	$ 313.82	$ 313.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849659770	1508975921	161593263516021	Family Member	6/7/2016	$ 636.56	$ 636.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839279900	1720218035	161595223625030	Single	6/7/2016	$ 34.49	$ 34.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838942872	1114932191	161581104477012	Single	6/6/2016	$ 4.99	$ 4.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838942872	1114932191	161581104697005	Single	6/6/2016	$ 3.33	$ 3.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837897084	1023025038	161614045813029	Family Member	6/9/2016	$ 150.19	$ 150.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843084206	1851400279	161623937456011	Single	6/10/2016	$ 231.55	$ 231.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838296071	1003180704	161590315987011	Single	6/7/2016	$ 85.90	$ 85.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838120615	1255440681	161592364177021	Single	6/7/2016	$ 31.59	$ 31.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838120615	1255440681	161595141392011	Single	6/7/2016	$ 6.06	$ 6.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842398671	1821106717	161593042871011	Single	6/7/2016	$ 1,002.70	$ 1,002.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844217831	1851400279	161616368591008	Single	6/9/2016	$ 2.60	$ 2.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842875667	1801877436	161567140011007	Single	6/4/2016	$ 7.31	$ 7.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838726645	1225147655	161625590460005	Single	6/10/2016	$ 8.30	$ 8.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838427139	1255440681	161574347099008	Single	6/5/2016	$ 24.60	$ 24.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840213840	1710085568	161593719939025	Family Member	6/7/2016	$ 22.34	$ 22.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841466603	1740399732	161583640680028	Single	6/6/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835411503	1851400279	161625129541021	Single	6/10/2016	$ 216.60	$ 216.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835411503	1851400279	161626470717027	Single	6/10/2016	$ 24.58	$ 24.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838799183	1538174545	161591192821022	Single	6/7/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836104140	1366725046	161573657708004	Single	6/5/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	903598779	1225140130	161616015183028	Single	6/9/2016	$ 202.04	$ 202.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837386546	1578792073	161604347350029	Single	6/8/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838688130	1497197693	161592025575027	Single	6/7/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837405906	1225317084	161623908993017	Single	6/10/2016	$ 17.78	$ 17.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1588757934	161584449351007	Single	6/6/2016	$ 3,025.89	$ 3,025.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1588757934	161585919303028	Single	6/6/2016	$ 939.73	$ 939.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1750402756	161613887747011	Single	6/9/2016	$ 9.46	$ 9.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841692795	1750402756	161624943266014	Family Member	6/10/2016	$ 38.49	$ 38.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836257358	1841217072	161565014522006	Single	6/4/2016	$ 162.45	$ 162.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836257358	1841217072	161565099978005	Single	6/4/2016	$ 992.03	$ 992.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840987760	1114932191	161624097424008	Single	6/10/2016	$ 1.99	$ 1.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840987760	1114932191	161624098866009	Single	6/10/2016	$ 328.84	$ 328.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	845634750	1225147655	161617113569003	Single	6/9/2016	$ 118.43	$ 118.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836159397	1417042268	161614530143006	Single	6/9/2016	$ 1,145.67	$ 1,145.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836159397	1821016627	161625305276004	Family Member	6/10/2016	$ 160.63	$ 160.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838570942	1437403565	161604449883006	Single	6/8/2016	$ 85.90	$ 85.90	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161474730483014	Single	5/26/2016	$ (306.26)	$ (306.26)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161527196891009	Single	5/31/2016	$ (26.03)	$ (26.03)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161606812405011	Single	6/8/2016	$ 306.26	$ 306.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161606813217008	Single	6/8/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834388507	1720093800	161606814077005	Single	6/8/2016	$ 26.03	$ 26.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832749446	1356356430	161605063627010	Single	6/8/2016	$ 48.13	$ 48.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838201785	1306851464	161616046140004	Family Member	6/9/2016	$ 175.44	$ 175.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832043737	1801877436	161593418594004	Single	6/7/2016	$ 31.59	$ 31.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840301978	1790845683	161585969971002	Single	6/6/2016	$ 7.08	$ 7.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839083533	1720218035	161591418917021	Single	6/7/2016	$ 259.59	$ 259.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832979398	1306851464	161625604028004	Single	6/10/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841707837	1114932191	161623754679007	Family Member	6/10/2016	$ 7.85	$ 7.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841707837	1114932191	161623756503005	Family Member	6/10/2016	$ 77.49	$ 77.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841707837	1114932191	161623758860025	Family Member	6/10/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841707837	1114932191	161623769678016	Family Member	6/10/2016	$ 0.32	$ 0.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840957983	1619053964	161586521618002	Single	6/6/2016	$ 22.65	$ 22.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832194498	1003030636	161623776986013	Family Member	6/10/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843088217	1497197693	161483714426006	Single	5/27/2016	$ (360.93)	$ (360.93)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843088217	1497197693	161483729905002	Single	5/27/2016	$ (161.58)	$ (161.58)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839440058	1932114147	161594652627013	Family Member	6/7/2016	$ 108.09	$ 108.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839440058	1932114147	161594692768022	Family Member	6/7/2016	$ 60.72	$ 60.72	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839440058	1932114147	161606608646019	Family Member	6/8/2016	$ 31.67	$ 31.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839440058	1932114147	161606628833010	Family Member	6/8/2016	$ 92.41	$ 92.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839202492	1952410946	161563476190019	Single	6/4/2016	$ 669.16	$ 669.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835104852	1841217072	161606412883012	Single	6/8/2016	$ 21.49	$ 21.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835104852	1225317084	161624278325014	Single	6/10/2016	$ 219.64	$ 219.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837947086	1669720827	161583855737015	Single	6/6/2016	$ 91.93	$ 91.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837947086	1184667446	161623617836014	Single	6/10/2016	$ 23.89	$ 23.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837947086	1184667446	161623618223010	Single	6/10/2016	$ 33.59	$ 33.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837947086	1184667446	161623619078007	Single	6/10/2016	$ 882.56	$ 882.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842182069	1497817837	161615823852021	Single	6/9/2016	$ 421.81	$ 421.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837971732	1306851464	161613735673016	Single	6/9/2016	$ 459.19	$ 459.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	821426306	1821106717	161593956893002	Family Member	6/7/2016	$ 31.28	$ 31.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837059357	1801967039	161617162149025	Family Member	6/9/2016	$ 10.96	$ 10.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842958917	1487671699	161614880476009	Family Member	6/9/2016	$ 178.17	$ 178.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838793160	1033479241	161606687303028	Family Member	6/8/2016	$ 45.64	$ 45.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	830121794	1588799795	161603473383008	Single	6/8/2016	$ 2.60	$ 2.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838781833	1770810855	161546750409001	Single	6/2/2016	$ (967.29)	$ (967.29)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833668250	1720093800	161563325376011	Family Member	6/4/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841451664	1952316853	161606373120023	Single	6/8/2016	$ 9.46	$ 9.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841451664	1306851464	161594438121028	Family Member	6/7/2016	$ 3.16	$ 3.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841451664	1306851464	161594840707026	Family Member	6/7/2016	$ 49.45	$ 49.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837628671	1497169288	161584304576001	Single	6/6/2016	$ 31.40	$ 31.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838172388	1225140130	161613937723001	Single	6/9/2016	$ 18.59	$ 18.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838172388	1225140130	161613979756030	Single	6/9/2016	$ 459.19	$ 459.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839722430	1699979575	161616870633009	Single	6/9/2016	$ 261.97	$ 261.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839722430	1699979575	161616871067023	Single	6/9/2016	$ 937.22	$ 937.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833422111	1720093800	161616418360002	Single	6/9/2016	$ 44.63	$ 44.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838889169	1801877436	161465979288025	Single	5/25/2016	$ (26.95)	$ (26.95)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820586658	1851400279	161587502504021	Single	6/6/2016	$ 215.03	$ 215.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820586658	1851400279	161613438079027	Single	6/9/2016	$ 8.91	$ 8.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840287772	1225140130	161593357128010	Single	6/7/2016	$ 41.94	$ 41.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839417410	1225140130	161453444042025	Single	5/24/2016	$ (8.49)	$ (8.49)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839417410	1225140130	161453444042025	Single	5/24/2016	$ 25.87	$ 25.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841974458	1114932191	161458325877007	Single	5/24/2016	$ (89.76)	$ (89.76)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834018620	1023025038	161585440731028	Single	6/6/2016	$ 12.25	$ 12.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838936877	1861783276	161583386783030	Single	6/6/2016	$ 2.29	$ 2.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842902573	1851400279	161592321754013	Single	6/7/2016	$ 446.44	$ 446.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842902573	1851400279	161592321788018	Single	6/7/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	822749279	1407949217	161613952081023	Family Member	6/9/2016	$ 0.89	$ 0.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840727222	1225147655	161624237204006	Single	6/10/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840727222	1225147655	161624240852016	Single	6/10/2016	$ 77.49	$ 77.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838149786	1720093800	161625512767013	Family Member	6/10/2016	$ 297.10	$ 297.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838149786	1023025038	161566030447014	Single	6/4/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838149786	1023025038	161566032463013	Single	6/4/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837027035	1194742247	161613255982022	Single	6/9/2016	$ 306.44	$ 306.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843513703	1255440681	161606781239011	Family Member	6/8/2016	$ 16.00	$ 16.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842028916	1528387693	161565617204004	Single	6/4/2016	$ 4.60	$ 4.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1952410946	161583280545009	Single	6/6/2016	$ 0.26	$ 0.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1952410946	161593752672010	Single	6/7/2016	$ 183.29	$ 183.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1952410946	161593754647017	Single	6/7/2016	$ 24.69	$ 24.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841986253	1952410946	161624188885025	Single	6/10/2016	$ 34.49	$ 34.49	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836968394	1114932191	161556984536030	Single	6/3/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838316361	1962643437	161614076733026	Family Member	6/9/2016	$ 100.14	$ 100.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841247911	1841505161	161624287066017	Single	6/10/2016	$ 29.26	$ 29.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841247911	1861592164	161626555057018	Single	6/10/2016	$ 3,606.80	$ 3,606.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834018620	1023025038	161613816865030	Family Member	6/9/2016	$ 435.62	$ 435.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842796345	1841217072	161584629502024	Single	6/6/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1699979575	161456752753016	Single	5/24/2016	$ (19.90)	$ (19.90)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1114932191	161563277932026	Single	6/4/2016	$ 16.21	$ 16.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1114932191	161565862556025	Single	6/4/2016	$ 24.70	$ 24.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839996610	1962643437	161586653957006	Single	6/6/2016	$ 19.07	$ 19.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840854879	1437403565	161593398214018	Family Member	6/7/2016	$ 191.30	$ 191.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840854879	1437403565	161617876093011	Family Member	6/9/2016	$ 4.17	$ 4.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840854879	1437403565	161464371158021	Family Member	5/25/2016	$ (5.80)	$ (5.80)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840854879	1437403565	161603300532018	Family Member	6/8/2016	$ 6.18	$ 6.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840860803	1508975921	161594492923010	Single	6/7/2016	$ 265.48	$ 265.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838344844	1255440681	161625231913018	Single	6/10/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837761626	1578672556	161581965367005	Single	6/6/2016	$ 218.25	$ 218.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837761626	1578672556	161616687752010	Single	6/9/2016	$ 212.09	$ 212.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837761626	1578672556	161616694699009	Single	6/9/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837761626	1578672556	161624768359004	Single	6/10/2016	$ 181.54	$ 181.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839634926	1437403565	161613462642016	Single	6/9/2016	$ 2.79	$ 2.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837099499	1538174545	161617143447016	Single	6/9/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837099499	1538174545	161626517723007	Single	6/10/2016	$ 5.26	$ 5.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832943700	1356356430	161593024851009	Single	6/7/2016	$ 53.65	$ 53.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832943700	1356356430	161605527106029	Single	6/8/2016	$ 109.05	$ 109.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	832943700	1356356430	161615033665014	Single	6/9/2016	$ 700.55	$ 700.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840301978	1790845683	161625060767028	Family Member	6/10/2016	$ 22.83	$ 22.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840301978	1790845683	161626076330026	Family Member	6/10/2016	$ 26.03	$ 26.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840442531	1356356430	161624572148024	Single	6/10/2016	$ 23.58	$ 23.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849066534	1518231489	161583844997017	Family Member	6/6/2016	$ 1.91	$ 1.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839961208	1841201431	161624043807004	Family Member	6/10/2016	$ 25.12	$ 25.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849183465	1154694644	161584582683017	Family Member	6/6/2016	$ 1,059.97	$ 1,059.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842169205	1962643437	161610525883009	Single	6/9/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833523921	1851400279	161593935789014	Single	6/7/2016	$ 584.91	$ 584.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839374757	1437403565	161624046093021	Single	6/10/2016	$ 77.27	$ 77.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844975705	1225140130	161563092979028	Family Member	6/4/2016	$ 91.86	$ 91.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820957734	1497197693	161603657309018	Single	6/8/2016	$ 181.54	$ 181.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835012417	1497817837	161605572577029	Single	6/8/2016	$ 28.74	$ 28.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835012417	1497817837	161605579192021	Single	6/8/2016	$ 21.37	$ 21.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844831747	1366725046	161614225583025	Single	6/9/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841089398	1114932191	161605953198030	Family Member	6/8/2016	$ 16.53	$ 16.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841089398	1114932191	161605955646010	Family Member	6/8/2016	$ 16.62	$ 16.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844800085	1851400279	161512029758013	Single	5/30/2016	$ (13.74)	$ (13.74)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844800085	1851400279	161626183664026	Single	6/10/2016	$ 13.76	$ 13.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841089398	1699979575	161586663681016	Family Member	6/6/2016	$ 2.28	$ 2.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841111505	1356450324	161617008167002	Single	6/9/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840014089	1669499893	161536088672007	Single	6/1/2016	$ (3.34)	$ (3.34)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840014089	1669499893	161536088672007	Single	6/1/2016	$ 3.34	$ 3.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838341833	1033479241	161553203283028	Single	6/3/2016	$ (17.78)	$ (17.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838341833	1033479241	161624211301007	Single	6/10/2016	$ 17.78	$ 17.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840018958	1184667446	161605772768008	Family Member	6/8/2016	$ 4.15	$ 4.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840860803	1508975921	161615547562030	Family Member	6/9/2016	$ 21.80	$ 21.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836606248	1871504423	161605062301026	Single	6/8/2016	$ 517.71	$ 517.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	836017591	1154486538	161616145108030	Single	6/9/2016	$ 130.81	$ 130.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842902519	1740389139	161596587000027	Family Member	6/7/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	841558713	1851400279	161584742648015	Family Member	6/6/2016	$ 21.21	$ 21.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839038123	1841505161	161585776225016	Single	6/6/2016	$ 7.44	$ 7.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839016121	1356356430	161601408287015	Single	6/8/2016	$ 1,059.97	$ 1,059.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839016121	1356356430	161601421055021	Single	6/8/2016	$ 102.55	$ 102.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839016121	1356356430	161605885886008	Single	6/8/2016	$ 71.09	$ 71.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	839016121	1356356430	161621231747020	Single	6/10/2016	$ 231.52	$ 231.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838239278	1255440681	161603568422009	Single	6/8/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838239278	1255440681	161603570114013	Single	6/8/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838239278	1255440681	161603574416015	Single	6/8/2016	$ 22.94	$ 22.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844991980	1306851464	161564690540004	Family Member	6/4/2016	$ 134.35	$ 134.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840018958	1184667446	161586188641011	Single	6/6/2016	$ 302.97	$ 302.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	838876654	1740671981	161594331451024	Single	6/7/2016	$ 819.40	$ 819.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820084979	1225317084	161594163612029	Single	6/7/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	833620629	1881703866	161624420824004	Single	6/10/2016	$ 30.43	$ 30.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	835872802	1851400279	161626358969023	Single	6/10/2016	$ 231.50	$ 231.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	844644380	1508975921	161476545702007	Single	5/26/2016	$ (13.39)	$ (13.39)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834012331	1407949217	161593704308005	Single	6/7/2016	$ 19.36	$ 19.36	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	834012331	1114932191	161625650856018	Single	6/10/2016	$ 5.60	$ 5.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	847838802	1740399732	161606178023023	Family Member	6/8/2016	$ 20.21	$ 20.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	849524116	1003180704	161613009263003	Single	6/9/2016	$ 18.92	$ 18.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837830639	1184667446	161586177783010	Single	6/6/2016	$ 85.90	$ 85.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837830639	1184667446	161586178673016	Single	6/6/2016	$ 183.29	$ 183.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	837830639	1184667446	161586179451028	Single	6/6/2016	$ 212.41	$ 212.41	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843099966	1225425267	161626825562009	Single	6/10/2016	$ 937.63	$ 937.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	843099966	1225425267	161626827926022	Single	6/10/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	842915537	1225147655	161622404544016	Single	6/10/2016	$ 7.54	$ 7.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	820189931	1861783276	161620249842008	Single	6/10/2016	$ 252.52	$ 252.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840075894	1154486538	161555354315026	Single	6/3/2016	$ (3.33)	$ (3.33)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	1	21185	11	HIDALGO COUNTY	Drug	Basic Coverage	840075894	1154486538	161555354315026	Single	6/3/2016	$ 3.33	$ 3.33	0%	$0.00	
																			BUY-UP PLAN:		**$ 125,109.43**	**$ 125,303.18**			
																			TOTAL:		**$ 334,421.65**	**$ 334,615.40**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	836463819	1619924719	00002016167501950X	Single	6/9/2016	$ 2,428.07	$ 2,428.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	837747641	1053317362	0000201616650112C20X	Family Subscriber	6/10/2016	$ 158.09	$ 158.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	839261865	1053317362	0000201616750Z62360X	Single	6/8/2016	$ 8,346.30	$ 8,346.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	836260607	1053317362	00002016169500827X0X	Single	6/14/2016	$ 220.70	$ 220.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	834119832	1053317362	0000201616750J13480X	Single	6/13/2016	$ 375.13	$ 375.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	822309041	1619924719	00002016144500N4150X	Family Member	5/13/2016	$ 418.52	$ 418.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838065900	1053317362	00002016169509725W0X	Family Subscriber	6/15/2016	$ 122.11	$ 122.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	845406486	1053317362	0000201616850O2S900X	Single	6/13/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841584821	1053317362	00002016091503K4300X	Family Member	3/24/2016	$ 2,011.84	$ 2,011.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	834196423	1053317362	0000201616950L53370X	Family Member	6/14/2016	$ 255.73	$ 255.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	847175154	1053317362	0000201616550U91800X	Family Member	6/9/2016	$ 299.77	$ 299.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	844573284	1770573586	00002016165509J3540X	Single	6/8/2016	$ 513.80	$ 513.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	822309041	1619924719	00002016167501J9630X	Single	6/10/2016	$ 910.02	$ 910.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	820956597	1053317362	0000201616750J13500X	Single	6/13/2016	$ 301.92	$ 301.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	838722769	1770573586	00002016166506415 30X	Family Subscriber	6/9/2016	$ 211.36	$ 211.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	830143286	1053317362	00002016169504481X0X	Family Member	6/15/2016	$ 278.84	$ 278.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	834477712	1053317362	0000201616550 7J7080X	Single	6/7/2016	$ 187.55	$ 187.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841096193	1053317362	00002016169500953X0X	Single	6/15/2016	$ 227.80	$ 227.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	839263480	1053317362	0000201616750T64470X	Family Subscriber	6/13/2016	$ 952.65	$ 952.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	840424112	1053317362	0000201616550 8J8160X	Single	6/8/2016	$ 4,323.82	$ 4,323.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	834689806	1053317362	0000201616550V37160X	Single	6/9/2016	$ 177.08	$ 177.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	820092399	1053317362	0000201616550U92930X	Single	6/6/2016	$ 124.16	$ 124.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	820293214	1053317362	00002016168508 6V650X	Single	6/14/2016	$ 49.55	$ 49.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	841999781	1881688976	00002016165503 6A220X	Family Subscriber	6/6/2016	$ 174.43	$ 174.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Basic Coverage	824714474	1447320841	00002016099509H2200X	Family Subscriber	4/1/2016	$ 1,992.00	$ 1,992.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Reimbursement	842687535	1205833985	00002014097507V070X	Family Subscriber	3/26/2014	$ (263.21)	$ (197.41)	25.00%	$65.80	9956482
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Cross	Reimbursement	844145323	1205833985	00002015310 50D62010X	Family Subscriber	10/26/2015	$ (936.55)	$ (702.41)	25.00%	$234.14	10972989
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1023175403	00002016165 0655J10X	Single	6/9/2016	$ 74.80	$ 74.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1023175403	00002016165 0655J10X	Single	6/9/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1023175403	00002016165 0655J10X	Single	6/9/2016	$ 13.30	$ 13.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1194769497	00002016166509 4G630X	Single	6/3/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1194769497	00002016166509 4G630X	Single	6/3/2016	$ 10.89	$ 10.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836463819	1538237763	00002016169 50S26460X	Single	6/15/2016	$ 71.12	$ 71.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837747641	1811393663	00002016166506 4U550X	Family Subscriber	6/10/2016	$ 65.31	$ 65.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821800931	1528039120	00002016168500U0190X	Single	6/13/2016	$ 165.09	$ 165.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821800931	1528039120	00002016168500U0190X	Single	6/13/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837357584	1063588143	00002016166504 4P300X	Family Member	6/7/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837357584	1063588143	00002016166504 4P300X	Family Member	6/7/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839948815	1275899759	00002016167504G9280X	Family Member	6/14/2016	$ 23.24	$ 23.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840499360	1700812468	00002016131509E6100X	Family Subscriber	2/15/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837659984	1215289129	00002016165508B1170X	Single	6/7/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1043302334	0000201616650855C30X	Family Member	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1043302334	0000201616650855C30X	Family Member	6/13/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169501833Y0X	Family Subscriber	4/22/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169505791X0X	Family Subscriber	4/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169505791X0X	Family Subscriber	4/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169505791X0X	Family Subscriber	4/21/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169505879X0X	Family Subscriber	4/24/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832876419	1023439163	00002016169506039X0X	Family Subscriber	4/23/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842415917	1457377194	00002016149508 1G140X	Family Subscriber	4/16/2016	$ 53.69	$ 53.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841098329	1770699639	00002016165501 6C800X	Single	6/6/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841098329	1770699639	00002016165501 6C800X	Single	6/6/2016	$ 94.21	$ 94.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820224004	1821474123	00002016166501 65U70X	Single	5/13/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837451331	1023439163	00002016169501820Y0X	Single	4/30/2016	$ 5.50	$ 5.50	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839179772	1013995273	00002016162501468C0X	Family Subscriber	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820247559	1881714384	0000201616950D27700X	Single	6/12/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836764255	1770699639	00002016167501396P0X	Single	6/7/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	923825066	1801818786	0000201616550C57810X	Family Member	6/9/2016	$ 102.62	$ 102.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	923825066	1801818786	0000201616550C57810X	Family Member	6/9/2016	$ 24.53	$ 24.53	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	923825066	1801818786	0000201616550C57810X	Family Member	6/9/2016	$ 22.22	$ 22.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	923825066	1801818786	0000201616550C57810X	Family Member	6/9/2016	$ 27.67	$ 27.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	923825066	1801818786	0000201616550C57810X	Family Member	6/9/2016	$ 11.26	$ 11.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1588008247	0000201616750U91840X	Single	6/6/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844937422	1649401951	0000201616850891P00X	Single	6/8/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838692582	1851734552	0000201616850245T60X	Single	6/15/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823741745	1023175403	0000201616750H18850X	Single	4/22/2016	$ 36.04	$ 36.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844561620	1194769497	0000201616750818 5P0X	Family Subscriber	6/6/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842930146	1588971899	0000201616550 3C9310X	Single	6/7/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834196423	1144251547	0000201616950U86710X	Family Member	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 97.73	$ 97.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 17.64	$ 17.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 59.51	$ 59.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 15.04	$ 15.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	821303053	1700896826	0000201616750823 5N0X	Family Subscriber	6/10/2016	$ 11.18	$ 11.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820072768	1790721538	0000201616450895 5P0X	Family Member	5/26/2016	$ 10.54	$ 10.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820072768	1790721538	0000201616450895 5P0X	Family Member	5/26/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820072768	1790721538	0000201616450895 5P0X	Family Member	5/26/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820072768	1790721538	0000201616450895 5P0X	Family Member	5/26/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 1.19	$ 1.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834222616	1013995273	0000201616250 1426C0X	Family Subscriber	6/9/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834364876	1134149040	0000201616750 1B1990X	Single	5/27/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1396844296	0000201616550W20610X	Single	5/19/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840398389	1629228861	0000201616650000X20X	Single	6/8/2016	$ 11.78	$ 11.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841185417	1013995273	0000201616950 1898B0X	Single	6/16/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841185417	1013995273	0000201616950 1898B0X	Single	6/16/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841185417	1013995273	0000201616950 1898B0X	Single	6/16/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841185417	1013995273	0000201616950 1898B0X	Single	6/16/2016	$ 10.12	$ 10.12	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841185417	1013995273	0000201616950 1898B0X	Single	6/16/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843198283	1144251547	0000201616650 4910C0X	Single	6/9/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844573284	1588008247	0000201616750U82440X	Single	4/29/2016	$ 61.89	$ 61.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	844573284	1437478302	0000201616950 3939W0X	Single	5/24/2016	$ 10.30	$ 10.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836116068	1861455735	0000201519050 4350B0X	Single	7/8/2015	$ (1,681.71)	$ (1,681.71)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835796048	1891897518	0000201616350 7155J0X	Single	6/6/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835796048	1891897518	0000201616350 7155J0X	Single	6/6/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835796048	1891897518	0000201616350 7155J0X	Single	6/6/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835796048	1528039120	0000201616650 33F460X	Single	6/10/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820956597	1558477513	0000201616650 410U30X	Single	6/13/2016	$ 19.28	$ 19.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839877151	1073508545	0000201616550 95B690X	Single	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839871372	1790721538	0000201616650 570Y10X	Family Subscriber	6/8/2016	$ 6.02	$ 6.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839871372	1790721538	0000201616650 570Y10X	Family Subscriber	6/8/2016	$ 6.00	$ 6.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839871372	1790721538	0000201616650 570Y10X	Family Subscriber	6/8/2016	$ 6.01	$ 6.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839871372	1790721538	0000201616650 570Y10X	Family Subscriber	6/8/2016	$ 6.42	$ 6.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837616443	1245375609	0000201613950 571Q90X	Single	5/16/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1053596320	0000201616850 1U1800X	Single	6/14/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1053596320	0000201616850 1U1800X	Single	6/14/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841999389	1053596320	0000201616850 1U1800X	Single	6/14/2016	$ 7.14	$ 7.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ (120.49)	$ (120.49)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ 120.49	$ 120.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ (6.67)	$ (6.67)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ 3.20	$ 3.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ 6.67	$ 6.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ 26.32	$ 26.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839788197	1760488829	0000201611250 38B920X	Single	4/20/2016	$ 26.32	$ 26.32	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1598980526	00002016165O950P36110X	Family Member	6/15/2016	$ 124.24	$ 124.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1598980526	00002016165O950P36110X	Family Member	6/15/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	830143286	1598980526	00002016165O950P36110X	Family Member	6/15/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837390643	1558570416	00002016165O950Y28330X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274727	1790721538	00002016164500952Q0X	Single	5/16/2016	$ 2.93	$ 2.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274727	1790721538	00002016164500952Q0X	Single	5/16/2016	$ 3.81	$ 3.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274727	1790721538	00002016164500952Q0X	Single	5/16/2016	$ 6.07	$ 6.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820274727	1790721538	00002016164500952Q0X	Single	5/16/2016	$ 5.22	$ 5.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 2.65	$ 2.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 9.94	$ 9.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 9.07	$ 9.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 5.48	$ 5.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 10.91	$ 10.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 11.93	$ 11.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842863741	1962857896	00002016167O50C38500X	Family Member	6/13/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ (5.91)	$ (5.91)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ (5.56)	$ (5.56)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837388608	1881679751	00002016036500717F0X	Single	2/2/2016	$ 5.56	$ 5.56	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832595628	1881714384	00002016165O044P890X	Single	6/10/2016	$ 7.21	$ 7.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	832595628	1881714384	00002016165O044P890X	Single	6/10/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 3.47	$ 3.47	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 10.73	$ 10.73	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 15.74	$ 15.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 9.80	$ 9.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 8.74	$ 8.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 10.07	$ 10.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 11.60	$ 11.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 8.40	$ 8.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 28.54	$ 28.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839070349	1194769497	00002016165O094G240X	Single	6/6/2016	$ 28.54	$ 28.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841096193	1174604763	00002016168500360Q20X	Single	6/15/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	841096193	1174604763	00002016168500360Q20X	Single	6/15/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1194769497	00002016168506T9920X	Family Subscriber	6/7/2016	$ 10.50	$ 10.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1194769497	00002016168506T9920X	Family Subscriber	6/7/2016	$ 27.60	$ 27.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1194769497	00002016168506T9920X	Family Subscriber	6/7/2016	$ 8.00	$ 8.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843542833	1194769497	00002016168506T9920X	Family Subscriber	6/7/2016	$ 7.57	$ 7.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820379960	1861437782	00002016102502000Q60X	Single	3/7/2016	$ (173.13)	$ (173.13)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820379960	1861437782	00002016102502000Q60X	Single	3/7/2016	$ 1,282.36	$ 1,282.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1225139942	00002016167O50Q47710X	Single	6/10/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1225139942	00002016167O50Q47710X	Single	6/10/2016	$ 28.78	$ 28.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	843482261	1225139942	00002016167O50Q47710X	Single	6/10/2016	$ 91.29	$ 91.29	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 17.64	$ 17.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 11.30	$ 11.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 10.22	$ 10.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 3.20	$ 3.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 18.06	$ 18.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1861455735	00002016166O021W570X	Family Member	6/6/2016	$ 2.32	$ 2.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839982033	1134149040	00002016167501B2860X	Family Member	5/13/2016	$ 22.03	$ 22.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1639368889	00002016165503V0880X	Single	6/3/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1639368889	00002016165503V0880X	Single	6/3/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1790721538	00002016167O50Q76860X	Single	6/6/2016	$ 10.54	$ 10.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1790721538	00002016167O50Q76860X	Single	6/6/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1790721538	00002016167O50Q76860X	Single	6/6/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1790721538	00002016167O50Q76860X	Single	6/6/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837580455	1790721538	00002016167O50Q76860X	Single	6/6/2016	$ 20.20	$ 20.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823149220	1124006390	00002016165O550N22250X	Single	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823149220	1124006390	00002016165O550N22250X	Single	6/8/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823149220	1124006390	00002016165O550N22250X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823149220	1124006390	00002016165O550N22250X	Single	6/8/2016	$ 0.65	$ 0.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	823149220	1124006390	00002016165O550N22250X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	822561722	1306859681	00002016167502K5530X	Single	6/14/2016	$ 32.10	$ 32.10	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820801079	1396867636	00002016168503Z4590X	Single	6/10/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820801079	1396867636	00002016168503Z4590X	Single	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820801079	1396867636	00002016168503Z4590X	Single	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839969943	1124006390	00002016165 50N20580X	Single	6/8/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839969943	1124006390	00002016165 50N20580X	Single	6/8/2016	$ 0.59	$ 0.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839969943	1124006390	00002016165 50N20580X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839969943	1124006390	00002016165 50N20580X	Single	6/8/2016	$ 5.06	$ 5.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839969943	1124006390	00002016165 50N20580X	Single	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839263480	1144251547	00002016169 50U88520X	Family Member	6/14/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842750598	1043515166	00002016167 508760Z0X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840424112	1770699639	00002016167 505P7350X	Single	6/8/2016	$ 926.15	$ 926.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840424112	1770699639	00002016167 505P7480X	Single	6/8/2016	$ 257.42	$ 257.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840424112	1770699639	00002016168 50567W30X	Single	6/8/2016	$ 69.85	$ 69.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840661159	1811048143	00002016165 03046060C	Family Member	3/4/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840661159	1811048143	00002016165 03046060C	Family Member	3/4/2016	$ 74.87	$ 74.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840661159	1558477513	00002016169 50P55790X	Family Member	6/16/2016	$ 72.07	$ 72.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838357304	1790721538	00002016164 501678Q0X	Single	6/7/2016	$ 5.78	$ 5.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838357304	1790721538	00002016164 501678Q0X	Single	6/7/2016	$ 6.30	$ 6.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838357304	1043589435	00002016167 502G4540X	Single	6/7/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834689806	1598980526	00002016167 505B4530X	Single	6/9/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	834689806	1598980526	00002016167 505B4530X	Single	6/9/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836663834	1861455735	00002016169 504874K0X	Family Subscriber	5/28/2016	$ 267.88	$ 267.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820092399	1770699639	00002016165 5016C770X	Single	6/6/2016	$ 114.97	$ 114.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839477435	1790721538	00002016166 50400Y40X	Family Subscriber	6/8/2016	$ 9.96	$ 9.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839477435	1790721538	00002016166 50400Y40X	Family Subscriber	6/8/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839477435	1790721538	00002016166 50400Y40X	Family Subscriber	6/8/2016	$ 7.86	$ 7.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	839477435	1013037423	00002016167 504E7180X	Family Subscriber	6/13/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	838132417	1164700522	00002016169 505969X0X	Single	6/16/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	836636766	1881714384	00002016166 5051P370X	Family Subscriber	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	835483923	1649401951	00002016168 50867P90X	Single	6/7/2016	$ 24.51	$ 24.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ (68.99)	$ (68.99)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ (3.43)	$ (3.43)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ 3.43	$ 3.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ (3.88)	$ (3.88)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016131 50D58400X	Single	5/3/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840447521	1861464026	00002016145 505367U0X	Single	5/3/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840498837	1619099124	00002016165 50W29910X	Family Subscriber	5/20/2016	$ 55.31	$ 55.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1629195045	00002016120 504N4550X	Single	4/26/2016	$ 3,898.27	$ 3,898.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1629195045	00002016140 50Y81080X	Single	5/16/2016	$ 3,898.27	$ 3,898.27	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5056L690X	Single	6/7/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 115.98	$ 115.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 72.37	$ 72.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 40.89	$ 40.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 139.81	$ 139.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 0.30	$ 0.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 0.83	$ 0.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 0.62	$ 0.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	820293214	1871892174	00002016166 5058L850X	Single	6/8/2016	$ 1.71	$ 1.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	840235948	1851597876	00002016166 50120D00X	Single	6/1/2016	$ 117.75	$ 117.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	837181901	1275806275	00002016091 506E4000X	Single	3/24/2016	$ 54.22	$ 54.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1104987023	00002016168 57915P30X	Family Member	5/25/2016	$ 27.99	$ 27.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1104987023	00002016168 57915P30X	Family Member	5/25/2016	$ 51.35	$ 51.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 840.00	$ 840.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 80.85	$ 80.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 133.00	$ 133.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 59.50	$ 59.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 21.00	$ 21.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 105.00	$ 105.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 52.50	$ 52.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 84.00	$ 84.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 56.00	$ 56.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 35.00	$ 35.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 59.50	$ 59.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 25.20	$ 25.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1063588143	00002016105 506155V0X	Family Member	3/3/2016	$ 1.05	$ 1.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1144598947	00002016162 501917C0X	Family Member	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1144598947	00002016162 501917C0X	Family Member	6/8/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1144598947	00002016162 501917C0X	Family Member	6/8/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1144598947	00002016162 501917C0X	Family Member	6/8/2016	$ 0.12	$ 0.12	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1144598947	00002016162501917C0X	Family Member	6/8/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1790721538	00002016168508875H50X	Family Member	6/8/2016	$ 12.25	$ 12.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Blue Shield	Basic Coverage	842416943	1790721538	00002016168508875H50X	Family Member	6/8/2016	$ 3.56	$ 3.56

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838320758	1851400279	161603905153015	Single	6/8/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838320758	1851400279	161603913970028	Single	6/8/2016	$ 281.34	$ 281.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838320758	1851400279	161603957785030	Single	6/8/2016	$ 497.93	$ 497.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838320758	1851400279	161606742736007	Single	6/8/2016	$ 10.91	$ 10.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839362813	1366725046	161613139449027	Single	6/9/2016	$ 10.62	$ 10.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839261865	1578580700	161586353751018	Single	6/6/2016	$ 18.91	$ 18.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837357584	1235248642	161595075633007	Single	6/7/2016	$ 465.36	$ 465.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837357584	1235248642	161614601291007	Single	6/9/2016	$ 396.20	$ 396.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839433383	1538174545	161604366552028	Single	6/8/2016	$ 609.89	$ 609.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839433383	1538174545	161604368460023	Single	6/8/2016	$ 31.37	$ 31.37	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839433383	1538174545	161604370680003	Single	6/8/2016	$ 30.11	$ 30.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839433383	1538174545	161604376363013	Single	6/8/2016	$ 49.45	$ 49.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820168070	1356356430	161588113865011	Family Member	6/6/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	846834304	1952410946	161574009481024	Single	6/5/2016	$ 7.08	$ 7.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	834119832	1356397640	161585574978006	Single	6/6/2016	$ 61.19	$ 61.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1003030636	161593811486028	Single	6/7/2016	$ 637.38	$ 637.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1003030636	161593852947030	Single	6/7/2016	$ 10.96	$ 10.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1003030636	161604519051007	Single	6/8/2016	$ 545.45	$ 545.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1003030636	161613272397025	Single	6/9/2016	$ 360.93	$ 360.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	832842714	1316964455	161615205247018	Single	6/9/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836405991	1114932191	161523436676015	Single	5/31/2016	$ (682.01)	$ (682.01)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840359332	1225147655	161587815041022	Single	6/6/2016	$ 584.91	$ 584.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840285092	1861783276	161613611214026	Single	6/9/2016	$ 74.58	$ 74.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841110808	1851400279	161596606864001	Single	6/7/2016	$ 478.43	$ 478.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844937422	1225147648	161564342882003	Single	6/4/2016	$ 19.32	$ 19.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844937422	1225147648	161564353041025	Single	6/4/2016	$ 24.60	$ 24.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844937422	1225147648	161564356269014	Single	6/4/2016	$ 21.06	$ 21.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	844937422	1225147648	161564361497017	Single	6/4/2016	$ 5.36	$ 5.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	831231684	1861783276	161583265462008	Single	6/6/2016	$ 39.46	$ 39.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820433483	1578792073	161584068114017	Single	6/6/2016	$ 21.80	$ 21.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838803410	1508975921	161593735909004	Single	6/7/2016	$ 408.93	$ 408.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838803410	1508975921	161593738263025	Single	6/7/2016	$ 11.65	$ 11.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838803410	1508975921	161593738779007	Single	6/7/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820244644	1578792073	161605968676028	Single	6/8/2016	$ 119.42	$ 119.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	821303053	1255440681	161624297304020	Single	6/10/2016	$ 64.09	$ 64.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	821303053	1255440681	161624302222015	Single	6/10/2016	$ 290.20	$ 290.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838215907	1952410946	161623308188025	Single	6/10/2016	$ 385.76	$ 385.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	840910971	1356450324	161624719921004	Single	6/10/2016	$ 257.68	$ 257.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837613701	1255440681	161583720181005	Single	6/6/2016	$ 1,468.20	$ 1,468.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837613701	1255440681	161583827736025	Single	6/6/2016	$ 6.02	$ 6.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	834196423	1740389139	161614397327013	Single	6/9/2016	$ 12.58	$ 12.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841253417	1366725046	161585406463004	Family Member	6/6/2016	$ 47.97	$ 47.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1750402756	161575005514005	Family Member	6/5/2016	$ 677.83	$ 677.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841971746	1750402756	161575009697022	Family Member	6/5/2016	$ 1,014.78	$ 1,014.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837882325	1477635423	161593853872001	Single	6/7/2016	$ 20.42	$ 20.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843198283	1720218035	161597483302024	Single	6/7/2016	$ 12.89	$ 12.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843198283	1720218035	161617182738019	Single	6/9/2016	$ 109.71	$ 109.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841553904	1366725046	161585213112019	Single	6/6/2016	$ 100.09	$ 100.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839192919	1720218035	161615019308003	Single	6/9/2016	$ 1,221.49	$ 1,221.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837673474	1588757934	161594308904026	Single	6/7/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839877151	1841505161	161494437008020	Single	5/28/2016	$ (655.03)	$ (655.03)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	832842714	1316964455	161615234410030	Family Member	6/9/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839075521	1770810855	161564505633021	Single	6/4/2016	$ 7,636.00	$ 7,636.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841253417	1306928361	161594031689027	Family Member	6/7/2016	$ 2.80	$ 2.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837166504	1568559763	161627722683010	Single	6/10/2016	$ 20.99	$ 20.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839311516	1952410946	161622052302023	Single	6/10/2016	$ 404.92	$ 404.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839070349	1396091336	161594746720024	Single	6/7/2016	$ 34.49	$ 34.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838078041	1578672556	161583075346014	Single	6/6/2016	$ 9.11	$ 9.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843542833	1952410946	161595112746030	Single	6/7/2016	$ 0.44	$ 0.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843542833	1952410946	161595136069028	Single	6/7/2016	$ 426.44	$ 426.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843542833	1952410946	161595223965011	Single	6/7/2016	$ 452.61	$ 452.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820379960	1841505161	161464420804005	Single	5/25/2016	$ (0.78)	$ (0.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	836755558	1497091011	161626372780010	Single	6/10/2016	$ 10.86	$ 10.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839192303	1790845683	161625283611007	Single	6/10/2016	$ 131.49	$ 131.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	823149220	1356356430	161608025605030	Single	6/8/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837734906	1881703866	161533251666006	Single	6/1/2016	$ (838.78)	$ (838.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	837734906	1750402756	161603348172022	Single	6/8/2016	$ 1,965.02	$ 1,965.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820546567	1225147655	161514182886015	Single	5/30/2016	$ (127.88)	$ (127.88)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	820546567	1225147655	161523995524027	Single	5/31/2016	$ (64.63)	$ (64.63)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	822561722	1528387693	161614521338017	Single	6/9/2016	$ 70.38	$ 70.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	822904252	1003030636	161592422462022	Single	6/7/2016	$ 10.86	$ 10.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841298162	1801877436	161397288730011	Single	5/18/2016	$ (11.94)	$ (11.94)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839969943	1386850568	161606687769002	Single	6/8/2016	$ 98.55	$ 98.55	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839969943	1821182643	161606749712005	Single	6/8/2016	$ 4.70	$ 4.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843332482	1235248642	161566292304030	Single	6/4/2016	$ 12.01	$ 12.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835654418	1225147648	161514373488021	Single	5/30/2016	$ (421.81)	$ (421.81)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	835654418	1225147648	161613103334017	Single	6/9/2016	$ 25.87	$ 25.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838357304	1114932191	161622963472025	Single	6/10/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	834165389	1861783276	161595871673015	Single	6/7/2016	$ 22.65	$ 22.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	834165389	1861783276	161595897778016	Single	6/7/2016	$ 7.80	$ 7.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838132417	1225425267	161603355527010	Single	6/8/2016	$ 28.63	$ 28.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838132417	1225425267	161625808948026	Single	6/10/2016	$ 95.28	$ 95.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838132417	1225425267	161626159634028	Single	6/10/2016	$ 132.85	$ 132.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838868267	1235248642	161584599833027	Single	6/6/2016	$ 1,669.25	$ 1,669.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838868267	1235248642	161626320261018	Single	6/10/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	838868267	1235248642	161626337564018	Single	6/10/2016	$ 319.22	$ 319.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	843763793	1962643437	161623683211014	Single	6/10/2016	$ 45.99	$ 45.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839399321	1699979575	161563993813018	Family Member	6/4/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839387886	1255423612	161584171283006	Family Member	6/3/2016	$ 3.79	$ 3.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	839387886	1851400279	161604077591027	Family Member	6/8/2016	$ 10.99	$ 10.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841686743	1255440681	161583759755019	Single	6/6/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841686743	1255440681	161583765295023	Single	6/6/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841686743	1255440681	161595936097023	Single	6/7/2016	$ 375.93	$ 375.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841340472	1225425267	161553069070011	Family Member	6/3/2016	$ 141.02	$ 141.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841235666	1356356430	161596584797020	Single	6/7/2016	$ 407.34	$ 407.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841235666	1861592164	161605445142027	Single	6/8/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	2	HIDALGO COUNTY	Drug	Basic Coverage	841235666	1356356430	161613768680023	Single	6/9/2016	$ 0.73	$ 0.73	0%	$0.00	
																			BASIC PLAN:		**$ 77,552.07**	**$ 77,857.05**			
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	839029169	1194787218	00002016169 50G86530X	Family Subscriber	6/13/2016	$ 1,304.00	$ 1,304.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	839369542	1053317362	00002016166 50086C80X	Single	6/10/2016	$ 103.83	$ 103.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	846870674	1619924719	00002016167 50J19640X	Single	6/10/2016	$ 531.19	$ 531.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	846870674	1861488579	00002016169 50419X00X	Single	6/13/2016	$ 343.60	$ 343.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	831619532	1053317362	00002016124 507P0620X	Family Member	2/16/2016	$ 107,301.58	$ 107,301.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	841603739	1053317362	00002016169 50048 1X0X	Single	6/15/2016	$ 407.36	$ 407.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Cross	Basic Coverage	840471770	1053317362	00002016166 50136C40X	Single	6/10/2016	$ 469.83	$ 469.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839029169	1720051717	00002016165 50N30060X	Family Member	5/31/2016	$ 229.97	$ 229.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839029169	1720051717	00002016169 509733S0X	Family Member	6/14/2016	$ 54.07	$ 54.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838905414	1023175403	00002016169 505568X0X	Single	6/15/2016	$ 11.16	$ 11.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (178.24)	$ (178.24)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 178.24	$ 178.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (2,465.70)	$ (2,465.70)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 2,465.70	$ 2,465.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (3,442.80)	$ (3,442.80)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 3,442.80	$ 3,442.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 9,702.00	$ 9,702.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (6,700.78)	$ (6,700.78)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 6,700.78	$ 6,700.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (120.69)	$ (120.69)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 120.69	$ 120.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (268.13)	$ (268.13)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 268.13	$ 268.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (397.52)	$ (397.52)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 397.52	$ 397.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ (22.89)	$ (22.89)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016061 5047X080X	Single	2/25/2016	$ 22.89	$ 22.89	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 189.80	$ 189.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 1.30	$ 1.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 209.20	$ 209.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 621.24	$ 621.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 60.34	$ 60.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 115.71	$ 115.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5028L580X	Single	6/10/2016	$ 268.13	$ 268.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5047L980X	Single	6/10/2016	$ 6.54	$ 6.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5047L980X	Single	6/10/2016	$ 9.08	$ 9.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839463063	1811944101	00002016168 5051L490X	Single	6/10/2016	$ 140.45	$ 140.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	843688237	1750375408	00002016106 5082V310X	Family Subscriber	4/12/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 148.54	$ 148.54	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 222.05	$ 222.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 177.64	$ 177.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 2.68	$ 2.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	839369542	1821381054	00002016169 507792E0X	Single	6/10/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841025953	1023175403	00002016168 5038Q250X	Single	6/3/2016	$ 41.62	$ 41.62	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	836263633	1073508545	00002016167505P7450X	Single	6/13/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	836263633	1073508545	00002016167505P7450X	Single	6/13/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1295854453	00002016163509589E0X	Family Member	6/3/2016	$ 18.71	$ 18.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1295854453	00002016163509589E0X	Family Member	6/3/2016	$ 45.21	$ 45.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1295854453	00002016163509589E0X	Family Member	6/3/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1295854453	00002016163509621E0X	Family Member	6/7/2016	$ 39.70	$ 39.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1295854453	00002016163509621E0X	Family Member	6/7/2016	$ 24.22	$ 24.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	820646764	1053596320	00002016169505584A0X	Single	6/15/2016	$ 73.99	$ 73.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	820646764	1053596320	00002016169505584A0X	Single	6/15/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841743441	1780029462	00002016167 50E32400X	Single	6/6/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1619082435	00002016166502662 90X	Family Member	6/3/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840073256	1619082435	00002016166502662 90X	Family Member	6/3/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841179011	1770558447	00002016167 50E73770X	Single	6/7/2016	$ 24.58	$ 24.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841179011	1770558447	00002016167 50E73770X	Single	6/7/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840028164	1326290073	00002016167 50H35300X	Family Member	6/14/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840028164	1326290073	00002016167 50H31150X	Family Subscriber	6/14/2016	$ 29.07	$ 29.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	846870674	1548244668	00002016165505B8970X	Single	6/1/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841444598	1962857896	00002016167 50C38570X	Family Member	6/10/2016	$ 53.80	$ 53.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	841444598	1962857896	00002016167 50C38570X	Family Member	6/10/2016	$ 51.44	$ 51.44	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835022071	1942467113	00002016165504E1310X	Single	6/4/2016	$ 600.26	$ 600.26	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	838008346	1841577319	00002016165 50A52470X	Single	6/9/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 54.71	$ 54.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 4.18	$ 4.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 3.88	$ 3.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	835115948	1073508545	00002016167505B5700X	Single	6/10/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	840820989	1649453200	00002016165508U0640X	Single	6/10/2016	$ 70.31	$ 70.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	821581143	1124075825	00002016165504E4830X	Single	6/6/2016	$ 92.78	$ 92.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 6.68	$ 6.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 9.08	$ 9.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 7.03	$ 7.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 14.06	$ 14.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 5.57	$ 5.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1881679751	00002016140508A1560X	Family Subscriber	5/13/2016	$ 5.91	$ 5.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Blue Shield	Basic Coverage	842912273	1659461515	00002016153502V8500X	Family Subscriber	5/19/2016	$ 12.21	$ 12.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839029169	1649285651	161593064535009	Family Member	6/7/2016	$ 12.92	$ 12.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839029169	1649285651	161604495654009	Family Member	6/8/2016	$ 217.96	$ 217.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	838905414	1518972959	161583328215027	Single	6/5/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839463063	1003180704	161594702367029	Single	6/7/2016	$ 6.83	$ 6.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	834495383	1225140130	161584618134026	Family Member	6/6/2016	$ 769.33	$ 769.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	834495383	1225140130	161584634007008	Family Member	6/6/2016	$ 4.40	$ 4.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	821884161	1578792073	161564732194016	Family Member	6/4/2016	$ 365.16	$ 365.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	821884161	1578792073	161564737295013	Family Member	6/4/2016	$ 69.13	$ 69.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	839029169	1619053964	161525797032014	Single	5/31/2016	$ (1,486.60)	$ (1,486.60)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	820755932	1952410946	161602066438015	Single	6/8/2016	$ 12.23	$ 12.23	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	841025953	1578580700	161584605760022	Single	6/6/2016	$ 345.51	$ 345.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840131552	1588079594	161136546800020	Single	4/22/2016	$ (91.93)	$ (91.93)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840131552	1225147648	161593497158028	Single	6/7/2016	$ 24.60	$ 24.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840131552	1225147648	161595757604011	Single	6/7/2016	$ 131.49	$ 131.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840131552	1225147648	161612129231002	Single	6/9/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	841444598	1225140130	161596029604008	Single	6/7/2016	$ 11.99	$ 11.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	842945893	1407848112	161604696350019	Single	6/8/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	835115948	1952410946	161614310868001	Single	6/9/2016	$ 128.43	$ 128.43	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	840820989	1841505161	161627671214029	Single	6/10/2016	$ 10.99	$ 10.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	2	21185	12	HIDALGO COUNTY	Drug	Basic Coverage	844064074	1861783276	161585320427011	Single	6/6/2016	$ 2.19	$ 2.19	0%	$0.00	
																			BUY-UP PLAN:		**$ 125,586.60**	**$ 125,586.60**			
																			TOTAL:		**$ 203,138.67**	**$ 203,443.65**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Cross	Basic Coverage	843714434	1053317362	00002016166501 50C70X	Single	6/9/2016	$ 179.78	$ 179.78	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Cross	Basic Coverage	840835328	1770573586	00002016166501 598S70X	Single	6/6/2016	$ 2,840.19	$ 2,840.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	843475981	1831216803	00002016169 50W92460X	Family Member	3/30/2016	$ 85.24	$ 85.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	836698906	1528291713	00002016165506029Y0X	Family Member	6/6/2016	$ 474.11	$ 474.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	820625476	1750349700	00002016168502 83H20X	Single	6/6/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	820625476	1750349700	00002016168502 83H20X	Single	6/6/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	820625476	1750349700	00002016168502 83H20X	Single	6/6/2016	$ 5.75	$ 5.75	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	840835328	1437153244	00002016168501 V0980X	Single	6/14/2016	$ 54.66	$ 54.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	840835328	1437153244	00002016168501 V0980X	Single	6/14/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 78.71	$ 78.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 4.61	$ 4.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 0.15	$ 0.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 0.10	$ 0.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 24.92	$ 24.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1295861557	00002016167505 P2850X	Family Member	6/10/2016	$ 24.92	$ 24.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V7600X	Single	4/21/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V7600X	Single	4/21/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 4.86	$ 4.86	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 5.16	$ 5.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165501 V8680X	Single	4/26/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165502 V6590X	Single	5/2/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Blue Shield	Basic Coverage	821750158	1326246901	00002016165502 V6590X	Single	5/2/2016	$ 21.58	$ 21.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	837380657	1003180704	161620211831030	Single	6/10/2016	$ 8.39	$ 8.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	838014097	1386850568	161606183559010	Single	6/8/2016	$ 347.30	$ 347.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	844814343	1619053964	161623978223023	Family Member	6/10/2016	$ 132.21	$ 132.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	841663203	1386850568	161581488782008	Single	6/6/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	843714434	1851400279	161614222267013	Single	6/9/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	840835328	1356356430	161616492889016	Single	6/9/2016	$ 440.59	$ 440.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	836290817	1962643437	161494235691014	Family Member	5/28/2016	$ (1.67)	$ (1.67)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	842345725	1043382302	161612164450014	Single	6/9/2016	$ 3,739.52	$ 3,739.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	844702624	1023025038	161593251052013	Single	6/7/2016	$ 7.38	$ 7.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	3	HIDALGO COUNTY	Drug	Basic Coverage	838489712	1578672556	161623993774022	Single	6/10/2016	$ 1.34	$ 1.34	0%	$0.00	
																			BASIC PLAN:		**$ 8,771.68**	**$ 8,771.68**			
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839862263	1619099124	00002016168508 4S800X	Family Subscriber	6/1/2016	$ 60.31	$ 60.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	840712957	1043589435	00002016166507 043C0X	Family Subscriber	6/6/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	835549791	1437153244	00002016166505 0L990X	Family Subscriber	6/10/2016	$ 223.17	$ 223.17	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	835549791	1821474123	00002016166508 80T20X	Family Subscriber	5/20/2016	$ 29.51	$ 29.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	835549791	1437153244	00002016169501 058H0X	Family Subscriber	5/25/2016	$ 112.61	$ 112.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	835549791	1437153244	00002016169501 058H0X	Family Subscriber	5/25/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	835549791	1437153244	00002016169505 836E0X	Family Subscriber	6/15/2016	$ 27.10	$ 27.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	846260941	1447331038	00002016088031 24950C	Family Member	4/28/2015	$ 104.61	$ 104.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	821587887	1013037423	00002016167504 E8370X	Family Member	6/14/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016167500 584P0X	Family Member	6/11/2016	$ 15.21	$ 15.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016167500 584P0X	Family Member	6/11/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016167500 584P0X	Family Member	6/11/2016	$ 24.49	$ 24.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016167500 584P0X	Family Member	6/11/2016	$ 24.22	$ 24.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016168504 U1390X	Family Member	6/15/2016	$ 15.21	$ 15.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016168504 U1390X	Family Member	6/15/2016	$ 50.59	$ 50.59	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016168504 U1390X	Family Member	6/15/2016	$ 24.49	$ 24.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838071947	1295854453	00002016168504 U1390X	Family Member	6/15/2016	$ 24.22	$ 24.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	839155256	1841200805	00002016165500 T0100X	Family Subscriber	5/2/2016	$ 108.15	$ 108.15	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	849379400	1457455578	00002016166509 944H0X	Single	6/13/2016	$ 40.01	$ 40.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841450753	1750304846	00002016166500 20K70X	Family Subscriber	6/7/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841058103	1245548759	00002016166505 3F270X	Single	6/10/2016	$ 120.67	$ 120.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	841058103	1245548759	00002016166505 3F270X	Single	6/10/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	844145150	1073508545	00002016167505 B5780X	Single	6/10/2016	$ 27.03	$ 27.03	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	836137682	1225300726	00002016166509 0G340X	Family Member	6/7/2016	$ 10.45	$ 10.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1881679751	00002016007504 69C30X	Single	12/23/2015	$ (15.00)	$ (15.00)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1881679751	00002016007504 69C30X	Single	12/23/2015	$ 15.00	$ 15.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1881679751	00002016007504 69C30X	Single	12/23/2015	$ (1.93)	$ (1.93)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1881679751	00002016007504 69C30X	Single	12/23/2015	$ 1.93	$ 1.93	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Blue Shield	Basic Coverage	838489712	1881679751	00002016007504 69C30X	Single	12/23/2015	$ 11.51	$ 11.51	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	840712957	1194877456	161583861878007	Family Member	6/6/2016	$ 110.04	$ 110.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	840712957	1194877456	161583833639009	Single	6/6/2016	$ 0.96	$ 0.96	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	838071947	1962643437	161614584864008	Single	6/9/2016	$ 140.52	$ 140.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839155256	1750308987	161603860091029	Family Member	6/8/2016	$ 138.00	$ 138.00	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	839014094	1952410946	161593718990029	Single	6/7/2016	$ 213.05	$ 213.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	833325479	1962643437	161627203775028	Family Member	6/10/2016	$ 375.92	$ 375.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	844145150	1194747857	161473939255030	Single	5/26/2016	$ (712.42)	$ (712.42)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	844145150	1194747857	161614222666010	Single	6/9/2016	$ 37.91	$ 37.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	844145150	1194747857	161624968044026	Single	6/10/2016	$ 3.50	$ 3.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	837199591	1114932191	161616334226014	Single	6/9/2016	$ 101.21	$ 101.21	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	3	21185	13	HIDALGO COUNTY	Drug	Basic Coverage	829114659	1023025038	161464159640021	Single	5/25/2016	$ (25.50)	$ (25.50)	0%	$0.00	
																			BUY-UP PLAN:		**$ 1,612.72**	**$ 1,612.72**			
																			TOTAL:		**$ 10,384.40**	**$ 10,384.40**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Cross	Basic Coverage	843968331	1053317362	00002016169500239X0X	Family Subscriber	6/15/2016	$ 144.62	$ 144.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1497989479	0000201610950U51520X	Single	4/14/2016	$ 178.00	$ 178.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	837996458	1497989479	000020161125029E160X	Single	4/20/2016	$ 183.00	$ 183.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U78900X	Family Member	6/13/2016	$ 128.01	$ 128.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U78900X	Family Member	6/13/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 2.04	$ 2.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 12.60	$ 12.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 10.63	$ 10.63	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	832659354	1932205838	0000201616950U80340X	Family Member	6/13/2016	$ 10.90	$ 10.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	842859067	1124010525	0000201616503251590C	Single	2/16/2016	$ 49.66	$ 49.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	842859067	1124010525	0000201616503251590C	Single	2/16/2016	$ 64.71	$ 64.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	842859067	1548588841	00002016168500V1710X	Single	4/27/2016	$ 64.66	$ 64.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Blue Shield	Basic Coverage	840640416	1780916585	0000201616650061U890X	Family Member	6/10/2016	$ 69.68	$ 69.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Drug	Basic Coverage	843968331	1356356430	161533131466026	Single	6/1/2016	$ (299.22)	$ (299.22)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	4	HIDALGO COUNTY	Drug	Basic Coverage	840640416	1619053964	161626473050013	Family Member	6/10/2016	$ 118.39	$ 118.39	0%	$0.00	
																			BASIC PLAN:		**$ 842.09**	**$ 842.09**			
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	834416712	1063588143	0000201614050Y01460X	Family Member	5/10/2016	$ 960.00	$ 960.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	834416712	1063588143	0000201614050Y01460X	Family Member	5/10/2016	$ 20.00	$ 20.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	834416712	1063588143	0000201614050Y01460X	Family Member	5/10/2016	$ 120.00	$ 120.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	4	21185	14	HIDALGO COUNTY	Blue Shield	Basic Coverage	834416712	1063588143	0000201614050Y01460X	Family Member	5/10/2016	$ 28.80	$ 28.80	0%	$0.00	
																			BUY-UP PLAN:		**$ 1,128.80**	**$ 1,128.80**			
																			TOTAL:		**$ 1,970.89**	**$ 1,970.89**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Cross	Basic Coverage	829511289	1053317362	00002016168500 5S060X	Family Member	6/13/2016	$ 17.83	$ 17.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Cross	Basic Coverage	840526805	1770573586	0000201611750Q12670X	Family Member	4/21/2016	$ 1,631.06	$ 1,631.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	838127384	1356361976	0000201616750E48080X	Single	6/13/2016	$ 104.68	$ 104.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840480602	1386685717	0000201610650706Y20X	Single	4/12/2016	$ 187.31	$ 187.31	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850163C30X	Single	6/10/2016	$ 71.50	$ 71.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850163C30X	Single	6/10/2016	$ 19.22	$ 19.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 21.81	$ 21.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 39.48	$ 39.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 13.80	$ 13.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	821076561	1508884412	0000201616850394J50X	Single	5/30/2016	$ 122.87	$ 122.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 373.01	$ 373.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 1.30	$ 1.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 209.20	$ 209.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 3,933.60	$ 3,933.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 44.33	$ 44.33	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 39.81	$ 39.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 120.69	$ 120.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 115.71	$ 115.71	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 268.13	$ 268.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 295.50	$ 295.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 13.08	$ 13.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840841077	1811944101	0000201614050 5Y1120X	Single	5/17/2016	$ 9.08	$ 9.08	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1942467113	0000201611950D11820X	Family Member	4/21/2016	$ 471.80	$ 471.80	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840526805	1023439163	0000201616950 5885X0X	Family Member	4/21/2016	$ 16.32	$ 16.32	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	838905834	1407035298	0000201616750 8628Z0X	Family Subscriber	6/10/2016	$ 1.79	$ 1.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	838905834	1407035298	0000201616750 8628Z0X	Family Subscriber	6/10/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	845826984	1508070038	0000201616550 7N5400X	Family Member	6/10/2016	$ 37.07	$ 37.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	832266849	1215289129	0000201616950D31150X	Single	6/13/2016	$ 107.61	$ 107.61	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	836223093	1902839046	0000201616850 33C590X	Single	6/14/2016	$ 291.04	$ 291.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1497092068	0000201616750 1615P0X	Family Member	6/3/2016	$ 4.79	$ 4.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1497092068	0000201616750 1615P0X	Family Member	6/3/2016	$ 43.06	$ 43.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	0000201616550 5Y4250X	Family Member	6/8/2016	$ 22.83	$ 22.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	0000201616550 5Y4250X	Family Member	6/8/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	0000201616550 5Y4250X	Family Member	6/8/2016	$ 163.77	$ 163.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	820557506	1730257106	0000201616550 5Y4250X	Family Member	6/8/2016	$ 19.65	$ 19.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 4.84	$ 4.84	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839661295	1427136357	0000201613850 13F060X	Single	3/30/2016	$ 3.85	$ 3.85	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791463	1023086345	00002016165500P4380X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791463	1023086345	00002016165500P4380X	Single	6/10/2016	$ 5.88	$ 5.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	840791463	1023086345	00002016165500P4380X	Single	6/10/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	833691713	1174604763	0000201616550 9S7130X	Single	6/10/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 3.57	$ 3.57	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 7.69	$ 7.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 6.13	$ 6.13	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 5.40	$ 5.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 4.52	$ 4.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Blue Shield	Basic Coverage	839405021	1407035298	0000201616650 59U980X	Single	6/9/2016	$ 35.25	$ 35.25	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	846597890	1841505161	161585494698022	Single	6/6/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	820557506	1669499893	161604140432026	Family Member	6/8/2016	$ 84.98	$ 84.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	838905834	1861783276	161623725145014	Single	6/10/2016	$ 13.76	$ 13.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161483184012003	Single	5/27/2016	$ (313.82)	$ (313.82)	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161483224209021	Single	5/27/2016	$ (1,059.97)	$ (1,059.97)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161483226835029	Single	5/27/2016	$ (25.87)	$ (25.87)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161483270904019	Single	5/27/2016	$ (584.89)	$ (584.89)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161483275457005	Single	5/27/2016	$ (1,145.68)	$ (1,145.68)	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161584350872018	Single	6/6/2016	$ 1,145.68	$ 1,145.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161584351551029	Single	6/6/2016	$ 712.42	$ 712.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161584353289006	Single	6/6/2016	$ 25.87	$ 25.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161584360195016	Single	6/6/2016	$ 1,059.97	$ 1,059.97	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	839903417	1508975921	161584361768023	Single	6/6/2016	$ 313.82	$ 313.82	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	841444302	1841505161	161602804586008	Single	6/8/2016	$ 13.74	$ 13.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	847237915	1871504423	161606133196023	Single	6/8/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	5	HIDALGO COUNTY	Drug	Basic Coverage	844708935	1194969279	161573850097021	Single	6/5/2016	$ 26.95	$ 26.95	0%	$0.00	
																			BASIC PLAN:		**$ 9,890.25**	**$ 9,890.25**			
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Cross	Basic Coverage	839391065	1346288032	00002016166031074900C	Single	5/27/2016	$ 604.90	$ 604.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Cross	Basic Coverage	838934383	1053317362	00002016165508J0850X	Family Member	6/9/2016	$ 277.10	$ 277.10	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1881929321	00002016163509884H0X	Family Subscriber	5/18/2016	$ 162.52	$ 162.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1881929321	00002016163509884H0X	Family Subscriber	5/18/2016	$ 1,137.64	$ 1,137.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1881929321	00002016163509884H0X	Family Subscriber	5/18/2016	$ 57.88	$ 57.88	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1881929321	00002016163509884H0X	Family Subscriber	5/18/2016	$ 25.68	$ 25.68	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1467633867	00002016165505B4390X	Family Subscriber	5/31/2016	$ 42.07	$ 42.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	820919956	1467633867	00002016165505B4390X	Family Subscriber	5/31/2016	$ 21.38	$ 21.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	841303739	1881929321	00002016163509911H0X	Family Subscriber	5/18/2016	$ 812.60	$ 812.60	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1174836233	00002016165 0D12660X	Family Subscriber	6/3/2016	$ 41.62	$ 41.62	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842517675	1174836233	00002016165 0D12760X	Family Subscriber	6/3/2016	$ 49.35	$ 49.35	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1538206198	00002016163507638L0X	Family Member	6/1/2016	$ 63.30	$ 63.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	822698457	1386648798	00002016166507838F0X	Family Member	6/8/2016	$ 59.66	$ 59.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	838934383	1346554656	00002016165509504W0X	Family Member	6/9/2016	$ 61.79	$ 61.79	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Blue Shield	Basic Coverage	842706664	1619099124	00002016169507422A0X	Family Subscriber	6/13/2016	$ 61.90	$ 61.90	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Drug	Basic Coverage	836548629	1225147648	161625309450021	Single	6/10/2016	$ 318.36	$ 318.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	5	21185	15	HIDALGO COUNTY	Drug	Basic Coverage	842281008	1508975921	161617251671026	Single	6/9/2016	$ 25.28	$ 25.28	0%	$0.00	
																			BUY-UP PLAN:		**$ 3,823.03**	**$ 3,823.03**			
																			TOTAL:		**$ 13,713.28**	**$ 13,713.28**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
HIDALGO COUNTY																									
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Cross	Basic Coverage	842584944	1679525919	00002016135609716K0H	Single	5/9/2016	$ 4.77	$ 4.77	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 7.07	$ 7.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 2.87	$ 2.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840883140	1073508545	00002016165509SB550X	Single	6/9/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1689985665	00002016167505P0230X	Family Subscriber	6/10/2016	$ 60.00	$ 60.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1689985665	00002016167505P0230X	Family Subscriber	6/10/2016	$ 19.74	$ 19.74	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1689985665	00002016167505P0230X	Family Subscriber	6/10/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1790721538	00002016165085lH50X	Family Subscriber	6/10/2016	$ 4.98	$ 4.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1790721538	00002016165085lH50X	Family Subscriber	6/10/2016	$ 5.11	$ 5.11	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1790721538	00002016165085lH50X	Family Subscriber	6/10/2016	$ 12.49	$ 12.49	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840303134	1790721538	00002016165085lH50X	Family Subscriber	6/10/2016	$ 6.30	$ 6.30	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1639114291	00002016165509SW80X	Family Member	6/10/2016	$ 19.58	$ 19.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1639114291	00002016165509SW80X	Family Member	6/10/2016	$ 15.07	$ 15.07	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1639114291	00002016165509SW80X	Family Member	6/10/2016	$ 72.66	$ 72.66	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1528039120	00002016169505428A0X	Family Subscriber	6/15/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1528039120	00002016169505428A0X	Family Subscriber	6/15/2016	$ 3.00	$ 3.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1528039120	00002016169505428A0X	Family Subscriber	6/15/2016	$ 29.20	$ 29.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	843589656	1528039120	00002016169505428A0X	Family Subscriber	6/15/2016	$ 72.38	$ 72.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841984987	1619278876	00002016104507767X70X	Single	4/7/2016	$ 103.99	$ 103.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840983722	1629023460	00002016169573483E0X	Single	5/16/2016	$ 23.70	$ 23.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840983722	1629023460	00002016169573483E0X	Single	5/16/2016	$ 8.64	$ 8.64	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840506354	1497848691	00002016169505075075X	Single	6/15/2016	$ 147.92	$ 147.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840506354	1497848691	00002016169505075075X	Single	6/15/2016	$ 19.87	$ 19.87	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	840506354	1497848691	00002016169505075940X	Single	6/15/2016	$ 70.20	$ 70.20	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	836879087	1073591202	00002016165570 9N020X	Family Member	5/23/2016	$ 21.65	$ 21.65	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	837890124	1508070038	00002016165023 7H00X	Single	6/13/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	841843319	1629023460	00002016167502K8480X	Single	6/7/2016	$ 48.38	$ 48.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840883140	1134238116	161623742088014	Single	6/10/2016	$ 262.48	$ 262.48	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840160826	1750402756	161614531410018	Family Member	6/9/2016	$ 0.94	$ 0.94	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840546680	1720218035	161605197530018	Family Member	6/8/2016	$ 3.09	$ 3.09	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840515041	1356356430	161564542670008	Single	6/4/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840515041	1356356430	161564543310012	Single	6/4/2016	$ 81.28	$ 81.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	841984987	1497197693	161624377014015	Single	6/10/2016	$ 242.06	$ 242.06	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	844431910	1114932191	161584243186024	Single	6/6/2016	$ 1.45	$ 1.45	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840983722	1861783276	161596033180020	Single	6/7/2016	$ 39.46	$ 39.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	840983722	1972698702	161623992491023	Single	6/10/2016	$ 38.22	$ 38.22	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	841570477	1508975921	161576829357009	Single	6/5/2016	$ 11.98	$ 11.98	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1477742385	161584032104010	Family Member	6/6/2016	$ 0.04	$ 0.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1477742385	161603377455012	Family Member	6/8/2016	$ 8.18	$ 8.18	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1477742385	161624122761013	Family Member	6/10/2016	$ 54.46	$ 54.46	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	836879087	1477742385	161563331728020	Single	6/4/2016	$ 1.40	$ 1.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833497057	1255604070	161627121361012	Single	6/10/2016	$ 23.58	$ 23.58	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	842706559	1114932191	161575534483002	Family Member	6/5/2016	$ 244.03	$ 244.03	0%	$0.00	
																					$ 2,056.76	**$ 2,056.76**			
APPRAISAL DISTRICT																									
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1871656066	00002016165032681 40C	Family Subscriber	6/6/2016	$ 25.83	$ 25.83	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1033545512	00002016165500 6C130X	Family Subscriber	6/1/2016	$ 105.67	$ 105.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509B340X	Family Subscriber	6/8/2016	$ 35.01	$ 35.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509B340X	Family Subscriber	6/8/2016	$ 32.24	$ 32.24	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509B340X	Family Subscriber	6/8/2016	$ 6.76	$ 6.76	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509B340X	Family Subscriber	6/8/2016	$ 10.05	$ 10.05	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509B340X	Family Subscriber	6/8/2016	$ 7.16	$ 7.16	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509SB700X	Family Member	6/8/2016	$ 68.99	$ 68.99	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509SB700X	Family Member	6/8/2016	$ 7.92	$ 7.92	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509SB700X	Family Member	6/8/2016	$ 7.28	$ 7.28	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509SB700X	Family Member	6/8/2016	$ 3.39	$ 3.39	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Blue Shield	Basic Coverage	833709201	1073508545	00002016165509SB700X	Family Member	6/8/2016	$ 20.38	$ 20.38	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161582350308015	Single	6/6/2016	$ 18.91	$ 18.91	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161582869374025	Single	6/6/2016	$ 20.42	$ 20.42	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161603693846022	Single	6/8/2016	$ 16.67	$ 16.67	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161582350369005	Family Member	6/6/2016	$ 679.14	$ 679.14	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161595456872009	Family Member	6/7/2016	$ 1.34	$ 1.34	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161605154729015	Family Member	6/8/2016	$ 2.19	$ 2.19	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	833709201	1851400279	161626689206006	Family Member	6/10/2016	$ 20.00	$ 20.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	844884031	1750308896	161591981946004	Single	6/7/2016	$ 6.81	$ 6.81	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	844884031	1750308896	161591982588009	Single	6/7/2016	$ 347.36	$ 347.36	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	6	21185	6	HIDALGO COUNTY	Drug	Basic Coverage	844734823	1508975921	161605334107016	Single	6/8/2016	$ 133.70	$ 133.70	0%	$0.00	

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
																					$ 1,577.22	$ 1,577.22			
																			BASIC PLAN:		**$ 3,633.98**	**$ 3,633.98**			
																			TOTAL:		**$ 3,633.98**	**$ 3,633.98**			

Account	Corporate Entity	Invoice Profile	Invoice Number	InvcPerFrDt	InvcPerToDt	ClmPerFrDt	ClmPerToDt	BARS CustNbr	Settlement Nbr	Association Nbr	Group Nbr	Section Nbr	Group Name	Coverage	Claim Type	Member ID	Provider ID	Document Control	Tier	Service Date	Gross Amt	Net Amt	Fee Percent	Fee Amt	Case Nbr
HIDALGO COUNTY																									
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Cross	Basic Coverage	836569213	1891740395	0000201616250793A10X	Single	6/1/2016	$ 916.52	$ 916.52	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	842837981	1023190659	0000201616850SZ4540X	Family Subscriber	6/7/2016	$ 1,078.40	$ 1,078.40	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/26/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/27/2016	$ 11.00	$ 11.00	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/27/2016	$ 5.50	$ 5.50	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9001	HIDALGO COUNTY	Blue Shield	Basic Coverage	836569213	1497724777	0000201616750 2B2200X	Single	5/28/2016	$ 11.00	$ 11.00	0%	$0.00	
																			BASIC PLAN:		**$ 2,060.92**	**$ 2,060.92**			
HIDALGO COUNTY																									
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	838751005	1053317362	0000201616550U94020X	Family Member	5/31/2016	$ 287.02	$ 287.02	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	838751005	1053317362	0000201608150 9N9290X	Family Member	3/3/2016	$ 3,813.70	$ 3,813.70	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	838751005	1780916585	0000201614150 3993G0X	Family Member	5/5/2016	$ 70.01	$ 70.01	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Drug	Basic Coverage	838751005	1720093800	161603847984009	Family Member	6/8/2016	$ 61.99	$ 61.99	0%	$0.00	
																					$ 4,232.72	**$ 4,232.72**			
APPRAISAL DISTRICT																									
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	0000201615950 4T6960X	Single	6/3/2016	$ 320.69	$ 320.69	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Cross	Basic Coverage	849757211	1174582050	0000201616150 9G1650X	Single	6/3/2016	$ 1,373.04	$ 1,373.04	0%	$0.00	
21185	TX1	618139	613549	6/11/2016	6/17/2016	6/11/2016	6/17/2016	TX433	1	7	21185	9002	HIDALGO COUNTY	Blue Shield	Basic Coverage	849757211	1073574810	0000201614550 2692N0X	Single	5/20/2016	$ 200.43	$ 200.43	0%	$0.00	
																					$ 1,894.16	**$ 1,894.16**			
																			BUY-UP PLAN:		**$ 6,126.88**	**$ 6,126.88**			
																			TOTAL:		**$ 8,187.80**	**$ 8,187.80**			

HIDALGO COUNTY DEPT. OF BUDGET AND MANAGEMENT
CERTIFICATION OF MEDICAL INSURANCE CLAIMS
PAID BY BLUE CROSS BLUE SHIELD OF TEXAS

FOR THE PERIOD OF **June 4, 2016 thru June 17, 2016**

Hidalgo County's Self-Funded Health Insurance, Third Party Administrator (TPA) Blue Cross Blue Shield of Texas, has submitted to my office a request to reimburse the County's CLAIMS PAYING ACCOUNT in the amount of **$1,022,526.06**.

1). Hidalgo County
2). Hidalgo County Head Start Program
3). Hidalgo County Appraisal District
4). Hidalgo County Community Service Agency
5). Hidalgo County Drainage District No.1
6). Hidalgo County Retirees
7). Hidalgo County COBRA

Total Reimbursement Requested by Blue Cross Blue Shield of Texas for dates 06/04/2016 to 06/17/2016 is $1,022,526.06.

Dept. of Budget & Management Employee Benefits Division is requesting approval of this payment on the Commissioners' Court Agenda of July 6, 2016.

I hereby approve this reimbursement and I and/or my staff have reviewed each claim included on the attached check register and to the best of my knowledge ensure:

- All the claimants are in fact employees/participants of Hidalgo County, Hidalgo County Head Start Program, Hidalgo County Appraisal District, Hidalgo County Community Service Agency, Hidalgo County Drainage District No.1, Hidalgo County Retirees and Hidalgo County COBRA.
- All fees to vendors are appropriate for the type of service provided.
- All insurance premiums paid to Hidalgo County for Health Insurance Self-Funded Account were deposited to the Hidalgo County Treasurer's Office and credited to the corresponding revenue account.
- All types of expenditures reflected on this claim report are appropriate for the Hidalgo County Health Insurance Self Funded Account.

Flora Vazquez — 06-28-16
Employee Benefits Director — Date

6/28/2016
Dept. of Budget & Management Budget Officer — Date

Commissioner's Court Approval — Date

AI-55287

Purchasing Department 12. A.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Rocio Villarreal, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Ratification of fully executed Change Order No. 2 (increase in the amount $25,650.00) for the "Eldora Road Improvements," to awarded vendor 2GS, LLC dba Earthworks Enterprise, and as submitted by project engineer, Jose N. Saldivar, P.E.-HCDD #1.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1345-431-00-122-107-0-841

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

PO #739177

Attachments

Change Order No. 2

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 03:55 PM
Budget & Management	Veronica Ortiz	07/01/2016 03:58 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Rocio Villarreal Started On: 07/01/2016 01:18 PM

Final Approval Date: 07/01/2016

CHANGE ORDER NUMBER TWO (2)

Project: **ELDORA ROAD IMPROVEMENTS**

DATE OF ISSUANCE: **May 19, 2016** EFFECTIVE DATE: _____

OWNER: **HIDALGO COUNTY**

OWNER'S CONTRACT NO: **C-16-061-01-19**

CONTRACTOR: **2GS, LLC, dba Earthworks Enterprise**
P.O. BOX 595
PENITAS, TEXAS 78576

ENGINEER: **Jose N. Saldivar, P. E.**
Project Engineer
Jose N. Saldivar, P. E.
902 North Doolittle Road
Edinburg, TX 78542

You are directed to make the following changes in the Contract Documents.

Description:

1. Add 1,149 SY to Item 1 (1 1/2" HMAC Type "D" 1,149 SY @ $9.00 = $10,341.00)
2. Add 1,134 SY New Item (Subgrade Excavation and Removal 1,134 SY @ $6.00 = $6,804.00)
3. Add 1,134 SY New Item 10" Caliche Base (6" Existing Lime Treated Salvage and 4" New Caliche 1,134 SY @ $ 7.50 = $8,505.00)
4.
5.
6.

Reason for Change Order:

1. The roadway section was modified to account for heavier traffic entering and exiting transportation/trucking company located along Eldora Road.
2. An additional amount of days have been granted to allow for the delivery of the Metal Beam Guard Fence for the bridge section.

Attachments:

CHANGE IN CONTRACT PRICE:		CHANGE IN CONTRACT TIME:	
Original Contract Price $ 279,192.75		Original Contract Time for Substantial Completion:	60 calendar days or dates
Net Changes from previous Change Order $ 6,030.00		Net Change from previous Change Orders	14 calendar days
Contract Price prior to this Change Order $ 285,222.75		Contract Time prior to this Change Order Substantial Completion:	74 calendar days or dates
Net Increase(decrease) of this Change Order $ 25,650.00		Net Increase(decrease) of this Change Order	21 calendar days
Contract Price with all approved Change Orders $ 310,872.75	Net % increase(decrease)from original contract price. 8%	Contract Time with all approved Change Orders Substantial Completion:	95 calendar days or dates

RECOMMENDED:

By: _____
Engineer (Authorized Signature)

Date: 05/24/16

APPROVED:

By: _____
Owner (Authorized Signature)

Date: 5/24/16

ACCEPTED:

By: Humberto Garcia, Jr.
Contractor (Authorized Signature)

Date: May 19, 2016

Exhibit E-B

HIDALGO COUNTY DRAINAGE DISTRICT NUMBER ONE

LETTER OF TRANSMITTAL

RAUL E. SESIN, PE, CFM
General Manager
Floodplain Administrator

902 N. Doolittle Road
Edinburg, Texas 78542
Off 956 292.7080
Fax 956 292.7089

HIDALGO COUNTY DRAINAGE DIST. NO. 1
2016 MAY 25 AM 8:37

DATE: 5/25/16

TO: Hidalgo County Pct. 2

FROM: Nora D Camargo

ATTENTION: Erika Ramera

JOB TITLE:

REASON FOR TRANSMITTAL CHECKED BELOW:

- ◯ AS REQUESTED
- ◯ RETURNED FOR CORRECTIONS
- ◯ APPROVED AS SUBMITTED
- ◯ FOR APPROVAL
- ◯ APPROVED AS NOTED
- ◯ COPY OF LETTER
- ◯ REVIEW AND COMMENT
- ◯ OTHER
- ◯ HAND DELIVERED

REMARKS: Original Change Order No. 2 for the Ebdora Rd Improvements

Received By: Mary Meave

AI-55247

Purchasing Department 12. B.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Heidi Ortiz, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

APPROVAL FOR INFORMATION AND DOCUMENTATION PURPOSES ONLY IN AS MUCH AS SOLE SOURCE VENDOR:

As of April 1, 2016, Verizon business services moved to the Frontier network changing the name to Frontier Communications. Frontier Communications continues to own proprietary exclusive/specific service areas which will affect the following land line numbers:

1. Pct 1 = 956-968-3423 - Shop; 956-969-1417 - Fax - Fire Alarm L1 = 956-968-9320 - Fire Alarm L2 = 956-968-9783;
2. Planning = 956-447-8612;
3. Juvenile Boot Camp = 956-969-3317- 956-969-4908 - 956-969-2574;
4. WIC - Rio Grande City = 956-488-0500; 956-488-8356; 956-488-8320; 956-488-8391; 956-488-8324; 956-488-9352;
5. WIC - Roma = 956-849-1459; 956-849-1460 - 956-849-1453 - 956-849-1470;
6. WIC - Weslaco #1 = 956-968-0594 - 956-968-0595 - 956-969-2534 - 956-969-4433 - 956-447-8496;
7. WIC - Weslaco #2 = 956-968-3516 - 956-968-8321; 956-968-3548 - 956-968-3744 - 956-968-5835 - 956-AB5-0773 09016 -210-026-5414-011609-5 (Access Line)

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

NO FISCAL IMPACT....NOTIFICATION TO COMMISSIONERS COURT OF NAME CHANGE

Attachments

Notification of Name Change

Effective Date

Original AI w/Backup

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 01:23 PM
Budget & Management	Veronica Ortiz	07/01/2016 02:02 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Heidi Ortiz Started On: 06/30/2016 09:01 AM

Final Approval Date: 07/01/2016

Req 297593

PO Box 5156
Tampa FL 33675

Important service notice

frontier | verizon

January 25, 2016

Dear Customer,

Your current local and/or long distance telephone providers are one or more of the following: Verizon California Inc., Verizon Florida LLC, GTE Southwest Incorporated d/b/a Verizon Southwest, and Verizon Long Distance LLC (collectively, "Verizon" or "Verizon Companies"). Verizon has agreed to a transaction that will result in Frontier Communications Corporation (Frontier) becoming the service provider for Verizon local and long distance customers, like you, in California, Florida, and Texas. This transaction has been approved by the Federal Communications Commission and has been approved or is pending approval by the required state telecommunications regulatory agencies.

We anticipate that the transaction will close in late March 2016, but the closing could occur later. Unless you elect a service provider other than Verizon prior to the closing date, Frontier will automatically become your service provider for any local and long distance (intrastate, interstate, and international) services you currently receive from Verizon, but NOT for wireless services. If Frontier becomes your service provider, Frontier will convert your service at no cost to you and your local telephone number(s) will NOT change.

If you have selected a service provider other than Verizon for any of these services, the transaction will not affect your carrier selection for those services. You always have the right to select another provider for local, regional toll and long distance services, if you wish to do so and another provider is available. If you would like to be served by another carrier you should contact that carrier or your local telephone company. This decision is entirely up to you, and you may choose to switch to another carrier for one or more of these services either before or after Frontier becomes your provider. There will be no carrier change charge assessed on customers for the change to Frontier. Selecting a carrier other than Frontier, however, may result in a carrier change charge to you. If you change the carrier for a service included in a bundle, associated discounts may no longer apply and fees for early termination of business term plans will still apply.

If Verizon is your local, toll or long distance provider and you have a preferred carrier freeze on these services, the freeze will be removed in order to transition these services from Verizon to Frontier. To reestablish a freeze, you must contact your local telephone company (whether Frontier or another carrier) after the closing to order a new freeze. Any preferred carrier freezes you may have that do not involve services you currently receive from Verizon

will not be affected by this transaction and will continue after transition of your local service to Frontier.

Upon completion of the proposed transaction, Frontier will offer local, toll, and long distance telecommunications services to you under the same rates, terms, and conditions offered by Verizon prior to the closing. Information regarding your current rates, terms, and conditions is reflected in your billing statement, as well as in relevant Verizon tariffs and product guides posted at www.verizon.com/tariffs. If, in the future, there are any changes to the rates, terms, or conditions of your service, Frontier will notify you by mail or in your bill. Frontier values your continued business and will gladly respond to any questions you may have about your service after the closing.

Until the closing of the transaction, Verizon will continue to serve you and handle all customer service inquiries, complaints, billing issues, and questions regarding this notice. You can contact Verizon toll-free at 877-439-7437 if you are a residential customer or 877-505-1184 if you are a business customer. After the closing, for assistance regarding this notice, your account or complaints, please contact Frontier toll free at 877-578-4111. Business customers may also contact their Verizon account manager prior to the closing.

We appreciate your understanding and support during this transition period, and thank you for your business. Frontier looks forward to welcoming you as a valued customer and will communicate directly with you as soon as the terms of this transaction allow us to let you know more about Frontier and its products and services.

Sincerely,

The Verizon Companies
Frontier Communications Corporation

Welcome to Frontier,
your new communications company

F01 P28 T783 B1136 269654 ***********AUTO**SCH 5-DIGIT 78596
30609 SBW-9868-0316 STD 30609VSBW0316 F01
Hidalgo Co. Juvenile Boot CMP
1711 N Bridge Ave
Weslaco, TX 78599-4220

Dear Business Owner,

On **April 1, 2016,** your Verizon business services will move to the Frontier network. That means if you have Internet, TV or Voice service, it will be provided by Frontier Communications. We know how important communications continuity is to running your business and serving your customers, and we're committed to making your transition to Frontier as seamless as possible. This starts with maintaining your current services–including FiOS®–and bringing you even more innovative products and services in the coming years. Rest assured your services and the rate on your monthly bill are not changing.

For a smooth transition, please go to MeetFrontier.com/business for important information you need to know, including:

- Save your latest Verizon bill with the account number for reference so you can create a Frontier ID to manage your account, view your bill and more
- Find answers to your questions about the transition to Frontier
- Contact customer service

Frontier provides reliable communications services to millions of customers across the U.S., and we look forward to serving you for years to come. We will remain in touch to keep you informed by email throughout the transition to Frontier.

Sincerely,

Dan McCarthy

Dan McCarthy
President and Chief Executive Officer

Welcome to Frontier.

Frontier BUSINESS EDGE

It's easy to get answers.

Visit MeetFrontier.com/business for:

- Information about your bill
- Managing your Frontier account
- Customer service

For more information call 1.800.921.8102.

BCTFWC

Learn more about your new service at MeetFrontier.com/business

LCTFWC9868
30609VSBW0316

Frontier BUSINESS EDGE

AI-39010

Purchasing Department
23. A. 3.

CC REGULAR

Meeting Date: 06/04/2013

Submitted For: Martha L. Salazar

Submitted By: Marty Salazar, PURCHASING DEPT.

Department: IT DEPARTMENT

Information

CAPTION

A. Requesting exemption from competitive procurement requirements pursuant to Texas Local Government Code, 262.024(a)(7)(C);

B. Approval of a "Sole Source Declaration" for GTE Southwest, dba, Verizon for the provision of telephone and Related services for Hidalgo County's Elected Offices, Departments, Programs and/or Agencies (all funding sources);

C. Approval for Hidalgo County Elected Offices, Departments, Programs and/or Agencies to purchase phone & related services from GTE Southwest, dba, Verizon inasmuch as this provider has proprietary/exlusive areas/zones.

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Budgetary expenditures are the responsibility of the individual end users.

Attachments

Backup

TXLGC-262.024

SOLE SOURCE -GTE Southwest, dba, Verizon

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	05/30/2013 02:20 PM

Budget & Management	Obdett Calzada	05/30/2013 04:08 PM
Auditor's Office	Monica Badillo	05/31/2013 05:25 PM

Form Started By: Marty Salazar Started On: 05/30/2013 10:18 AM

Final Approval Date: 05/31/2013

Fwd: Verizon serviced addresses

From : Renan Ramirez <renan.ramirez@co.hidalgo.tx.us> Thu, May 23, 2013 03:29 PM
Subject : Fwd: Verizon serviced addresses
To : Martha Salazar <martha.salazar@co.hidalgo.tx.us>
Cc : Lee Pena <lee.pena@co.hidalgo.tx.us>, Edna Kirby <edna.kirby@co.hidalgo.tx.us>

Marty,

As per the email below. We requested that AT&T provide an answer to service requests at the addresses currently being serviced by Verizon. Below is their answer. I believe this should be enough information to proceed with a sole source declaration of Verizon services in those areas.

Thanks!

Renán Ramirez
Chief Information Officer
County of Hidalgo, Texas
956-289-7444

From: "BRENDA L MONTEITH" <bm3274@att.com>
To: "Lee Pena" <lee.pena@co.hidalgo.tx.us>
Cc: "Renan Ramirez" <renan.ramirez@co.hidalgo.tx.us>
Sent: Thursday, May 23, 2013 2:01:29 PM
Subject: RE: Verizon serviced addresses

Hi Lee,

So, when we look up an address all it tells us is that it is "out of region" and local carrier is GTE Southwest dba Verizon. I am not able to send you a screen shot due to proprietary. I hope this helps some.

Thanks,
Brenda Monteith
Technical Sales Consultant 2
AT&T - Texas
Government/Education Accounts
(512) 421-5055
STOP texting while driving. Take the pledge at itcanwait.com

From: Lee Pena [mailto:lee.pena@co.hidalgo.tx.us]
Sent: Wednesday, May 22, 2013 4:28 PM
To: MONTEITH, BRENDA L
Cc: Renan Ramirez
Subject: Re: Verizon serviced addresses

Thank you Brenda.

"Lee" Leonila Pena | Technical Services Manager | Information Technology
County of Hidalgo, Texas | Tel: 956.292.7000 x6031 | lee.pena@co.hidalgo.tx.us

---

From: "BRENDA L MONTEITH" <bm3274@att.com>
To: "Lee Pena" <lee.pena@co.hidalgo.tx.us>
Cc: "Renan Ramirez" <renan.ramirez@co.hidalgo.tx.us>
Sent: Wednesday, May 22, 2013 4:28:59 PM
Subject: RE: Verizon serviced addresses

I'm glad to help. I hope to be able to provide you with something showing AT&T doesn't service that area but that isn't to say there isn't some other company out there that can or will provide service to Weslaco.

In Weslaco, Verizon is the ILEC (Incumbent Local Exchange Carrier) and any other provider would be a CLEC (Competitive Local Exchange Carrier). I do believe there are some CLECs servicing Weslaco but I'm not certain about how you would find out who.

The ILEC services all local end-users prior to a market opening up to local competition.
The CLEC is a competing provider also selling local service to end users.

Using McAllen as an example, AT&T is the ILEC but there are also CLECs like SmartCom, Time Warner Telecom etc.

I'll get back to you and let you know if I have something more to share.

Have a nice evening.

Thanks,
Brenda Monteith
Technical Sales Consultant 2
AT&T - Texas
Government/Education Accounts
(512) 421-5055
STOP texting while driving. Take the pledge at itcanwait.com

From: Lee Pena [mailto:lee.pena@co.hidalgo.tx.us]
Sent: Wednesday, May 22, 2013 4:00 PM
To: MONTEITH, BRENDA L
Cc: Renan Ramirez

Subject: Re: Verizon serviced addresses

Ok. Auditors is requesting that we prove that no other vendor can provide service at those addresses. Can AT&T provide a us with something in writing stating that AT&T does not service those addresses?

I'd greatly appreciate your help on this.

"Lee" Leonila Pena | Technical Services Manager | Information Technology
County of Hidalgo, Texas | Tel: 956.292.7000 x6031 | lee.pena@co.hidalgo.tx.us

---

From: "BRENDA L MONTEITH" <bm3274@att.com>
To: "Lee Pena" <lee.pena@co.hidalgo.tx.us>
Sent: Wednesday, May 22, 2013 3:55:54 PM
Subject: RE: Verizon serviced addresses

True. We do not service Weslaco. I'll see what I can get from the business office. We use a premise street address guide system but I don't know what can be shared.

Thanks,
Brenda Monteith
Technical Sales Consultant 2
AT&T - Texas
Government/Education Accounts
(512) 421-5055
STOP texting while driving. Take the pledge at itcanwait.com

From: Lee Pena [mailto:lee.pena@co.hidalgo.tx.us]
Sent: Wednesday, May 22, 2013 3:19 PM
To: MONTEITH, BRENDA L
Subject: Verizon serviced addresses

Brenda,

Below are the addresses, I think for the Pct. 1 and the Indigent accounts, we have an AT&T T1 and Verizon.

Hidalgo County of
PCT-1 Hidalgo County Of
Telephone Number: 956 968-7800 040811
Account Number: 10 5492 2882678665 00
Service address:1901 N Bridge Ave, Weslaco, TX 78596

Hidalgo County of
PCT-1 Hidalgo County Of
Telephone Number: 956 968-3423 040909

Account Number: 10 5492 2898682810 06
Service address:1901 N Bridge Ave, Weslaco, TX 78596

County of Hidalgo
Indigent
Telephone Number: 956 969-4700 071029
Account Number: 10 5492 2821135867 03
Service address: 1901 N Bridge, Weslaco, TX 78596

Hidalgo County Sheriff's OFC
Telephone Number: 956 973-1606 121018
Account Number: 10 5492 2826441184 06
Service address: 3003 E. MILE 11 NORTH, WESLACO, TEXAS 78596

"Lee" Leonila Pena | Technical Services Manager | Information Technology
County of Hidalgo, Texas | Tel: 956.292.7000 x6031 |
lee.pena@co.hidalgo.tx.us

From: "Lee Pena" <lee.pena@co.hidalgo.tx.us>
To: "BRENDA L MONTEITH" <bm3274@att.com>
Sent: Wednesday, May 22, 2013 2:45:01 PM
Subject: Re: Telephone/T1 Billing

Thank you Brenda. I have another question, maybe you can direct me to the right person/department. We have several bills with Verizon, but they do not have a DIR contract or any contract from what we know. We need to prove that they are the only ones that can provide service in the areas that they are billing us for. How can I go about having AT&T tell us if they can or can not provide service in those areas?

Thank you in advance,

"Lee" Leonila Pena | Technical Services Manager | Information Technology
County of Hidalgo, Texas | Tel: 956.292.7000 x6031 |
lee.pena@co.hidalgo.tx.us

Sec. 262.024. DISCRETIONARY EXEMPTIONS. (a) A contract for the purchase of any of the following items is exempt from the requirement established by Section 262.023 if the commissioners court by order grants the exemption:

(1) an item that must be purchased in a case of public calamity if it is necessary to make the purchase promptly to relieve the necessity of the citizens or to preserve the property of the county;

(2) an item necessary to preserve or protect the public health or safety of the residents of the county;

(3) an item necessary because of unforeseen damage to public property;

(4) a personal or professional service;

(5) any individual work performed and paid for by the day, as the work progresses, provided that no individual is compensated under this subsection for more than 20 working days in any three month period;

(6) any land or right-of-way;

(7) an item that can be obtained from only one source, including:

(A) items for which competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies;

(B) films, manuscripts, or books;

(C) electric power, gas, water, and other utility services; and

(D) captive replacement parts or components for equipment;

(8) an item of food;

(9) personal property sold:

(A) at an auction by a state licensed auctioneer;

(B) at a going out of business sale held in compliance with Subchapter F, Chapter 17, Business & Commerce Code; or

(C) by a political subdivision of this state, a state agency of this state, or an entity of the federal government;

(10) any work performed under a contract for community

and economic development made by a county under Section 381.004; or

(11) vehicle and equipment repairs.

(b) The renewal or extension of a lease or of an equipment maintenance agreement is exempt from the requirement established by Section 262.023 if the commissioners court by order grants the exemption and if:

(1) the lease or agreement has gone through the competitive bidding procedure within the preceding year;

(2) the renewal or extension does not exceed one year; and

(3) the renewal or extension is the first renewal or extension of the lease or agreement.

(c) If an item exempted under Subsection (a)(7) is purchased, the commissioners court, after accepting a signed statement from the county official who makes purchases for the county as to the existence of only one source, must enter in its minutes a statement to that effect.

(d) The exemption granted under Subsection (a)(8) of this section shall apply only to the sealed competitive bidding requirements on food purchases. Counties shall solicit at least three bids for purchases of food items by telephone or written quotation at intervals specified by the commissioners court. Counties shall award food purchase contracts to the responsible bidder who submits the lowest and best bid or shall reject all bids and repeat the bidding process, as provided by this subsection. The purchasing officer taking telephone or written bids under this subsection shall maintain, on a form approved by the commissioners court, a record of all bids solicited and the vendors contacted. This record shall be kept in the purchasing office for a period of at least one year or until audited by the county auditor.

Acts 1987, 70th Leg., ch. 149, Sec. 1, eff. Sept. 1, 1987. Amended by Acts 1989, 71st Leg., ch. 1, Sec. 59(c), eff. Aug. 28, 1989; Acts 1989, 71st Leg., ch. 962, Sec. 1, eff. Sept. 1, 1989; Acts 1989, 71st Leg., ch. 1001, Sec. 2, eff. Aug. 28, 1989; Acts 1989, 71st Leg., ch. 1060, Sec. 1, eff. Aug. 28, 1989; Acts 1991, 72nd Leg., ch. 16, Sec. 13.03, eff. Aug. 26, 1991; Acts 1997, 75th Leg., ch. 442, Sec. 2, eff. Sept. 1, 1997; Acts 2001, 77th Leg., ch. 1065, Sec. 1, eff. June 15, 2001.

Amended by:

Acts 2007, 80th Leg., R.S., Ch. 1272, Sec. 3, eff. September 1, 2007.

PURCHASING DEPARTMENT
County Of Hidalgo

MEMORANDUM

"SOLE SOURCE DECLARATION"

To: Hidalgo County Commissioners Court

From: Martha L. Salazar
Hidalgo County Purchasing Agent

Date: June 4, 2013

Re: "Sole Source Declaration" - GTE Southwest, dba, Verizon

Hidalgo County currently has telephone & related services with AT&T (awarded vendor) through our membership and participation with the State of Texas' Department of Information Resources.

However, certain areas throughout the County cannot be purchased through AT&T's contract as GTE Southwest has proprietary areas which provides phone and related services.

These circumstances are supported by correspondence from AT&T.

Therefore, Hidalgo County Elected Offices, Departments, Agencies and Programs (all funding sources) must acquire telephone and related services through GTE Southwest, dba, Verizon in those exclusive/specific service areas.

This declaration remains in effect unless revoked by Hidalgo County Commissioner's Court.

2802 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

AI-55285

Purchasing Department 12. C.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Valde Guerra, EXECUTIVE OFFICE

Submitted By: Monica Badillo, EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

Executive Office - Traffic Engineering:
Acceptance and approval of Invoice #11325722 dated 6/30/16 in the amount of $7,681.76 for the month of June 2016 from L&G Consulting Engineers, Inc. contracted engineer for HCMPO Policy Meeting and HCMPO Technical Meeting. (PO#733569).

BACKGROUND

Contract# C-15-255-09-01

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-429-30-125-014-0-334

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available through PO#733569
Funds available as of 6/1/16.

Attachments

invoice

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 01:16 PM
Budget & Management	Veronica Ortiz	07/01/2016 02:02 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 02:40 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Monica Badillo Started On: 07/01/2016 11:43 AM

Final Approval Date: 07/01/2016

L&G Engineering
Transportation Consultants

July, 2016

Hidalgo County
Executive Office
Attn: Valde Guerra
2818 S. Business Hwy 281
Edinburg, TX 78539

RE: PROGRESS REPORT
Activities at the HCMPO for the month of June 2016
Work Authorization No. 1 Contract #C-15-255-09-01

Dear Mr. Cruz,

Attached is our invoice for the month of June 2016. This invoice covers the basic fee associated for attending the Hidalgo County Metropolitan Planning Organization (HCMPO) technical and policy meetings.

The following tasks were accomplished this month.

- June 2, 2016 – Mr. Arnold Cortez, P.E. attended the HCMPO Technical Advisory Committee (TAC) meeting. Mr. Jacinto Garza coordinated with the Hidalgo County MPO Policy Committee member, Commissioner Joseph Palacios.

- June 23, 2016 – Mr. Jacinto Garza, P.E. attended the HCMPO Policy Meeting and coordinated recommendations and information to the Hidalgo County MPO Policy Committee member, Commissioner Joseph Palacios.

Should you have any questions or require additional information, please do not hesitate to give me a call at (956) 565-9813.

Sincerely,

Jacinto Garza, P.E.
CEO/President

Attachments

RECEIVED
OFFICE OF EXECUTIVE OFFICER
ON: 7/01/16 BY:

2100 W. Expressway 83 • Mercedes, TX 78570 • Office (956) 565-9813 • Fax (956) 565-9018
900 S. Stewart Rd., Ste. 9 • Mission, TX 78572 • Office (956) 585-1909 • Fax (956) 585-1927

L & G Consulting Engineers Inc
2100 W. Expressway 83
Mercedes, TX 78570
(956) 565-9813 Fax (956) 565-9018

INVOICE #: 11325722
INVOICE DATE: 06/30/16

BILL TO:
Hidalgo County
100 E. Cano
Edinburg, TX 78539

JOB: 130901
HCMPO - On Call Eng Services
PO#733569

Engineering services for the month of June 2016.

HCMPO POLICY MTG			
HCMPO County Update MPO Policy Representation	16.00 hrs	211.400 / hrs	3,382.40
HCMPO Policy Meeting - June 23, 2016	1.00 mtg	1691.200 / mtg	1,691.20
HCMPO POLICY MTG TOTAL:			5,073.60
HCMPO TAC MEETING			
HCMPO TAC Meeting - June 2, 2016	1.00 mtg	1038.880 / mtg	1,038.88
Mileage Reimbursement	300.00 mi	0.560 / mi	168.00
Prepare Information Documents	8.00 hrs	129.860 / hrs	1,038.88
HCMPO TAC MEETING TOTAL:			2,245.76
DIRECT EXPENSES			
Administrative Preparation - MPO	4.00 hrs	60.400 / hrs	241.60
Clerical Preparation for the County MPO	2.00 hrs	60.400 / hrs	120.80
DIRECT EXPENSES TOTAL:			362.40
		TOTAL	7,681.76 ✓

INVOICE RECEIVED BY: 7/1/16
COPIES/SERVICES RECEIVED BY: Monica on June 2016
PO# 733569

Project Manager's Signature

HIDALGO COUNTY METROPOLITAN PLANNING ORGANIZATION

Technical Advisory Committee Meeting –Thursday, June 2, 2016

HCMPO Conference Room

Weslaco, TX.

PLEASE PRINT

	NAME	ENTITY AND ADDRESS	PHONE	FAX	E-MAIL ADDRESS
1.	Bobby Salinas	City of Alamo	787-0006		bsalinas@alamotexas.org
2.	Richard M. Hinojosa	City of Edinburg	388-8202		rhinojosa@cityofedinburg.com
3.	Joe Torres	City of Pharr	537-4037		jt.civilengineers@gmail.com
4.	Raymond G. Sanchez	TxDOT-TPP	702-623-2		Raymond.Sanchez@txdot.gov
5.	Mayra Rodriguez	Valley Metro	969-5761		mgarcia@lrgvdctransit.org
6.	Arnold Cortez for Jacinto Gallegos	Mission, Tx	585-1909		acortez@lgengineers.com
7.	Robert deLeon	Metro McAllen	681 3507		robert.deleon@mcallen.net
8.	Anthony Ivory	HCRMA			
9.	Danny Guzman	City of Edcouch	551-0486		
10.	X. Cervantes	City of San Juan	223-2220		
11.	Joe Cali K	L+G, Mission			
12.	Mark Corbitt	TEDSI	424-7898		
13.					
14.					
15.					

Hidalgo County MPO

Transportation Policy Meeting

June 23, 2016 – 5:30 PM

PLEASE PRINT

	NAME	ENTITY AND ADDRESS	PHONE	FAX	E-MAIL ADDRESS
1.	Lou Tenzos	Pharr	577-4037		[illegible]
2.	Jeff Underwood	Alton	432-0160		
3.	David Alaniz	La Villa	351-1247	262-2516	davidalaniz22@yahoo.com
4.	Homero Bazan, Jr.	TxDOT	702-6214		homer.bazan@txdot.gov
5.	Hector Gonzalez, JR.	TxDOT	702-6135		hector.gonzalez@txdot.gov
6.	Michelle Leftwich	City of McAllen	681-1008		mleftwich@mcallen.net
7.	MARIO GARZA	City of San Juan			
8.	Bobby Salinas	City of Alamo	787-0066		
9.	Armando Ocanas	City of Mission	222-5739	323-2687	a-ocanas@laguntx.net
10.	J.R. Betancourt	City of Edinburg			
11.	Martin Garza, J.	City of Mission	(956) 458-9049		mgarza@missiontx.us
12.	Ricardo Perez	City of Pharr	467-7866		
13.	Raymond G. Sanchez	TxDOT-PTP	702-6242		
14.	David Salinas	Hidalgo County Road	605-7866		
15.	Omar Romero	Penitas	956-381-9649		

Hidalgo County MPO

Transportation Policy Meeting

June 23, 2016 – 5:30 PM

PLEASE PRINT

	NAME	ENTITY AND ADDRESS	PHONE	FAX	E-MAIL ADDRESS
1.	Robert Escobar	Elsa	246-7878		
2.	Julian S. Gonzalez	Hidalgo	843-2286		
3.	Mandaqueo Hinojosa	Weslaco	447-3403		
4.	Ricardo Rodriguez	HCRMA	402-4762		
5.	Ramon Navarro IV	HCRMA	956 402 4762		
6.	Sergio Coronado (Commissioner)	City of Hidalgo	956 451-9119		scoronado777@gmail.com
7.		Hidalgo	956 1585 4509		jacinto@lgengineers.com
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

AI-55262

Purchasing Department 12. D.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

Approval of the following for 2GS, LLC, dba Earthworks Enterprise for the Pct. 2 Eldora Road project, as submitted and recommended by project engineer, Jose N. Saldivar, PE for contract # C-16-061-01-19: 1. Application for Final Payment in the amount of $58,983.36; 2. Acceptance of Certificate of Substantial Completion reflecting the date of June 20,2016;

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1345-431-00-122-107-0-841
FUNDS AVAILABLE Y/N?:	Y/Pending	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

Funding available through PO#739177 in the amount of $36,437.15. A transfer was made into account no. 6-1345-431-00-122-107-0-841 AI#55227.Pending CC approval on 7/6/2016.

Attachments

Certificate of Substantial Completion

Final Payment

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 10:41 AM
Budget & Management	Veronica Ortiz	07/01/2016 11:17 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 01:39 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/30/2016 01:36 PM

Final Approval Date: 07/01/2016

Certificate of Substantial Completion

PROJECT: Hidalgo Pct. No. 2 Eldora Road Improvements (I Rd. to Raul Longoria Rd.)

PROJECT NUMBER: C-16-061-01-19

OWNER: Hidalgo County Pct. No. 2

CONTRACTOR: 2GS ,LLC

The Work performed under this Contract has been reviewed and found, to the Engineer's best knowledge, information and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated above is the date of issuance established by this Certificate, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below: Construction time is stopped at the day of Issuance.

County of Hidalgo		06/20/16
Engineer	By: Jose N. Saldivar , P.E.	Date of Issuance

A list of items to be completed or corrected is attached hereto. The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment.

Cost estimate of Work that is incomplete or defective: $ 0 .

The Contractor will complete or correct the Work on the list of items attached hereto and complete the work by _____
Date

	Humberto García, Jr.	June 20, 2016
Contractor	By	Date

The Owner accepts the Work or designated portion as substantially complete and will assume full possession at 5:00 a.m./p.m. on _____.
Date

Owner	By	Date

Certificate of Substantial Completion

PROJECT: Eldora Rd. Improvements (I Rd. to Raul Longoria Rd.)

PROJECT NUMBER: C-16-061-01-19

OWNER: Hidalgo County Pct. No. 2

CONTRACTOR: 2GS , LLC

LIST OF ITEMS TO BE COMPLETED OR CORRECTED FOR THE ABOVE REFERENCED PROJECT.

1. Assure Road Side Ditches are Graded as per plans.
2. Existing Concrete Driveway @ about Sta. 38+25 has a section that is broken off.
3. Remove Erosion Control Silt Fence.
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PREPARED BY: Jesse Alvarez

County of Hidalgo
ENGINEER

BY: Jose N. Saldivar , P.E.

06/20/16
DATE

(FINAL PAYMENT)

APPLICATION FOR PAYMENT NO. THREE (3)

To: HIDALGO COUNTY (OWNER)
From: 2GS, LLC, dba Earthworks Enterprise (CONTRACTOR)
Contract: HIDALGO COUNTY PRECINCT NO. 2

Project: Eldora Road Improvements

Owner's Contract No. C-16-061-01-19 ✓ Engineer's Project No. PURCHASE ORDER #739177
For Work accomplished through the date of: June 5, 2016

1. Original Contract Price:		$279,192.75 ✓
2. Net change by Change Order and Written Agreements(+):		$31,680.00 ✓
3. Current Contract Price (1 plus 2):		$310,872.75 ✓
4. Total completed and stored to date:		$310,872.75 ✓
5. Retainage (per Agreement):		
5% of completed Work:	$15,543.64 ✓	
of stored material		
Total Retainage:		$15,543.64 ✓
6. Total completed and stored to date less retainage (4 minus 5)		$295,329.11 ✓
7. Less previous Application for Payments:		$236,345.75 ✓
8. AMOUNT DUE THIS APPLICATION (6 MINUS 7)		$58,983.36 ✓

Accompanying Documentation:

CONTRACTOR'S Certification:

The undersigned CONTRACTOR certifies that (1) all previous progress payments received from OWNER on account of Work done under the Contract referred to above have been applied on account to discharge CONTRACTOR'S legitimate obligations incurred in connection with Work covered by prior Applications for Payment numbered 1 through 3 inclusive: (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); and (3) all Work covered by this Application for Payments is in accordance with the Contract Documents and not defective.

Date June 9, 2016

2GS, LLC, dba Earthworks Enterprise
(CONTRACTOR)

State of TEXAS
County of HIDALGO
Subscribed and sworn to before me this 10th day of June, 2016.

By: _____
Humberto Garcia, Jr.
Member
P.O. Box 595
Peñitas, Texas 78576-0595

ARMANDO OMAR FLORES JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130592795

Notary Public Armando Omar Flores, Jr.
My Commission expires March 23, 2020

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Date _____

Jose N Saldivar, P.E.
(ENGINEER)

By: _____
Jose N Saldivar, P.E. Proyect Engineer
Exhibit E-C

INVOICE RECEIVED BY: Elizabeth Cuellar ON 4/23/16.
GOODS/SERVICES RECEIVED BY: Eduardo Cantu ON 6/5/2016

PO # 739177
6-1345-431-00-122-167-0-841
Req # 293522

ARMANDO OMAR FLORES JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130592795

Estimate Quantity Update Worksheet

Colonia: **Eldora Road Improvements**
Roadway: Eldora Road between I Road and Raul Longoria Road
Control:
Project No: **C-16-061-01-19**
County: Hidalgo County
Estimate: 3

Work Type: Road and Drainage Construction
Limits:
From: I Road
To: Raul Longoria

Contractor: **2GS, LLC**
Contract Price: $310,872.75
Work Done this Mo.: $310,872.75
% Complete: 100.00%

Date Contract Began: March 11, 2016
Contract Time: 95
Time Charged: 87
% Time Used: 91.58%

						CHANGE ORDER			FIRST MONTH			SECOND MONTH				THIRD MONTH	
Item No.	DESCRIPTION	Unit	Project Quantity	Unit Price	Project Amount	Revised Rates	Quan	Dollars	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)
	BASE BID																
1	1 1/2" HMAC Type "D"	SY	10,368.00	$ 9.00	$ 93,312.00				-	-	$ -	9,068.00	9,068.00	$ 81,612.00	1,300.00	10,368.00	$ 11,700.00
2	Prime Coat (MC-30)(0.2 Gal/SY)	SY	10,185.00	0.75	7,638.75				-	-	-	9,068.00	9,068.00	6,801.00	1,117.00	10,185.00	837.75
3	Tack Coat (SS-1)(0.14 Gal/SY)	SY	184.00	5.00	920.00				-	-	-	184.00	184.00	920.00		184.00	-
4	Scarify, Process, Prepare, and Stabilize (2.5 % Lime)Existing Road Section to achieve proposed base	SY	11,096.00	4.00	44,384.00				3,860.00	3,860.00	15,440.00	7,236.00	11,096.00	28,944.00		11,096.00	-
5	1" Compacted Caliche	SY	11,096.00	4.25	47,158.00				3,860.00	3,860.00	16,405.00	7,236.00	11,096.00	30,753.00		11,096.00	-
6	Compacted Caliche Fill	SY	196.00	8.00	1,568.00				98.00	98.00	784.00	98.00	196.00	784.00		196.00	-
7	Erosion and Sediment Control Structural Practices to Comply with County and TCEQ Requirements for Storm Water Pollution Prevention	LS	1.00	3,500.00	3,500.00				1.00	1.00	3,500.00	-	1.00	-		1.00	-
8	Regrade Roadside Ditch	LF	7,292.00	3.00	21,876.00				2,896.00	2,896.00	8,688.00	4,396.00	7,292.00	13,188.00		7,292.00	-
9	18" High Performance Polypropylene Storm Drain Pipe	LF	197.00	30.00	5,910.00				157.00	157.00	4,710.00	40.00	197.00	1,200.00		197.00	-
10	18" Rubber Gasket RCP CL III Storm Drain Pipe	LF	16.00	40.00	640.00				-	-	-	16.00	16.00	640.00		16.00	-
11	Type "C-C" Inlet with Concrete Apron	EA	1.00	3,500.00	3,500.00	3,500.00	(1.00)	(3,500.00)	-	-	-		0.00	-			
12	Storm Trench Bedding & Backfill	LF	33.00	7.00	231.00				33.00	33.00	231.00		33.00	-		33.00	-
13	Trench Protection	LF	33.00	25.00	825.00				33.00	33.00	825.00		33.00	-		33.00	-
14	Safety End Treatment for 18" Pipe	EA	3.00	1,300.00	3,900.00				-	-	-	3.00	3.00	3,900.00		3.00	-
15	Asphalt Driveways (3" Caliche Base & 1" ACP)	SY	122.00	15.00	1,830.00				-	-	-	122.00	122.00	1,830.00		122.00	-
16	Traffic Control	LS	1.00	10,000.00	10,000.00				0.50	0.50	5,000.00	0.50	1.00	5,000.00		1.00	-
17	Pavement Markings	LS	1.00	13,000.00	13,000.00				-	-	-		-	-	1.00	1.00	13,000.00
18	Stop Sign R1-1 (36" X 36")	EA	1.00	300.00	300.00	300.00	(1.00)	(300.00)	-	-	-		-	-		-	-
19	Stop Ahead Sign W3-1 (30" X 30")	EA	1.00	300.00	300.00	300.00	(1.00)	(300.00)	-	-	-		-	-		-	-
	BASE BID TOTALS				**$ 260,792.75**			**$ (4,100.00)**			**$ 55,583.00**			**$ 175,572.00**			**$ 25,537.75**
	ALTERNATE #1 BID																
1	Remove & Replace Existing Metal Beam Guard Fence	LF	368.00	50.00	18,400.00				-	-	-	150.00	150.00	7,500.00	218	368.00	10,900.00
	ALTERNATE #1 BID TOTALS				**$ 18,400.00**						$ -			**$ 7,500.00**			**$ 10,900.00**
	BASE BID TOTALS + ALTERNATE #1 BID TOTALS				**$ 279,192.75**						**$ 55,583.00**			**$ 183,072.00**			**$ 36,437.75**
	CHANGE ORDER #1																
4	Add Item (Concrete Riprap with Grate Top for 18" Pipe)	EA				1.00	750.00	750.00	-	-	-	1.00	1.00	750.00		1.00	
5	Add 196 LF to Item #9 18" HPP Storm Drain Pipe New Total 393 LF	LF				196.00	30.00	5,880.00	-	-	-	196.00	196.00	5,880.00		196.00	
6	Add 140 LF to Item #15 Asphalt Driveways for a New Total of 262 LF	LF				140.00	15.00	2,100.00	-	-	-	140.00	140.00	2,100.00		140.00	
7	Add Item (Concrete Driveway 4" 20 SY)	SY				20.00	70.00	1,400.00	-	-	-	20.00	20.00	1,400.00		20.00	
	CHANGE ORDER #1 TOTALS				$ -			**$ 10,130.00**			$ -			**$ 10,130.00**			
	CHANGE ORDER #2																
1	Add 1,149 to Item 1 (1 1/2" HMAC Type "D")	SY				1,149.00	9.00	10,341.00							1,149.00	1,149.00	10,341.00
2	Add 1,134 SY New Item (Subgrade Excavation and Removal)	SY				1,134.00	6.00	6,804.00							1,134.00	1,134.00	6,804.00
3	Add 1,134 SY New Item 10" Caliche Base (6" Existing Lime Salvage and 4" New Caliche)	SY				1,134.00	7.50	8,505.00							1,134.00	1,134.00	8,505.00
	CHANGE ORDER #2 TOTALS							**$ 25,650.00**									**$ 25,650.00**
	BASE BID TOTALS + ALTERNATE #1 BID TOTALS + CHANGE ORDER #1				**$ 279,192.75**			**$ 31,680.00**			**$ 55,583.00**			**$ 193,202.00**			**$ 62,087.75**

Monthly Totals:	$ 55,583.00			$ 193,202.00			$ 62,087.75
ADMINISTRATIVE (901)							
PRELIMINARY ENGINEERING (902)							
CONSTRUCTION ENGINEERING (903)							
RIGHT-OF-WAY (904)							
Roadway (905)	$ 55,583.00			$ 175,572.00			$ 25,537.75
Drainage (906)							
Alternate #1 Bid	$ -			$ 7,500.00			$ 10,900.00
Change Order #1	$ -			$ 10,130.00			$ -
Change Order #2							$ 25,650.00

Total to Date:

Roadway (905)	$ 256,692.75
Drainage (906)	$ -
Alternate #1 Bid	$ 18,400.00
Change Order #1	$ 10,130.00
Change Order #2	$ 25,650.00
Total	$ 310,872.75

Prepared and Checked By:

Signature:

Printed Name: Humberto Garcia Jr.

Date: June 9, 2016

2GS, LLC, dba Earthworks Enterprise	Contractor Name	Application No.:	3
March 17, 2016	Starting Date	Application Date:	June 9, 2016
June 20, 2016	Project Ending Date	Period To:	June 5, 2016
5%	Retainage Percent	Engineer Firm:	Jose N Saldivar, P.E.

Summary

CSJ #	Project Name	Original Schedule	Revised Schedule Value	Payment Application #1	Payment Application #2	Payment Application #3	Total To Date	Balance To Finish	Retainage	Net	Payment To Date	Payment Due
C-16-061-01-19	Eldora Road Improvements	$ 279,192.75	$ 31,680.00	$ 55,583.00	$ 193,202.00	$ 62,087.75	$ 310,872.75	$ -	$ 15,543.64	$ 295,329.11	$ 236,345.75	$ 58,983.36
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
Totals			$ 310,872.75	$ 55,583.00	$ 193,202.00	$ 62,087.75	$ 310,872.75	$ -	$ 15,543.64	$ 295,329.11	$ 236,345.75	$ 58,983.36

Exhibit E-D

2GS, LLC, dba Earthworks Enterprise	Contractor Name	Application No.:	3
3/17/16	Starting Date	Application Date:	6/9/16
6/20/16	Project Ending Date	Period To:	6/5/16
Eldora Road Improvements	Engineer's/County Project Description	Engineer's/County Project No.:	C-16-061-01-19

					Original Schedule Value		Change Order			First Month			Second Month			Third Month				Balance to Finish	
No.	Item Code	Description	Unit	Original Rates	Quan	Dollars	Revised Rates	Quan	Dollars	Monthly Quan	QTY to Date	Item Cost (Monthly)	Monthly Quan	QTY to Date	Item Cost (Monthly)	Monthly Quan	QTY to Date	Item Cost (Monthly)	Total to Date	Quan	Dollars
		(905) ROADWAY																			
		BASE BID																			
1		1 1/2" HMAC Type "D"	SY	$ 9.00	10,368.00	$ 93,312.00				-	-	$ -	9,068.00	9,068.00	$ 81,612.00	1,300.00	10,368.00	$ 11,700.00	$ 93,312.00	-	$ -
2		Prime Coat (MC-30)(0.2 Gal/SY)	SY	0.75	10,185.00	7,638.75				-	-	-	9,068.00	9,068.00	6,801.00	1,117.00	10,185.00	837.75	7,638.75	-	-
3		Tack Coat (SS-1)(0.14 Gal/SY)	SY	5.00	184.00	920.00				-	-	-	184.00	184.00	920.00	-	184.00	-	920.00	-	-
4		Scarify, Process, Prepare & Stabilize (2.5% Lime) Existing Road Section to Achieve Proposed Base	SY	4.00	11,096.00	44,384.00				3,860.00	3,860.00	15,440.00	7,236.00	11,096.00	28,944.00	-	11,096.00	-	44,384.00	-	-
5		1" Compacted Caliche	SY	4.25	11,096.00	47,158.00				3,860.00	3,860.00	16,405.00	7,236.00	11,096.00	30,753.00	-	11,096.00	-	47,158.00	-	-
6		Compacted Caliche Fill	SY	8.00	196.00	1,568.00				98.00	98.00	784.00	98.00	196.00	784.00	-	196.00	-	1,568.00	-	-
7		Erosion and Sediment Control Structural Practices to Comply with County and TCEQ Requirements for Storm Water Pollution Prevention	LS	3,500.00	1.00	3,500.00				1.00	1.00	3,500.00	-	1.00	-	-	1.00	-	3,500.00	-	-
8		Regrade Roadside Ditch	LF	3.00	7,292.00	21,876.00				2,896.00	2,896.00	8,688.00	4,396.00	7,292.00	13,188.00	-	7,292.00	-	21,876.00	-	-
9		18" High Performance Polypropylene Storm Drain Pipe	LF	30.00	197.00	5,910.00				157.00	157.00	4,710.00	40.00	197.00	1,200.00	-	197.00	-	5,910.00	-	-
10		18" Rubber Gasket RCP Cl III Storm Drain Pipe	LF	40.00	16.00	640.00				-	-	-	16.00	16.00	640.00	-	16.00	-	640.00	-	-
11		Type "C-C" Inlet With Concrete Apron	EA	3,500.00	1.00	3,500.00	3,500.00	-1	(3,500.00)	-	-	-	-	-	-	-		-	-	-	-
12		Storm Trench Bedding & Backfill	LF	7.00	33.00	231.00				33.00	33.00	231.00	-	33.00	-	-		-	231.00	-	-
13		Trench Protection	LF	25.00	33.00	825.00				33.00	33.00	825.00	-	33.00	-	-		-	825.00	-	-
14		Safety End Treatment for 18" Pipe	EA	1,300.00	3.00	3,900.00				-	-	-	3.00	3.00	3,900.00	-		-	3,900.00	-	-
15		Asphalt Driveways (3" Caliche Base and 1" ACP)	SY	15.00	122.00	1,830.00				-	-	-	122.00	122.00	1,830.00	-		-	1,830.00	-	-
16		Traffic Control	LS	10,000.00	1.00	10,000.00				0.50	0.50	5,000.00	0.50	1.00	5,000.00	-		-	10,000.00	-	-
17		Pavement Markings	LS	13,000.00	1.00	13,000.00				-	-	-	-	-	-	1.00		13,000.00	13,000.00	-	-
18		Stop Signs R1-1 (36" X 36)	EA	300.00	1.00	300.00	300.00	-1	(300.00)	-	-	-	-	-	-	-		-	-	-	-
19		Stop Ahead Sign W3-1 (30" X 30")	EA	300.00	1.00	300.00	300.00	-1	(300.00)	-	-	-	-	-	-	-		-	-	-	-
		BASE BID TOTALS				**$ 260,792.75**			**$ (4,100.00)**			**$ 55,583.00**			**$ 175,572.00**			**$ 25,537.75**	**$ 256,692.75**		**$ -**
		ALTERNATE #1 BID																			
1		Remove & Replace Existing Metal Beam Guard Fence	LF	50.00	368.00	18,400.00				-	-	-	150.00	150.00	7,500.00	218.00	368.00	10,900.00	18,400.00	-	-
		ALTERNATE #1 BID TOTAL				**$ 18,400.00**						**$ -**			**$ 7,500.00**			**$ 10,900.00**	**$ 18,400.00**		**$ -**
		BASE BID TOTALS + ALTERNATE #1 BID TOTALS				**$ 279,192.75**						**$ 55,583.00**			**$ 183,072.00**			**$ 36,437.75**	**$ 275,092.75**		**$ -**
		CHANGE ODER #1																			
4		Add Item (Concrete Riprap with Grate Top for 18" Pipe)	EA				750.00	1	750.00	-	-	-	1.00	1.00	750.00	-	1.00	-	750.00	-	-
5		Add 196 LF to Item #9 18" HPP Storm Drain Pipe for a New Total of 393 LF	LF				30.00	196	5,880.00	-	-	-	196.00	196.00	5,880.00	-	196.00	-	5,880.00	-	-
6		Add 140 LF to Item #15 Asphalt Driveways for a New Total of 262 LF	LF				15.00	140	2,100.00	-	-	-	140.00	140.00	2,100.00	-	140.00	-	2,100.00	-	-
7		Add Item (Concrete Driveway 4" 20 SY	SY				70.00	20	1,400.00	-	-	-	20.00	20.00	1,400.00	-	20.00	-	1,400.00	-	-
		CHANGE ORDER #1 TOTALS							**$ 10,130.00**			**$ -**			**$ 10,130.00**			**$ -**	**$ 10,130.00**		**$ -**
		CHANGE ORDER #2																			
1		Add 1,149 to Item 1 (1 1/2" HMAC Type "D")	SY				9.00	1,149.00	10,341.00							1,149.00	1,149.00	10,341.00	10,341.00	-	-
2		Add 1,134 SY New Item (Subgrade Excavation and Removal)	SY				6.00	1,134.00	6,804.00							1,134.00	1,134.00	6,804.00	6,804.00	-	-
3		Add 1,134 SY New Item 10" Caliche Base (6" Existing Lime Salvage and 4" New Caliche)	SY				7.50	1,134.00	8,505.00							1,134.00	1,134.00	8,505.00	8,505.00	-	-
									$ 25,650.00									**$ 25,650.00**	**$ 25,650.00**		**$ -**
		BASE BID TOTALS + ALTERNATE #1 BID TOTALS + CHANGE ORDER #1 TOTALS				**$ 279,192.75**			**$ 31,680.00**			**$ 55,583.00**			**$ 193,202.00**			**$ 62,087.75**	**$ 310,872.75**		**$ -**

AI-55271

Purchasing Department 12. E.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yvette Salinas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting authority to exercise the second (2nd) of two (2) one (1) year extensions as provided in benefit agreement #C-14-054-08-12 for "Pre-Paid (Post Tax) Voluntary Legal Services Program" for Hidalgo County under the same rates, terms, and conditions renewal/extension effective August 20, 2016 through August 19, 2017.

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

This agenda item for project has no fiscal impact to the County.

An administrative fee per employee per year will be requested and collected from the vendor (Pre-Paid Legal Services, Inc. by the County Treasurer's Office.

Attachments

55271 back up

current agrmnt

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 11:26 AM
Budget & Management	Veronica Ortiz	07/01/2016 11:38 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Yvette Salinas Started On: 06/30/2016 04:32 PM

Final Approval Date: 07/01/2016

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 10, 2016

Attn: Ms. Kathy Pinson, Executive Vice President of Operations
Pre-Paid Legal Services, Inc. dba Legal Shield
One Pre Paid Way
Ada, OK 74280

via email: tmkldj@gmail.com
& lcole95@gmail.com

Re: HB Form 1295 Required/Renewal/Extension Notice
Extension# E-16-250-Pre-Paid (Post Tax) Voluntary Legal Services Program-Hidalgo County

Dear Mr. Strickland:

Be advised, that in order to proceed with the County's option to extend/renew for an additional **One (1) Year term, under the same rates, terms and conditions** with **Holt Texas, LTD** for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-250**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on July 05, 2016**, the signed notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via email to: yvette.salinas@co.hidalgo.tx.us **by no later than Monday, June 20, 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Please acknowledge receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: yvette.salinas@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 6-22-16
Ms. Kathy Pinson

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,
Martha L. Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yss

(Current Contract#E-15-054-08-12)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-74912

Date Filed:
06/22/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Pre-Paid Legal Services, Inc. dba LegalShield
Ada, OK United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-16-250
legal services and identity theft plans for employees

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Addison, John	Clermont, GA United States	X	
Martine-Dolecki, Cathy Ann	Far Hills, NJ United States	X	
Virtue, James Edward	Rye , NY United States	X	
Schiff, Frank	New York, NY United States	X	
Shelton, Twila	Ada, OK United States	X	
Pinson, Kathleen	Ada, OK United States	X	
Williamson, Steve	Ada, OK United States	X	
Bell, Jeff	Kirkland, WA United States	X	
Mason, Ralph	Dallas, TX United States	X	
MidOcean PPL Holdings Corp.	New York, NY United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-74912

Date Filed:
06/22/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Pre-Paid Legal Services, Inc. dba LegalShield
Ada, OK United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-16-250
legal services and identity theft plans for employees

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Notary Public Oklahoma
Pontotoc County
LISA Y. DANIEL
Commission # 11011170
Expires: December 13, 2019

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy Pinson, this the 22nd day of June, 20 16, to certify which, witness my hand and seal of office.

Lisa Y. Daniel — Lisa Y. Daniel — Notary

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-74912

Date Filed:
06/22/2016

Date Acknowledged:
06/30/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Pre-Paid Legal Services, Inc. dba LegalShield
Ada, OK United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-250
legal services and identity theft plans for employees

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Addison, John	Clermont, GA United States	X	
Martine-Dolecki, Cathy Ann	Far Hills, NJ United States	X	
Virtue, James Edward	Rye , NY United States	X	
Schiff, Frank	New York, NY United States	X	
Shelton, Twila	Ada, OK United States	X	
Pinson, Kathleen	Ada, OK United States	X	
Williamson, Steve	Ada, OK United States	X	
Bell, Jeff	Kirkland, WA United States	X	
Mason, Ralph	Dallas, TX United States	X	
MidOcean PPL Holdings Corp.	New York, NY United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Pre-Paid Legal Services, Inc. dba LegalShield
Ada, OK United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-250
legal services and identity theft plans for employees

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

AMENDMENT NO. 2
TO BENEFITS AGREEMENT
C-14-054-08-12

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

THIS **AMENDMENT** to the BENEFITS AGREEMENT between Pre-Paid Legal Services, Inc. dba Legal Shield (Legal Shield) and HIDALGO COUNTY (the "County") effective the 6th day of July, 2016, is made between Legal Shield and the County, (the "Amendment") as follows:

WHEREAS, **County** and the **Legal Shield** entered into an Agreement on August 20, 2014, in which Legal Shield to provide **"Prepaid (Post Tax) Voluntary Legal Services for Hidalgo County Employees"** (the "Project") for Hidalgo County.

WHEREAS, the parties now desire to amend the Agreement as hereinafter provided.

NOW THEREFORE, for and in consideration of the services provided by Legal Shield and other valuable consideration the receipt and sufficiency of which are hereby acknowledged, and this mutually agreed Amendment to the Agreement, Legal Shield and County hereby agree to the following Amendment to the Agreement;

1. The second paragraph under the caption "SERVICE ENROLLMENT" shall be deleted in its entirety and the following shall be substituted in lieu thereof:

   Hidalgo County will allow enrollments twice a year as follows: Month of June for July deductions and month of December for January deductions.

2. Except as modified herein, all terms and conditions of the Agreement as amended, remain in full force and effect. Legal Shield and County ratify and confirm the terms and provisions of the Agreement as amended by this Amendment to Benefits Agreement.

EXECUTED IN ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY

_____
Ramon Garcia, County Judge

ATTEST:

_____
Arturo Guajardo, Jr., County Clerk

Pre-Paid Legal Services, Inc. dba Legal Shield

_____
Authorized Signature

Title: COO

Approved as to Form:
Atlas, Hall & Rodriguez, LLP

By:_____
Stephen L. Crain

152731

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Commercial Lines - 952-242-3100
Wells Fargo Insurance Services USA, Inc.
400 Highway 169 South
St. Louis Park, MN 55426

CONTACT NAME: Priya C Krishnan
PHONE (A/C, No, Ext): 952-242-3139 **FAX (A/C, No):** 866-715-2163
E-MAIL ADDRESS: priya.conjeevaramkrishnan@wellsfargo.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	American Zurich Insurance Company	40142
INSURER B :	American Guarantee and Liability Insurance Com	26247
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
MidOcean PPL Holdings Corp
Pre-Paid Legal Services, Inc. dba LegalShield
1 Prepaid Way
Ada OK 74820-5813

COVERAGES **CERTIFICATE NUMBER:** 10534936 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			CPO0124012	06/01/2016	06/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			CPO0124012	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC0124013	06/01/2016	06/01/2017	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured as respects General Liability where required by written contract or agreement.

CERTIFICATE HOLDER

Hidalgo County
Purchasing Dept, Martha Salazar
100 E Cano 4th Fl Adm Bldg
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD © 1988-2014 ACORD CORPORATION. All rights reserved.

E-15-278-07-28

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

July 15, 2015

Pre-Paid Legal Services, Inc. dba Legal Shield
Attn: Kathy Pinson,
Executive Vice President of Operations
One Pre Paid Way
Ada, OK 74820

Via: Email: tmkldj@gmail.com

Re: "Pre-Paid (Post Tax) Voluntary Legal Services"
C-14-054-08-12

Dear Vendor:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's option to exercise the first (1st) of two (2) one (1) year renewal terms as provided in the current contract (under the same terms and conditions). Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting of August 7, 2015 or sooner for discussion, consideration and action, by signing below and returning to the Purchasing Department, by no later than Monday, July 20, 2015, 10:00 am via email to: yvette.salinas@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

By: _____ Date: 7/16/2015

Additionally, we are requesting you provide updated certificates of insurance and license as required through Hidalgo County's Request for Bid, Quote, Proposal, and/or Statement of Qualifications.

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yvette Salinas

Yvette Salinas, Buyer III
Hidalgo County Purchasing Department

APPROVED

AI-50535 **Purchasing Department** **11. E.**

CC CONSENT

Meeting Date: 07/28/2015

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yvette Islas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting authority to exercise the first (1st) of two (2) one (1) year extensions as provided in benefit agreement #C-14-054-08-12 for "Pre-Paid (Post Tax) Voluntary Legal Services Program" for Hidalgo County under the same rates, terms, and conditions renewal/extension effective August 20, 2015 through August 19, 2016.

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

This agenda item for project has no fiscal impact to the County.

An administrative fee per employee per year will be requested and collected from the vendor (Pre-Paid Legal Services, Inc. by the County Treasurer's Office.

Attachments

acord

signed renewal agreement

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/23/2015 11:51 AM

Budget & Management	Veronica Ortiz	07/23/2015 02:23 PM
Manuel Chapa	Manuel Chapa	07/23/2015 04:05 PM
Auditor's Office	Monica Badillo	07/23/2015 05:38 PM

Form Started By: Yvette Islas Started On: 07/17/2015 10:39 AM

Final Approval Date: 07/23/2015

152731

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Commercial Lines - 952-242-3100
Wells Fargo Insurance Services USA, Inc.
400 Highway 169 South
St. Louis Park, MN 55426

CONTACT NAME: Paula Larson
PHONE (A/C, No, Ext): 952-242-3139 **FAX (A/C, No):** 866-715-2163
E-MAIL ADDRESS: paula.r.larson@wellsfargo.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Zurich Insurance Company	40142
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
MidOcean PPL Holdings Corp
Pre-Paid Legal Services, Inc. dba LegalShield
1 Prepaid Way
Ada OK 74820-5813

COVERAGES **CERTIFICATE NUMBER:** 9336321 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			CPO0124012-00	06/01/2015	06/01/2016	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			CPO0124012-00	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WC0124013-00	06/01/2015	06/01/2016	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured as respects General Liability where required by written contract or agreement.

CERTIFICATE HOLDER

Hidalgo County
Purchasing Dept, Martha Salazar
100 E Cano 4th Fl Adm Bldg
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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APPROVED

AI-45000 Purchasing Department 24. A. 1.

CC - REGULAR

Meeting Date: 08/12/2014

Submitted For: Martha L. Salazar, HC-PA Submitted By: Yvette Islas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Approval and acceptance of the "Benefit Agreement" between Hidalgo County and Pre-Paid Legal Services, Inc. including the proposed "Implementation Schedule" with participation available to all eligible Hidalgo County Employees at their own cost including authority for County Judge or Presiding Officer to sign document for "RFP No: 2014-053-06-25-YSS Pre-Paid (Post Tax) Voluntary Legal Services" Project.

BACKGROUND

Current agreement expires: August 19, 2014
New contract to commence: August 20, 2014

An Administration fee of $5.00 per year per employee for participating in the Pre-Paid (Post Tax) Voluntary Legal Services Program will be applies and requested from "Pre-Paid Legal Service, Inc." by the County's Treasurer's Office. The project is at no cost to Hidalgo County.

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

This agenda item for project has no fiscal impact to the County. An administrative fee per employee per year will be requested and collected from the vendor (Pre-Paid Legal Services, Inc. by the County Treasurer's Office.

Attachments

agrmtn, apA, legal apprvl

legal

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/23/2014 03:24 PM
Budget & Management	Debbie Tamez	07/24/2014 02:44 PM
Glinda Pacheco	Glinda Pacheco	07/25/2014 09:06 AM
Auditor's Office	Monica Badillo	08/08/2014 05:20 PM

Form Started By: Yvette Islas Started On: 06/12/2014 09:17 AM

Final Approval Date: 08/08/2014

C-14-054-08-12

LegalShield®

BENEFIT AGREEMENT

This Agreement made and entered into this 20th day of August, 2014 by and between Pre-Paid Legal Services, Inc. dba LegalShield, One Pre-Paid Way, Ada, Oklahoma 74820, an Oklahoma corporation and County of Hidalgo, Texas ("County") 1615 S. Closner, Suite J, Edinburg, Texas 78539, a Texas government entity.

WHEREAS, LegalShield is in the business of developing and marketing prepaid legal services plans and the identity theft plans; referred to as the "LegalShield Legal Plan" and

WHEREAS, County desires to make available to their employees the LegalShield Legal and Identity Theft plans;

THEREFORE, the parties agree as follows:

SERVICE OFFERING
County will make available to its employees, as a payroll deduction benefit, the LegalShield Legal Plan outlined in Appendix A.

LegalShield will notify both the County and members of this group in writing any changes to the membership benefits thirty (30) days prior to the changes taking place.

SERVICE COST
The monthly cost to the member for the outlined plans shall be as follows

LegalShield Legal Plan	$15.95
LegalShield Legal Plan and Identity Theft Plan	$25.90
Identity Theft Plan (Stand-Alone)	$14.95

The $10 LegalShield Legal Plan enrollment fee shall be waived for all County employees enrolling as part of this group.

The above costs are guaranteed for Three (3) years.

SERVICE ENROLLMENT
Independent marketing associates of LegalShield shall be assigned to provide assistance with all initial and new hire enrollments.

County employees may enroll or discontinue the LegalShield Legal and Identity Theft Plans at any time.

When notified by the County that an employee will be taking a leave of absence, a payment option form will be mailed to the member at their home address. By completing and returning this form, the member may elect to continue the services through a monthly credit card or bank draft payment.

SERVICE BILLING
LegalShield shall bill County each month for the membership fees due for each active member and County shall remit such funds to LegalShield.

Payroll deductions will begin on date to be determined and the effective date of all memberships will be determined by County management in accordance with their benefits enrollment schedule. The effective date is defined as the first day the member is eligible for benefits.

SERVICE TERM

The initial term of the contract shall be for one (1) Year, with the County's option to renew the agreement two (2)-one (1) year terms based on prior year's performance evaluation and contingent upon cost remaining unchanged. Hidalgo County reserves the right to continue this proposal for an additional sixty (60) day "Grace Period" at the end of the contract term for unforeseen delay of award for next term and contingent upon cost remaining unchanged.

ENTIRE AGREEMENT

This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

This Agreement may be terminated without cause by County with thirty (30) day's written notice prior to cancellation.

Notice under this Agreement shall be to the following individuals:

Honorable Ramon Garcia
County Judge
County of Hidalgo, Texas
1615 S. Closner, Suite J
Edinburg, TX 78539

Ms. Kathy Pinson
Executive Vice President of Operations
Pre-paid Legal Services, Inc. dba LegalShield
One Pre-Paid Way
Ada, OK 74820

County of Hidalgo, Texas

Ramon Garcia, County Judge

Date

LegalShield.

Kathy Pinson, Executive Vice President of Operations

August 25, 2014
Date

Attest:

Arturo Guajardo, Jr., County Clerk

Approved as to Form:
Atlas & Hall LLP

Stephen L. Crain

Approved by Commissioners' Court: AUGUST 12, 2014

LegalShield℠

Appendix A

Dear Member:

As part of payment of the membership fee and abiding by the terms and conditions of this Contract and any attachments, you and all Covered Persons, will receive the legal services (the "Services") as outlined in this Contract. The Services will be provided by attorneys designated by the Company, who are licensed, practicing attorneys (referred to as the Provider Attorney or Referral Attorney as defined in the General Provisions). All requests for Services must be directed through the Provider Attorney in your state of residence in a prompt manner. This will allow sufficient time for preparation and response. For legal matters that arise within the United States and outside your state of residence, the Provider Attorney may assign an attorney who is licensed in the appropriate jurisdiction. Should you move to another state, your membership Contract and Provider Attorney will switch to your new state of residence after you notify the Company. Please refer to the General Provisions and other sections of this Contract for the definition of capitalized terms.

CONSULTATION SERVICES

A. Telephone Consultation. A Covered Person may receive toll-free telephone consultations on an unlimited number of personal legal matters. Consultations are available to the extent the Provider Attorney deems it necessary to adequately advise the Covered Person on the legal matter. Additionally, the Provider Attorney, in his/her Professional Judgment, may provide up to one hour of legal research concerning the matter if the legal matter cannot be adequately addressed during the telephone consultation. For this consultation and advice, the Covered Person will call the telephone number listed on the membership card during regular office hours, except on holidays.

B. Letter or Telephone Call. If the Provider Attorney, in his/her Professional Judgment, determines from the toll-free consultation with the Covered Person that either a telephone call or a letter would be of further assistance to the Covered Person, then the first such letter or telephone call (for each non-related personal legal subject matter per Membership Year) will be written or made on behalf of the Covered Person. Any additional telephone calls or letters from the Provider Attorney after the first one per subject per Membership Year will be provided under the Preferred Member Discount.

C. Document Review. After consultation, the Covered Person may submit for review any personal legal document of 15 pages or less relating to the consultation, in which the Covered Person is a contracting party. Document review does not include review of a document(s) for use in ongoing court proceedings or lawsuits, such as petitions, complaints, or requests or motions for court determination. The Covered Person shall provide a copy of the document to be reviewed, retaining the original, to the Provider Attorney. The Provider Attorney will review the copy and advise the Covered Person by telephone consultation on any areas of concern and the legal implications of those provisions and their conformity to State and Federal law. Any editing or negotiations concerning the document are available under the Preferred Member Discount.

OFFERED BY:
PRE-PAID LEGAL SERVICES, INC.
ONE PRE-PAID WAY - P.O. BOX 145
ADA, OKLAHOMA 74820
1-800-654-7757

24/7 EMERGENCY ACCESS

The Covered Person may receive toll-free telephone access to the Provider Attorney on a 24-hour per day basis by calling the emergency number on the Covered Person's membership card in order to consult with the Provider Attorney only when:

1. The Covered Person is detained by a Law Enforcement Officer. (A "Law Enforcement Officer" is any representative of any federal, state, or local law enforcement agency while that representative is acting in an official capacity or any private security personnel acting in the course of such person's employment). "Detained" means being restrained, searched or deprived of immediate liberty by a Law Enforcement Officer.

2. The Covered Person is detained or questioned by a Law Enforcement Officer or any representative of a federal, state, or local child welfare agency while the representative is acting in an official capacity regarding any minor child in the Covered Person's custody or control, or any dependent child of the Covered Person.

3. The Covered Person is involved in an automobile or motorcycle accident that results in bodily harm or physical injury.

4. The Covered Person is served with a warrant.

The telephone access provided is subject to conditions imposed by the detaining or questioning authority, which may prevent a Provider Attorney from communicating with the Covered Person on an immediate basis.

24/7 Emergency Access Exclusion:

Assistance in making, posting, or obtaining bond, bail, or other security required for release.

RESIDENTIAL LOAN DOCUMENT SERVICES

When buying their primary residence, the Member and Member's spouse, are entitled to have any and all residential loan documents, as may be required by the lending institution or by law and not otherwise provided or prepared by the seller, lender, or other third party, prepared by the Provider Attorney. All information necessary for the preparation of the documents must be provided to the Provider Attorney at least five business days prior to the closing date. Legal Services under this paragraph are available once each Membership Year for the Member's primary residence. Any documents prepared by a third party may be reviewed by the Provider Attorney prior to closing, provided they are submitted to the Provider Attorney at least five business days prior to the closing date. This Service does not include review of the abstract or preparation of a Title Opinion or the Provider Attorney's presence at closing.

FAMILY & DOMESTIC RELATED SERVICES

Each of the following Family and Domestic Related Services described in this section become available after your membership has been active for 90 consecutive days from the Effective Date. These Services are excluded from any proceeding that has already been initiated.

A. Uncontested Separation or Annulment. The Member is entitled to Services relating to an uncontested legal separation or uncontested civil annulment if available in the state of the Member's primary residence. Uncontested separation or uncontested civil annulment is defined as a separation or annulment where neither the Member nor Member's spouse is represented by counsel and all issues are agreed upon in writing by the parties without negotiation by the Provider Attorney. Services for a contested separation or contested civil annulment are available under the Preferred Member Discount. If, in the Provider Attorney's Professional Judgment, an uncontested legal separation or uncontested annulment becomes contested, subsequent Services will then be available under the Preferred Member Discount.

B. Uncontested Divorce. The Member is entitled to Services relating to an uncontested divorce. Uncontested divorce is defined as a divorce where neither the Member nor Member's spouse is represented by counsel and issues are agreed upon by the parties, in writing, without the negotiation by the Provider Attor-

ney, and net material assets of the marriage are under $500,000. If a court or third party modifies any terms previously agreed upon by the Member and Member's spouse, the matter will become contested, unless both parties agree to the changes. If the court with jurisdiction over the divorce action changes or denies any term of an agreed upon decree, the divorce shall then be considered contested and services then provided under the Preferred Member Discount. Any division of retirement benefits or determination of a QDRO (Qualified Domestic Relations Order) is not covered and is the responsibility of the Member. Preparation and filing of documents affecting the property ownership or encumbrances on property are not included. These Services are available under the Preferred Member Discount. If, in the Provider Attorney's Professional Judgment, an uncontested divorce becomes contested or negotiated, subsequent Services will then be available under the Preferred Member Discount. Any post-decree legal issues are available under the Preferred Member Discount.

C. Uncontested Adoption. An uncontested adoption is defined as an adoption where all parties have agreed in writing to the adoption, all required consents are obtained and the adoption is not contested or challenged. If, in the Provider Attorney's Professional Judgment, an uncontested adoption becomes contested, subsequent Services are available under the Preferred Member Discount. Guardianship proceedings are excluded.

D. Uncontested Name Change. A Covered Person is entitled to Services relating to an uncontested name change prepared by the Provider Attorney. An uncontested name change is defined as a name change where all required consents are obtained and the name change is not contested or challenged. This Service includes the preparation for and attendance at, if required, the initial hearing to obtain the change in name. Preparation of any required publication notice and any governmental documentation such as fingerprints and criminal history checks are available under the Preferred Member Discount.

ESTATE PLANNING SERVICES

A. Last Will & Testament. A Covered Person is entitled to have a Last Will and Testament prepared by the Provider Attorney. The Last Will and Testament may include a codicil or amendment and may include the creation of a testamentary children's trust. Any other provisions in the Will regarding planning for estate taxes, complex distributions, and special needs trusts, will be provided pursuant to the Preferred Member Discount. These Services do not include the distribution for any assets outside of the United States. The Covered Person desiring a Last Will and Testament must complete a Will Questionnaire furnished by the Company and return it to the Provider Attorney. Execution and storage of the Last Will and Testament shall be the sole responsibility of the Covered Person. The Covered Person shall be entitled once during each Membership Year to have the Provider Attorney review his/her Last Will and Testament and make any necessary changes. The Covered Person has the sole responsibility to initiate the annual review and such review rights do not accrue from year to year.

B. Health Care Power of Attorney. A Covered Person will be entitled to have a Health Care Power of Attorney prepared according to his/her instructions and conforming to state law. Execution and storage of the Health Care Power of Attorney shall be the responsibility of the Covered Person. The Covered Person shall be entitled once during each Membership Year, to have the Provider Attorney review his/her Health Care Power of Attorney to make any necessary changes.

C. Physician's Directive/Living Will. A Covered Person will be entitled to have a Directive to Physician/ Living Will form prepared which conforms to state law. Execution and storage of the document shall be the responsibility of the Covered Person. The Covered Person shall be entitled once during each Membership Year, to have the Provider Attorney review his/her Directive to Physician/Living Will to make any necessary changes.

MOTOR VEHICLE RELATED SERVICES

Legal services requested for the following Motor Vehicle Related Services are available 15 days after the Effective Date of this Contract. Services are not available for any matter arising or reasonably anticipated prior to the expiration of the 15 day waiting period.

If the Covered Person, while driving any Licensed Motor Vehicle, with the express consent and permission of the Licensed Motor Vehicle's owner, shall become involved in a motor vehicle accident, have a collision or be charged with a moving traffic violation, the Covered Person will be entitled to the following Services from the Provider Attorney, in the court of original jurisdiction.

A. Defense of all moving traffic violations except for those violations that result in misdemeanor or felony charges.

B. Defense of the Covered Person on any criminal charge for Manslaughter, Involuntary Manslaughter, Negligent Homicide, or Vehicular Homicide, arising from the permitted use of a Licensed Motor Vehicle.

C. A total of 2.5 hours of attorney time in each of the following situations:

1. When the Covered Person has been denied a driver's license or a driver's license has been cancelled, suspended or revoked by the issuing authority in a situation where a right to appeal is provided by statute.

2. When legal assistance is needed to reinstate or maintain a driver's license because of job related matters or medical reasons.

D. The Provider Attorney will provide a Covered Person with assistance up to, but not including, the filing of a lawsuit to collect all property damage claims of $5,000.00 or less. These services are available for property damages incurred as a result of the Covered Person driving, being a passenger in, or being struck by any motor vehicle. Such assistance is limited to 2.5 hours of attorney time per property claim.

E. Traffic tickets must be submitted to the Provider Attorney at least five working days prior to the appearance date to receive Motor Vehicle Related Services.

Motor Vehicle Related Exclusions:

1. Pre-existing Conditions which are defined as those acts or events which give rise to the issuance of a citation for a moving traffic violation and which are alleged to have occurred prior to 15 days after the Effective Date of this Contract, even though the citation or ticket might not be issued until after 15 days following the Effective Date of this Contract.

2. Any matter in which it is alleged that the Covered Person is under the influence of or impaired by the use of alcohol, intoxicants, controlled substances, chemicals or medicines, whether prescribed or not.

3. Any matter where, in the Professional Judgment of the Provider Attorney, a claim, defense or legal position cannot prevail in court. This includes matters that are considered frivolous, groundless or without merit.

4. Any matter associated with driving a Commercial Vehicle. A Commercial Vehicle is defined as any motor vehicle being driven by a Covered Person for commercial or income-producing purposes.

5. Any matter associated with hit-and-run related charges, leaving the scene of an accident or similar charges, or criminal charges, except as provided above.

6. Any matters, tickets or violations which do not adversely impact a driving record or insurance record.

7. Any matter associated with charges that a Covered Person is driving without a valid operator's license, statutorily required insurance, proper registration or inspection, or properly working equipment.

8. Any appeal or any other post judgment relief action, including any matters or actions that must be filed in a different court for reconsideration or review.

TRIAL DEFENSE SERVICES

A. If the Member or Member's spouse is the defendant in a covered civil action filed in a state or federal district court, Services shall be provided as outlined in the schedule below. The number of hours are available to use on all covered lawsuits filed during that Membership Year. If more than one covered lawsuit is filed against a Member or the Member's spouse in a given year, the hours remaining at the conclusion of the first lawsuit may be used for the subsequent lawsuit. In no event will the number of available hours exceed the annual maximum number of hours, regardless of how many lawsuits are filed during any one Membership Year. Hours that are not used during the Membership Year expire at the end of the Membership Year and do not roll over to subsequent Membership Years. The Member must continue his/her membership while any covered action is pending in order to receive services.

Schedule:

1. First Membership Year: 60 hours of Trial Time, of which 2.5 hours may be used for Pre-Trial Time.

2. Second Membership Year: 120 hours of Trial Time, of which 3 hours may be used for Pre-Trial Time.

3. Third Membership Year: 180 hours of Trial Time, of which 3.5 hours may be used for Pre-Trial Time.

4. Fourth Membership Year: 240 hours of Trial Time, of which 4 hours may be used for Pre-Trial Time.

5. Fifth Membership Year: 300 hours of Trial Time, of which 4.5 hours may be used for Pre-Trial Time.

B. Pre-Trial Time, in the schedule above, is defined as Provider Attorney time rendered in defense of a covered lawsuit prior to the date of jury selection (in a jury trial) or opening statements (in a non-jury trial). This will include, but is not limited to, time between jury empaneling and opening statements, settlement conferences, telephone conversations, pre-trial conferences with the tribunal or judge, depositions, discovery, preparation of pleadings or motions and briefs, including motions for summary judgment.

C. Trial Time, in the schedule above, is defined as Provider Attorney time rendered in defense of a covered lawsuit from the date of and including jury selection (in a jury trial) or opening statements (in a non-jury trial) to the date of verdict or bench decision. Trial Time is limited to up to 8 hours per trial day and may include attorney time both in and out of the courtroom.

Trial Defense Services Exclusions:

1. Defense of any criminal charge.

2. Any lawsuit involving alcohol, drugs, substance abuse, chemical abuse or dependency or the use of medicines, whether prescribed or not, hit-and-run charges or leaving the scene of an accident.

3. Any matter against a Covered Person which arises as a result of business matters or interests (regardless of the form of the entity), or employment matters including:
   a. Ownership, management, or association with a business, partnership, or corporate entity, or trust.
   b. Any income producing property or venture regardless of the full-time or part-time nature.

4. Dependents, other than the Member's spouse, are not entitled to services under Trial Defense Services.

5. Assistance in matters relating to dissolution of marriage, separation, annulment, child custody or other divorce or domestic related issues, to bankruptcy proceedings, including adversary proceedings, or to any other matters for which Services are provided under other provisions of this Contract.

6. Class actions, amicus curiae filings or interventions filed in which the Covered Person is a party or potential party.

7. Pre-existing Conditions. Pre-existing Conditions for Trial Defense Services are defined as those acts which give rise to a lawsuit which are alleged to have occurred prior to the Effective Date, even though the lawsuit was filed after such Effective Date.

8. Any matter where, in the Professional Judgment of the Provider Attorney, a claim, defense or legal position is not likely to prevail in court. While the suit may be excluded from Trial Defense Services, the Provider Attorney may, in his/her discretion, provide assistance under the Preferred Member Discount for a possible resolution of the matter or other services deemed appropriate.

9. Garnishment, attachment, collection, appeal or any other post judgment relief action, including any matters or actions that must be filed in a different court for reconsideration or review and any arbitration, mediation, administrative proceedings, or other disputes, matters and actions outside a court of law and before a third party decision maker.

10. Counter claims where the Covered Person initiated a lawsuit.

11. Any matter where a Covered Person is acting on behalf of, or representing, another party (for example: executor, administrator, guardian or trustee).

IRS AUDIT LEGAL SERVICES

A. The Covered Person will receive up to 50 hours of services from the Provider Attorney when he/she is notified in writing by the Internal Revenue Service (the "IRS") of an audit, investigation or examination of his/her tax return or when he/she is requested, in writing, to appear at the offices of the IRS concerning his/her tax return.

B. Coverage for IRS Legal Services begins with any tax return due on April 15th of the same year as the Effective Date.

C. IRS Audit Legal Services shall be provided as follows:

1. Up to one hour of Services from the Provider Attorney within the first 30 days for consultation, advice and/or assistance, upon receipt of written notice from the IRS that the Covered Person's tax return is being audited, investigated or examined or when requested in writing to appear at the offices of the IRS concerning his/her tax return.

2. Up to 2.5 hours beginning on the 31st day for representation at the audit and for negotiations, conferences, and telephone conversations with the attorney and settlement conferences subsequent thereto, but prior to a lawsuit.

3. Up to the balance of 46.5 hours in Trial Time or services for actual trial appearance when the IRS sues the Covered Person or, after paying the disputed tax, the Covered Person sues the IRS. Trial Time is defined as Provider Attorney time rendered in defense of a covered lawsuit from the date of and including jury selection (in a jury trial) or opening statements (in a non-jury trial) to the date of verdict or bench decision. Trial Time is limited to up to 8 hours per trial day and may include attorney time both in and out of the courtroom.

IRS Audit Legal Services Exclusions:

1. Garnishment, attachment or any other post judgment relief action.

2. Charges of tax fraud or income tax evasion.

3. Trust returns, business and/or corporate tax returns, payroll and information returns, partnerships, corporation returns or portions thereof that are included in the Covered Person's tax returns.

4. Pre-existing Condition(s) which, for IRS Audit Legal Services, includes any event, investigation or notice from the IRS that the Covered Person knew of or had been notified of prior to the Effective Date.

5. Audits, examinations, or investigations where a professional preparer or an IRS enrolled agent is making a defense available, are not available for IRS Audit Legal Services.

6. Requests by the IRS asking for additional information to be supplied by mail or telephone before written notification of an audit is received.

PREFERRED MEMBER DISCOUNT

During the term of your Contract, a Covered Person may use the Provider Attorney for personal legal matters that are not otherwise provided by this Contract. The Covered Person will be entitled to services at a 25% discount of the standard hourly rate subject to the Provider Attorney's Professional Judgment and a separate Attorney-Client Contract. This does not apply to contingency fee matters or flat fee arrangements, which may be negotiated at a separate rate with the Provider Attorney.

GENERAL PROVISIONS

All Services are a part of and are subject to the General Provisions of this Contract.

A. **Member:** The person executing this Contract, who shall be a natural person, who is named on the first page of this Contract.

B. **Covered Person Shall Include:**

1. The Member.

2. The Member's spouse.

3. Never married dependent children of the Member, or Member's spouse, under 26 years of age who are permanent residents of the Member's household or full-time students.

4. Children under 18 years of age for whom the Member, or the Member's spouse, is the legal guardian.

5. Any dependent child, regardless of age, who is physically disabled or mentally incapacitated resulting in an inability to make legally binding decisions and is (i) unable to be employed; (ii) 51% or more financially dependent upon the Member or Member's spouse; and (iii) lives at home with the Member or Member's spouse. Documentation may be required by LegalShield or the Provider Law Firm before any legal services may be rendered.

6. A dependent is the natural or adopted child of the Member, or Member's spouse, unless otherwise specified in this Contract.

C. **Licensed Motor Vehicle:** A vehicle, except a Commercial Vehicle, which is properly licensed, insured, registered, inspected and with properly working equipment.

D. **Documents:** The Provider Attorney may require the Covered Person to submit any documents and written authorizations as it may deem necessary or appropriate prior to rendering any legal services called for pursuant to the Contract.

E. **Contract:** Any reference to "Contract" herein refers to this legal service contract between the Company and the Member.

F. **Availability of Services:** (i) For any matter involving both the Member and another Covered Person, only the Member may be entitled to Services (ii) Covered Person is entitled to the Services outlined in this Contract only to the extent such Services are available and permitted by the laws of the state having jurisdiction over the legal matter.

G. **Entire Agreement:** This Contract and the application of the Member shall constitute the entire contract between the parties. All statements, in the absence of fraud, made by the applicant for this Contract shall be deemed representations and not warranties and no such statements shall void the coverage or reduce benefits hereunder after the Contract has been in force for two years after its Effective Date, unless such state-

ment is in a written application attached to this Contract and a statement is material to the risk assumed by the Company.

H. **Provider Attorney:** The Provider Attorney is an attorney or law firm who has contracted with the Company to provide the Services described in this Contract in the Member's primary state of residence. This does not require all legal Services under the Contract to be performed by the Provider Attorney as the Provider Attorney or the Company, under certain circumstances, may refer matters to a referral attorney (a **"Referral Attorney"**). Referral Attorney and Provider Attorney may be collectively referred to in this Contract as the Provider Attorney. Information as to how legal services may be obtained are available by calling your Provider Attorney or by writing the Company at P.O. Box 145 Ada, OK 74821-0145 or by calling the Company at 1-800-654-7757.

I. **Geographical Area of Coverage:** This Contract only provides for legal Services in the United States, except where excluded, and does not include Services outside the United States or Services in other territories.

J. **Native American Legal Issues Exclusion:** Native American legal issues are excluded from Services. Services include any legal issues relative to the body of law dealing with the status of Indian Tribes, Native American citizens and their special status and relations with federal, state and tribal governments. This includes, but is not limited to, jurisdictional disputes, tribal and individual properties, royalties, conflicts with governmental powers and the Indian status of participants or subject matters as found in federal, tribal and/or state treaties, constitutions, statutes, regulations, case decisions, laws, ordinances, resolutions and administrative laws and decisions. This also includes legal issues before federal, tribal and/or state courts, administrative bodies, arbitration panels or arbitrators, tribunals and/or hearing panels, judges or officers.

K. **Effective Date:** The Effective Date is the date on the membership application or date the application is submitted to the Company via the Internet.

L. **Eligibility Period:** The Eligibility Period begins on the Effective Date of the Contract and terminates immediately in the event of cancellation by the Company for fraud. In the event this Contract is cancelled, the Eligibility Period shall terminate on the date the membership is no longer paid current.

M. **Membership Year:** Membership Year shall be defined as the period of time beginning on the Effective Date of the Contract, extending for a period of one year thereafter, and each one year period thereafter.

N. **The Company:** Any reference to the "Company" in this Contract shall refer collectively to Pre-Paid Legal Services, Inc. and its affiliates, dba LegalShield.

O. **General Exclusions:** The following items are specifically excluded from this Contract and shall not be interpreted as included Services under any provision of the Contract:

1. Any matter involving any Covered Person which arises as a result of business matters or interests (regardless of the form of the entity), including:
   a. Ownership, management, or association with a business, partnership, corporate entity, or trust.
   b. Any income producing property or venture regardless of the full-time or part-time nature.

2. Fines, court costs, filing fees, ad litem fees, penalties, expert witness fees, bonds, bail bonds and any out-of-pocket expense.

3. Any person or entity who initiates or participates in a lawsuit against the Company or any of its subsidiaries or affiliates, or is named as a defendant or respondent in a lawsuit initiated by the Company or any of its subsidiaries or affiliates, shall be specifically excluded from receiving any of the legal services under any Service of this Contract, during the pendency of such lawsuit or until its resolution.

4. Any matter, issue, consultation, action, proceeding, or dispute between the Covered Person and the Provider Attorney or the Covered Person and the Company.

5. Any matter which the Provider Attorney determines is resolved or has been raised an unreasonable number of times without substantial change of circumstance.

6. Any matters which are covered by any insurance policy.

P. **Attorney-Client Contract and Representation:** All Services which may require payment of any anticipated cost or payment of a retainer to the Provider Attorney to cover reasonable anticipated legal services not covered by the Contract, shall be subject to the terms of an Attorney-Client Contract. This Attorney-Client Contract is to be agreed upon by the Covered Person and the Provider Attorney prior to the time services are rendered. All determinations of retainers and anticipated costs to be incurred shall be the sole discretion of the Provider Attorney. When applicable, eligibility for receipt of Services under the Contract is contingent upon payment of such retainers and anticipated costs prior to commencement of legal representation. All services and legal representation will be limited to the Services available under this Contract and the Provider Attorney has no duty or relationship beyond the specified Services.

Q. **Provider Attorney's Professional Judgment:** It is the sole discretion of the Provider Attorney to determine whether claims or defenses pertaining to any matter under any Service of this Contract present frivolous or otherwise unmeritorious claims or defenses, including decisions to take any contingency case or to appeal any judgment or decision. The Provider Attorney reserves the right to make independent professional judgments. The Company will in no way influence or attempt to affect the rendering of professional services by the Provider Attorney.

R. **Examination Right:** The Member shall have 10 days after delivery to examine the Contract. If the Member is not satisfied with it for any reason, the Member may send written notice rescinding the Contract and have the paid membership fee refunded. Upon the Member's delivery of written notice of rescission of the Contract to the Company or the agent through whom it was purchased, within 10 days of delivery, the Contract shall be void from the beginning and the parties shall be in the same position as if this Contract had not been issued.

S. **Cancellation of Contract:** The Company may cancel this Contract for fraud, for non-payment of membership fees or if the Provider Attorney determines, in his/her Professional Judgment, that the Member is unable, unwilling or incapable of accepting or understanding legal advice and services. The Company shall notify the Member in writing of any such cancellation. All Services will automatically terminate at the end of the Eligibility Period. The Member may cancel the Contract at any time by giving notice to the Company. Upon written request, the Member shall be entitled to be reimbursed the unused portion of the membership fees paid for this Contract, the amount to be calculated on a pro-rata basis over the period of the Contract. Any enrollment fees are considered earned when paid and will not be refunded should this Contract be cancelled by the Member. In the event of cancellation by the Company, only those events reported in writing to the Provider Attorney during the Eligibility Period are provided.

T. **Settlement of Disputes:** All disputes or claims relating to the Company; this Contract; any Company products or services; any claims or causes of action between any Covered Person, the Company and any of the Company's officers, directors, employees or affiliates, whether in tort or contract; shall be settled totally and finally by arbitration according to the Commercial Arbitration Rules of the American Arbitration Association. If any Covered Person files a claim or counterclaim against the Company or any of its officers, directors, employees or affiliates in any such arbitration, he/she may do so only on an individual basis and not with any other member or as part of a class action.

U. **Mutual Cooperation:** The Member and Company shall mutually cooperate with the Provider Attorney for the effective provision of legal services. At all times the Member shall conduct the relationship with professionalism and mutual respect.

V. **Duplication of Coverage:** A Covered Person may not secure Services from the Provider Attorney for the same matter under more than one Contract and may not secure the Services of more than one attorney on any given subject matter.

W. **Change of Contract:** No change in the Contract shall be valid until approved by an officer of the Company and endorsed on or attached to the Contract. No agent or sales associate has authority to change the Contract or to waive any of its provisions. A 30 day notice will be given should there be any change in this Contract.

X. **Reinstatement:** This Contract may be reinstated at any time within 31 days of cancellation, with full rights and coverages, provided the Member remits to the Company within the 31 day period all membership fees nec-

essary to pay the Contract to a current status. The Contract may be reinstated at any time after the 31 day cancellation date provided the Member (i) remits the current membership fees due, (ii) has remitted promptly in the past, (iii) has not previously cancelled his/her membership and requested reinstatement, and (iv) has not, in the past, made unreasonable demands, as determined by the sole discretion of the Company, on the Provider Attorney for representation. In the event the membership is reinstated after 31 days, the Member shall receive the Contract which is then currently on file with the Texas Department of Licensing and Regulation.

Y. **Change in Fees:** The Company reserves the right to change the established membership fee for this membership. Changes in the membership fee will only occur after the current payment period has expired. Should the membership fee be changed, the Member will be given a 30 day written notice.

Z. **Severability:** If any provision of this Contract is deemed invalid or unenforceable in any respect, such provision shall be, to the extent possible, reformed to make it effective. If any provision is deemed invalid and incapable of being reformed, it shall not impact the validity and enforceability of all other provisions of this Contract, which shall remain valid and enforceable.

AA. **Subrogation:** If the Company or Provider Attorney makes a payment under this Contract and the person to or for whom payment was made has a right to recover damages from another, the Company shall be subrogated to that right.

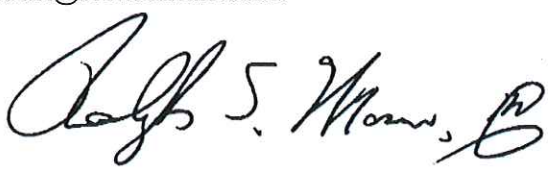
BB. **Release of Information:** Any Covered Person, directly or by survey, submitting to the Company complaints about or inquiries concerning a Provider Attorney's services, authorizes the Provider Attorney to disclose to the Company any and all communications between the Covered Person and the Provider Attorney, including privileged and confidential information, in order to respond to such complaint or question.

CC. **Adequate and Timely Notice:** To be entitled to receive benefits under this Contract, the Covered Person must submit to the Provider Attorney adequate facts and documents in a timely manner in order to allow an attorney time to review the facts and documents, enter into a retainer agreement with the Covered Person when appropriate, and provide legal assistance as required by this Contract. This includes, as a minimum, that traffic tickets must be submitted at least 3 working days prior to the appearance date, and all litigation must be submitted for defense benefits at least 5 working days prior to the date any answer or other responsive pleading is due to be filed and at least 5 working days before any scheduled court hearing. Failure to timely submit adequate documents and facts to the Provider Attorney shall render any obligation of the Provider Attorney to enter an appearance in the matter, or to provide any other benefits, null and void.

DD. **Payments of Membership Fees:** Membership fees for direct payment by the Member to the Company are $19.95 monthly or $239.40 on an annual basis. For Members authorizing payment by payroll deduction from a participating employer, with less than 2000 employees, membership fees shall be $18.95 monthly or $227.40 on an annual basis. For Members authorizing payment by payroll deduction from a participating employer, with 2000 or more employees, membership fees shall be $15.95 monthly or $191.40 on an annual basis.

EE. **Relocation to Another State:** Should the Member move to another state, this Contract will terminate; provided, however, that upon request of the Member, the Company will transfer the Member's Contract to one available in that state, if any.

FF. **Legal Service Contract:** Pre-Paid Legal Services, Inc., is a registered legal service contract company in the State of Texas. This legal service contract is not an insurance contract. Legal service contract companies and their sales representatives are regulated by the Texas Department of Licensing and Regulation (DLR). You may contact the DLR at P. O. Box 12157, Austin, TX 78711, telephone 512-463-6599, toll-free 800-803-9202 or legalservicecontract@license.state.tx.us.



Ralph S Mason, III
Chief Executive Officer

LegalShield℠

AMENDMENT

The following items are excluded from coverage under the membership contract:

(1) Any action, proceeding or dispute related to the Named Member's employment; provided, however, when specifically provided by a specialty plan, a member may be entitled to administrative hearings benefits in accordance with contract terms.

(2) Any action, proceeding or dispute between the member and Pre-Paid Legal Services, Inc. and its affiliates or its agents, the member and the Provider Attorney, or the member and any other party when such coverage is prohibited by law.

This exclusion applies specifically to contract number .

PRE-PAID LEGAL SERVICES, INC.

IMPLEMENTATION SCHEDULE

LegalShield Corporate Office along with the Group Benefit Specialist assigned to service your group stand ready to make the implementation process effective and efficient. The outline below is a tentative schedule that will be customized to meet your company's personal needs.

1. Once LegalShield has been awarded the opportunity to provide your employees with legal services, an initial meeting between your company's representatives and our Group Benefit Specialist will be set. During this meeting the following will be addressed:
    a. Signature of the authorizing officer will be secured for authorization of payroll deduction
    b. Establish employee enrollment meeting dates, times and locations
    c. Establish communication materials needed to announce enrollment and establish dates when your company would like to have these materials in hand

2. If applicable, a website for enrollment will be completed within 8-10 business days of the initial meeting.

3. A conference call will be set-up and initiated by LegalShield Group Billing Department with your company representatives at your company's convenience to address any concern in regards to electronic enrollment, billing, scheduling and any other administrative concerns.

4. Group Benefit Specialists will provide communication materials to your group and distribute them in compliance with your company's regulations.

5. If online enrollment is to take place, the login and password will be provided to your company representative for distribution to your employees.

6. If onsite enrollment is elected by your company, LegalShield will provide a Group Benefit Specialist on location to conduct enrollment meetings. These meetings will last approximately 20 minutes and will include an explanation of benefits, information concerning the Provider Law Firm and instruction on how to access assistance from the firm. Enrollment is completed once a one-page membership application is filled out. At that point, each new member is given a Temporary Membership Packet includes written instructions on how to contact the Provider Law Firm and Customer Service at the Corporate Office. It also includes temporary enrollment cards that your employees may place in their wallet or purse to ensure that the attorney information is always at hand.

7. Formal membership packets consisting of will questionnaires, a copy of the membership contract listing all the benefits available under the membership, and permanent membership cards will arrive via mail to each member's home address within two weeks of enrollment.

8. Within thirty days of the establishment of the group, a managing partner with the Provider Law Firm will contact your company's contact person for a formal introduction and welcome.**PLEASE NOTE: All communication and membership materials are provided to your company and its employees at no cost to your company.**

152731

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/4/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Amy Bond	
Commercial Lines - 952-242-3100 Wells Fargo Insurance Services USA, Inc. 400 Highway 169 South St. Louis Park, MN 55426	PHONE (A/C, No, Ext): (952) 272-3141	FAX (A/C, No): (866) 418-2515
	E-MAIL ADDRESS: amy.bond2@wellsfargo.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Federal Insurance Company	20281
INSURED MidOcean PPL Holdings Corp Pre-Paid Legal Services, Inc. dba LegalShield 1 Prepaid Way Ada OK 74820-5813	INSURER B : Chubb Indemnity Insurance Co.	12777
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 7801285 REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			35983718	06/01/2014	06/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			73580470	06/01/2014	06/01/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			71749133	06/01/2014	06/01/2015	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured as respects General Liability where required by written contract or agreement.

CERTIFICATE HOLDER

Hidalgo County
Purchasing Dept, Martha Salazar
100 E Cano 4th Fl Adm Bldg
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeanne Brandon

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AI-55243

Purchasing Department 12. F.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: John Paul Lugo, COMM. PCT. #1

Submitted By: Noemi De Los Rios, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of Application for Payment No. 3 in the amount of $132,658.48 for 2GS, LLC, contracted vendor for Heidelberg Subdivision (Pct. 1) as submitted by project engineer LeFevre Engineering & Management Consulting, LLC (C-CAP-15-257-10-06).

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1312-431-00-121-314-0-721/723
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	

BUDGETARY IMPACT:

REQ# 286978 PO# 735389

C-CAP-15-257-10-06

Appl. for Pmt. #3 Heidelberg Subdivision as submitted by 2GS, LLC.

Attachments

Application for Pmt. #3 Heidelberg Subdivision as submitted by 2GS, LLC.

Form Review

Inbox	Reviewed By	Date
Yvette Salinas	Yvette Salinas	06/30/2016 01:27 PM
Purchasing Department	Marty Salazar	06/30/2016 03:46 PM
Budget & Management	Veronica Ortiz	06/30/2016 03:48 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Noemi De Los Rios Started On: 06/29/2016 04:06 PM

Final Approval Date: 07/01/2016

APPLICATION FOR PAYMENT NO. THREE(3)

To: HIDALGO COUNTY (OWNER)
From: 2GS, LLC (CONTRACTOR)
Contract: HIDALGO COUNTY PRECINCT NO. 1

Project: Heidelberg Subdivision

Owner's Contract No. C-CAP-15-257-10-06 Engineer's Project No. Purchase Order #735389
For Work accomplished through the date of: June 5, 2016

1. Original Contract Price:		$824,327.70
2. Net change by Change Order and Written Agreements(+):		$38,520.00
3. Current Contract Price (1 plus 2):		$862,847.70
4. Total completed and stored to date:		$574,917.50
5. Retainage (per Agreement):		
5% of completed Work:	$ 28,745.88	
of stored material		
Total Retainage:		$28,745.88
6. Total completed and stored to date less retainage (4 minus 5)		$546,171.63
7. Less previous Application for Payments:		$413,513.15
8. AMOUNT DUE THIS APPLICATION (6 MINUS 7)		$132,658.48

Accompanying Documentation:

REQ# 286978 P.O.# 735389
6-1312-431-00-121-314-0-721 $92,340.00
<-$4,617.00> = $87,723.00

REQ# 286978 P.O.# 735389
6-1312-126-30-000-002-0-000 $47,300.50
<-$2,365.02> = $44,935.48

CONTRACTOR'S Certification:
The undersigned CONTRACTOR certifies that (1) all previous progress payments received from OWNER on account of Work done under the Contract referred to above have been applied on account to discharge CONTRACTOR'S legitimate obligations incurred in connection with Work covered by prior Applications for Payment numbered 1 through 3 inclusive: (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); and (3) all Work covered by this Application for Payments is in accordance with the Contract Documents and not defective.

Date June 10, 2016

John Paul Suggs 6/29/16

2GS, LLC
(CONTRACTOR)

By: _____
Humberto Garcia Jr.
Member
P.O. Box 595
Peñitas, Texas 78576

State of TEXAS
County of HIDALGO
Subscribed and sworn to before me this 10th day of June, 2016.

ARMANDO OMAR FLORES JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130592795

Notary Public Armando Omar Flores, Jr.
My Commission expires: March 23, 2020

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Date 6-17-16

LeFevre Engineering & Management Consulting, LLC
(ENGINEER)

By: _____, P.E.
Emigdio "Milo" Salinas, P.E.
Exhibit E-C

INVOICE RECEIVED BY
Mimi de los Ríos on 6/17/16
GOODS/SERVICES RECEIVED BY:
Mimi de los Ríos on 6/17/16

ARMANDO OMAR FLORES JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130592795

Estimate Quantity Update Worksheet

Colonia: **Heidelberg Subdivision**
Roadway: Heidelberg Subdivision (FM 1425 and Linden Avenue)
Control:
Project No: **C-CAP-15-257-10-06**
County: Hidalgo County
Est. No: 1 3

Work Type: Road and Drainage Construction
Limits:
From: Walnut Avenue
To: Magnolia Avenue

Contractor: **2GS, LLC**
Contract Price: $862,847.70
Work Done this Mo.: $574,917.50
% Complete: 66.63%

Date Contract Began: 12/22/15
Contract Time: 300
Time Charged: 166
% Time Used: 55.33%

Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
							Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		PAVING IMPROVEMENTS																		
		Paving - Olive Avenue																		
1		6"Lime Treated (3%) Existing Material (Subgrade)	SY	3,262.00	2.00	$ 6,524.00		$ 6,524.00	-	-	-	3,262.00	3,262.00	$ 6,524.00			3,262.00			-
2		Lime Treated (3%) Flexbase (Mis Existing Material)	CY	355.00	23.00	$ 8,165.00		$ 8,165.00	-	-	-	355.00	355.00	$ 8,165.00			355.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	374.00	42.00	$ 15,708.00		$ 15,708.00	-	-	-		-	-	374.00		374.00	$ 15,708.00		$ 15,708.00
4		ASP Material (MC-30)	GAL	598.00	4.00	$ 2,392.00		$ 2,392.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	729.00	1.00	$ 729.00		$ 729.00	-	-	-	729.00	729.00	$ 729.00			729.00			-
6	26.41	Lime (HYD, COM OR OK)(SLURRY)	TONS	51.75	200.00	$ 10,350.00	$ 5,282.00	$ 15,632.00	-	-	-	51.75	51.75	$ 10,350.00		26.41	78.16		$ 5,282.00	$ 5,282.00
		Alternate #1 Roadway											-	-						-
7		Olive Avenue ASPH Conc. (Ty D)(1 1/2")	TON	255.50	100.00	$ 25,550.00		$ 25,550.00	-	-	-		-	-			0.00			-
		Paving - Palm Avenue (South)																		
1		6" Lime Treat (3%) Existing material (Subgrade	SY	1216	2.00	$ 2,432.00		$ 2,432.00	-	-	-	1,216.00	1,216.00	$ 2,432.00			1,216.00			-
2		Lime Treated (3%) Flexbase (Mix Existing material)	CY	138	23.00	$ 3,174.00		$ 3,174.00	-	-	-	138.00	138.00	$ 3,174.00			138.00			-
3		FL BS (CMP NPLC) (TY E GR4) (FNAL POS)	CY	134	42.00	$ 5,628.00		$ 5,628.00	-	-	-	68.00	68.00	$ 2,856.00	66.00		134.00	$ 2,772.00		$ 2,772.00
4		ASPH Material (MC-30)	GAL	220	4.00	$ 880.00		$ 880.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	272	1.00	$ 272.00		$ 272.00	-	-	-	272.00	272.00	$ 272.00			272.00			-
6	9.84	Lime (HYD, COM OR OK) (SLURRY)	TONS	19.3	200.00	$ 3,860.00	$ 1,968.00	$ 5,828.00	-	-	-	19.30	19.30	$ 3,860.00		9.84	29.14		$ 1,968.00	$ 1,968.00
		Alternate #1 Roadway											-	-						-
7		Palm Avenue (South) ASPH Conc. (Ty D)(1 1/2")	TON	94.10	100.00	$ 9,410.00		$ 9,410.00	-	-	-		-	-			0.00			-
		Paving - Palm Avenue (North)																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	1,282.00	2.00	$ 2,564.00		$ 2,564.00	-	-	-	1,282.00	1,282.00	$ 2,564.00			1,282.00			-
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	138.00	23.00	$ 3,174.00		$ 3,174.00	-	-	-	138.00	138.00	$ 3,174.00			138.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	149.00	42.00	$ 6,258.00		$ 6,258.00	-	-	-	75.00	75.00	$ 3,150.00	74.00		149.00	$ 3,108.00		$ 3,108.00
4		ASP Material (MC-30)	GAL	236.00	4.00	$ 944.00		$ 944.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	287.00	1.00	$ 287.00		$ 287.00	-	-	-	287.00	287.00	$ 287.00			287.00			-
6	10.36	Lime (HYD, COM OR OK)(SLURRY)	TONS	20.35	200.00	$ 4,070.00	$ 2,072.00	$ 6,142.00	-	-	-	20.35	20.35	$ 4,070.00		10.36	30.71		$ 2,072.00	$ 2,072.00
		Alternate #1 Roadway											-	-						-
7		Palms Avenue (North) ASPH Conc. (Ty D)(1 1/2")	TON	100.70	100.00	$ 10,070.00		$ 10,070.00	-	-	-		-	-			0.00			-

							CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		Paving - Orange Grove Avenue																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	3,229.00	2.00	6,458.00		6,458.00	3,229.00	3,229.00	6,458.00		3,229.00	-			3,229.00			-
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	389.00	23.00	8,947.00		8,947.00	-	-	-	389.00	389.00	8,947.00			389.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	333.00	42.00	13,986.00		13,986.00	-	-	-	333.00	333.00	13,986.00			333.00			-
4		ASP Material (MC-30)	GAL	590.00	4.00	2,360.00		2,360.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	722.00	1.00	722.00		722.00	722.00	722.00	722.00	-	722.00	-			722.00			-
6	26.11	Lime (HYD, COM OR OK)(SLURRY)	TONS	51.25	200.00	10,250.00	5,222.00	15,472.00	40.00	40.00	8,000.00	11.25	51.25	2,250.00		26.11	77.36		5,222.00	5,222.00
		Alternate #1 Roadway											-	-						-
7		Orange Grove Avenue ASPH Conc. (Ty D)(1 1/2")	TON	252.20	100.00	25,220.00		25,220.00	-	-	-		-	-			0.00			-
		Paving - Pine Avenue																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	3,320.00	2.00	6,640.00		6,640.00	3,320.00	3,320.00	6,640.00		3,320.00	-			3,320.00			-
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	331.00	23.00	7,613.00		7,613.00	-	-	-	331.00	331.00	7,613.00			331.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	411.00	42.00	17,262.00		17,262.00	-	-	-	200.00	200.00	8,400.00	211.00		411.00	8,862.00		8,862.00
4		ASP Material (MC-30)	GAL	603.00	4.00	2,412.00		2,412.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	742.00	1.00	742.00		742.00	742.00	742.00	742.00		742.00	-			742.00			-
6	26.83	Lime (HYD, COM OR OK)(SLURRY)	TONS	52.70	200.00	10,540.00	5,366.00	15,906.00	40.00	40.00	8,000.00	12.70	52.70	2,540.00		26.83	79.53		5,366.00	5,366.00
		Alternate #1 Roadway											-	-						-
7		Pine Avenue ASPH Conc. (Ty D)(1 1/2")	TON	257.80	100.00	25,780.00		25,780.00	-	-	-		-	-			0.00			-
		Paving - Magnolia Avenue																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	2,944.00	2.00	5,888.00		5,888.00	-	-	-	2,944.00	2,944.00	5,888.00			2,944.00			-
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	274.00	23.00	6,302.00		6,302.00	-	-	-	274.00	274.00	6,302.00			274.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	384.00	42.00	16,128.00		16,128.00	-	-	-		-	-	384.00		384.00	16,128.00		16,128.00
4		ASP Material (MC-30)	GAL	539.00	4.00	2,156.00		2,156.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	658.00	1.00	658.00		658.00	-	-	-	658.00	658.00	658.00			658.00			-
6	15.9	Lime (HYD, COM OR OK)(SLURRY)	TONS	46.75	200.00	9,350.00	3,180.00	12,530.00	-	-	-	46.75	46.75	9,350.00		15.90	62.65		3,180.00	3,180.00
		Alternate #1 Roadway											-	-						-
7		Magnolia Avenue ASPH Conc. (Ty D)(1 1/2")	TON	230.20	100.00	23,020.00		23,020.00	-	-	-		-	-			0.00			-
		Paving - Garcia Street																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	2,215.00	2.00	4,430.00		4,430.00	733.00	733.00	1,466.00	1,482.00	2,215.00	2,964.00			2,215.00			-
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	277.00	23.00	6,371.00		6,371.00	-	-	-	277.00	277.00	6,371.00			277.00			-
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	217.00	42.00	9,114.00		9,114.00	-	-	-	217.00	217.00	9,114.00			217.00			-
4		ASP Material (MC-30)	GAL	402.00	4.00	1,608.00		1,608.00	-	-	-		-	-			0.00			-
5		Rework BS MTL	CY	494.00	1.00	494.00		494.00	-	-	-	494.00	494.00	494.00			494.00			-
6	17.9	Lime (HYD, COM OR OK)(SLURRY)	TONS	35.15	200.00	7,030.00	3,580.00	10,610.00	-	-	-	35.15	35.15	7,030.00		17.90	53.05		3,580.00	3,580.00
		Alternate #1 Roadway											-	-						-
7		Garcia Street ASPH Conc. (Ty D)(1 1/2")	TON	171.50	100.00	17,150.00		17,150.00	-	-	-		-	-			0.00			-

							CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		Paving - Linden Avenue (West)																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	714.00	2.00	$ 1,428.00		$ 1,428.00	714.00	714.00	$ 1,428.00		714.00	$ -			714.00			$ -
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	78.00	23.00	$ 1,794.00		$ 1,794.00	-	-	$ -	78.00	78.00	$ 1,794.00			78.00			$ -
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	82.00	42.00	$ 3,444.00		$ 3,444.00	-	-	$ -	40.00	40.00	$ 1,680.00	42.00		82.00	$ 1,764.00		$ 1,764.00
4		ASP Material (MC-30)	GAL	130.00	4.00	$ 520.00		$ 520.00	-	-	$ -		-	$ -			0.00			$ -
5		Rework BS MTL	CY	160.00	1.00	$ 160.00		$ 160.00	-	-	$ -	160.00	160.00	$ 160.00			160.00			$ -
6	5.76	Lime (HYD, COM OR OK)(SLURRY)	TONS	11.35	200.00	$ 2,270.00	$ 1,152.00	$ 3,422.00	11.35	11.35	$ 2,270.00		11.35	$ -		5.76	17.11		$ 1,152.00	$ 1,152.00
		Alternate #1 Roadway											-	$ -						$ -
7		Linden Avenue (West) ASPH Conc. (Ty D)(1 1/2")	TON	55.30	100.00	$ 5,530.00		$ 5,530.00	-	-	$ -		-	$ -			0.00			$ -
		Paving - Linden Avenue (East)																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	1,072.00	2.00	$ 2,144.00		$ 2,144.00	366.00	366.00	$ 732.00	706.00	1,072.00	$ 1,412.00			1,072.00			$ -
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	137.00	23.00	$ 3,151.00		$ 3,151.00	-	-	$ -	137.00	137.00	$ 3,151.00			137.00			$ -
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	104.00	42.00	$ 4,368.00		$ 4,368.00	-	-	$ -	50.00	50.00	$ 2,100.00	54.00		104.00	$ 2,268.00		$ 2,268.00
4		ASP Material (MC-30)	GAL	194.00	4.00	$ 776.00		$ 776.00	-	-	$ -		-	$ -			0.00			$ -
5		Rework BS MTL	CY	241.00	1.00	$ 241.00		$ 241.00	-	-	$ -	241.00	241.00	$ 241.00			241.00			$ -
6	6.71	Lime (HYD, COM OR OK)(SLURRY)	TONS	17.05	200.00	$ 3,410.00	$ 1,342.00	$ 4,752.00	-	-	$ -	17.05	17.05	$ 3,410.00		6.71	23.76		$ 1,342.00	$ 1,342.00
		Alternate #1 Roadway											-	$ -						$ -
7		Linden Avenue (East) ASPH Conc. (Ty D)(1 1/2")	TON	83.10	100.00	$ 8,310.00		$ 8,310.00	-	-	$ -		-	$ -			0.00			$ -
		Paving - Monte Circle Avenue																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	2,718.00	2.00	$ 5,436.00		$ 5,436.00	2,718.00	2,718.00	$ 5,436.00		2,718.00	$ -			2,718.00			$ -
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	311.00	23.00	$ 7,153.00		$ 7,153.00	-	-	$ -	311.00	311.00	$ 7,153.00			311.00			$ -
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	297.00	42.00	$ 12,474.00		$ 12,474.00	-	-	$ -	297.00	297.00	$ 12,474.00			297.00			$ -
4		ASP Material (MC-30)	GAL	499.00	4.00	$ 1,996.00		$ 1,996.00	-	-	$ -		-	$ -			0.00			$ -
5		Rework BS MTL	CY	608.00	1.00	$ 608.00		$ 608.00	-	-	$ -	608.00	608.00	$ 608.00			608.00			$ -
6	21.96	Lime (HYD, COM OR OK)(SLURRY)	TONS	43.15	200.00	$ 8,630.00	$ 4,392.00	$ 13,022.00	-	-	$ -	43.15	43.15	$ 8,630.00		21.96	65.11		$ 4,392.00	$ 4,392.00
		Alternate #1 Roadway											-	$ -						$ -
7		Monte Circle Avenue ASPH Conc. (Ty D)(1 1/2")	TON	213.30	100.00	$ 21,330.00		$ 21,330.00	-	-	$ -		-	$ -			0.00			$ -
		Paving - Walnut Avenue																		
1		6" Lime Treat (3%) Existing material (Subgrade)	SY	2,975.00	2.00	$ 5,950.00		$ 5,950.00	2,975.00	2,975.00	$ 5,950.00		2,975.00	$ -			2,975.00			$ -
2		Lime Treated (3%) Flexbase (Mix Existing Material)	CY	368.00	23.00	$ 8,464.00		$ 8,464.00	-	-	$ -	368.00	368.00	$ 8,464.00			368.00			$ -
3		FL BS (CMP N PLC)(TY E GR 4)(FNAL POS)	CY	297.00	42.00	$ 12,474.00		$ 12,474.00	-	-	$ -	150.00	150.00	$ 6,300.00	147.00		297.00	$ 6,174.00		$ 6,174.00
4		ASP Material (MC-30)	GAL	544.00	4.00	$ 2,176.00		$ 2,176.00	-	-	$ -		-	$ -			0.00			$ -
5		Rework BS MTL	CY	665.00	1.00	$ 665.00		$ 665.00	665.00	665.00	$ 665.00		665.00	$ -			665.00			$ -
6		Lime (HYD, COM OR OK)(SLURRY)	TONS	47.20	200.00	$ 9,440.00		$ 9,440.00	20.00	20.00	$ 4,000.00	17.20	37.20	$ 3,440.00	10.00		47.20	$ 2,000.00	0.00	$ 2,000.00
		Alternate #1 Roadway											-	$ -						$ -
7		Walnut Avenue ASPH Conc. (Ty D)(1 1/2")	TON	232.40	100.00	$ 23,240.00		$ 23,240.00	-	-	$ -		-	$ -			0.00			$ -
		TOTAL PAVING IMPROVEMENTS				**$ 528,654.00**	**$ 33,556.00**	**$ 562,210.00**			**$ 52,509.00**			**$204,531.00**				**58,784.00**	**$ 33,556.00**	**$ 92,340.00**

Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
							Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		DRAINAGE IMPROVEMENTS																		
		Drainage - Olive Avenue																		
1		Preparation ROW	STA	12.75	1,100.00	$ 14,025.00		$ 14,025.00	12.75	12.75	$ 14,025.00		12.75	-			12.75	-	-	-
2		Vegetative Watering	GAL	45.87	15.00	688.05		$ 688.05	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.35	3,000.00	1,050.00		$ 1,050.00	-	-	-		-	-			0.00	-	-	-
4	89	Driveway (ASPH-CONC-PAV)(PB-1)	SY	514.00	16.00	8,224.00	1,424.00	9,648.00	-	-	-		-	-			0.00	-	-	-
5	48	Driveway (Concrete 3000 PSI)	SY	55.00	31.00	1,705.00	1,488.00	3,193.00	-	-	-		-	-	55.00	48.00	103.00	1,705.00	1,488.00	3,193.00
6	-40	15" RCP Culvert Pipe	LF	40.00	24.00	960.00	(960.00)	-	40.00	40.00	960.00		40.00	-		40.00	0.00	-	(960.00)	(960.00)
7	156	15" HPP Culvert Pipe	LF	644.00	12.00	7,728.00	1,872.00	9,600.00	644.00	644.00	7,728.00		644.00	-		156.00	800.00	-	1,872.00	1,872.00
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	33.00	4.00	132.00		$ 132.00	33.00	33.00	132.00		33.00	-			33.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	33.00	1.00	33.00		$ 33.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13	-2	Safety End Treatment (15")	EA	2.00	600.00	1,200.00	(1,200.00)	$ -	-	-	-		-	-			0.00	-	-	-
14		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		Drainage - Palm Avenue (South)																		
1		Preparing ROW	STA	4.95	1,100.00	5,445.00		$ 5,445.00	4.95	4.95	5,445.00		4.95	-			4.95	-	-	-
2		Vegetative Watering	GAL	16.2	15.00	243.00		$ 243.00	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM) (URBAN) (CLAY) (MATL)	AC	0.12	3,000.00	360.00		$ 360.00	-	-	-		-	-			0.00	-	-	-
4	73	Driveway (ASPH-CONC-PAV)(PB-1)	SY	198.00	16.00	3,168.00	1,168.00	4,336.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	66.00	31.00	2,046.00		$ 2,046.00	-	-	-		-	-	66.00		66.00	2,046.00	-	2,046.00
6		15" RCP Culvert Pipe	LF	0.00	24.00	-		$ -	-	-	-		-	-			0.00	-	-	-
7	64.5	15" HPP Culvert Pipe	LF	301.50	12.00	3,618.00	774.00	4,392.00	301.50	301.50	3,618.00		301.50	-		64.50	366.00	-	774.00	774.00
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	26.00	4.00	104.00		$ 104.00	26.00	26.00	104.00		26.00	-			26.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	26.00	1.00	26.00		$ 26.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		Safety End Treatment (15")	EA	0.00	600.00	-		$ -	-	-	-		-	-			0.00	-	-	-
14		24" Concrete Laydown Curb	LF	0	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		Drainage - Palm Avenue (North)																		
1		Preparing ROW	STA	4.95	1,100.00	5,445.00		$ 5,445.00	4.95	4.95	5,445.00		4.95	-			4.95	-	-	-
2		Vegetative Watering	GAL	18.51	15.00	277.65		$ 277.65	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.14	3,000.00	420.00		$ 420.00	-	-	-		-	-			0.00	-	-	-
4	6	Driveway (ASPH-CONC-PAV)(PB-1)	SY	200.00	16.00	3,200.00	96.00	3,296.00	-	-	-		-	-			0.00	-	-	-
5	-7	Driveway (Concrete 3000 PSI)	SY	7.00	31.00	217.00	(217.00)	$ -	-	-	-		-	-			0.00	-	-	-
6	16	15" RCP Culvert Pipe	LF	80.00	24.00	1,920.00	384.00	2,304.00	80.00	80.00	1,920.00		80.00	-		16.00	96.00	-	384.00	384.00
7	17	15" HPP Culvert Pipe	LF	218.00	12.00	2,616.00	204.00	2,820.00	218.00	218.00	2,616.00		218.00	-		17.00	235.00	-	204.00	204.00
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	80.00	4.00	320.00		$ 320.00	80.00	80.00	320.00		80.00	-			80.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	80.00	1.00	80.00		$ 80.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		Safety End Treatment (15")	EA	4.00	600.00	2,400.00		$ 2,400.00	-	-	-		-	-	4.00		4.00	2,400.00	-	2,400.00
14		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-

							CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		Drainage - Orange Grove Avenue																		
1		Preparing ROW	STA	12.75	1,100.00	14,025.00		$ 14,025.00	12.75	12.75	14,025.00		12.75	-			12.75	-	-	-
2		Vegetative Watering	GAL	32.53	15.00	487.95		$ 487.95	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.25	3,000.00	750.00		$ 750.00	-	-	-		-	-			0.00	-	-	-
4	-33	Driveway (ASPH-CONC-PAV)(PB-1)	SY	860.00	16.00	13,760.00	(528.00)	13,232.00	-	-	-		-	-			0.00	-	-	-
5	2	Driveway (Concrete 3000 PSI)	SY	67.00	31.00	2,077.00	62.00	2,139.00	-	-	-		-	-	67.00	2.00	69.00	2,077.00	62.00	2,139.00
6	14	15" RCP Culvert Pipe	LF	80.00	24.00	1,920.00	336.00	2,256.00	80.00	80.00	1,920.00		80.00	-		14.00	94.00	-	336.00	336.00
7	108	15" HPP Culvert Pipe	LF	1,015.00	12.00	12,180.00	1,296.00	13,476.00	1,015.00	1,015.00	12,180.00		1,015.00	-		108.00	1,123.00	-	1,296.00	1,296.00
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	62.00	4.00	248.00		$ 248.00	62.00	62.00	248.00		62.00	-			62.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	62.00	1.00	62.00		$ 62.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13	-3	Safety End Treatment (15")	EA	4.00	600.00	2,400.00	(1,800.00)	600.00	2.00	2.00	1,200.00		2.00	-		1.00	1.00	-	(600.00)	(600.00)
14		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		Drainage - Pine Avenue																		
1		Preparing ROW	STA	13.47	1,100.00	14,817.00		$ 14,817.00	13.47	13.47	14,817.00		13.47	-			13.47	-	-	-
2		Vegetative Watering	GAL	44.00	15.00	660.00		$ 660.00	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.33	3,000.00	990.00		$ 990.00	-	-	-		-	-			0.00	-	-	-
4	21	Driveway (ASPH-CONC-PAV)(PB-1)	SY	352.00	16.00	5,632.00	336.00	5,968.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	206.00	31.00	6,386.00		$ 6,386.00	-	-	-		-	-	206.00		206.00	6,386.00	-	6,386.00
6		15" RCP Culvert Pipe	LF	125.00	24.00	3,000.00		$ 3,000.00	125.00	125.00	3,000.00		125.00	-			125.00	-	-	-
7	16	15" HPP Culvert Pipe	LF	309.00	12.00	3,708.00	192.00	3,900.00	309.00	309.00	3,708.00		309.00	-		16.00	325.00	-	192.00	192.00
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	58.00	4.00	232.00		$ 232.00	58.00	58.00	232.00		58.00	-			58.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	58.00	1.00	58.00		$ 58.00	-	-	-		-	-			0.00	-	-	-
10	0.3	RipRap (CONC)(CL B)(4")	CY	6.70	250.00	1,675.00	75.00	1,750.00	-	-	-		-	-	6.70	0.30	7.00	1,675.00	75.00	1,750.00
11		Type "C" Grate Inlet	EA	1.00	1,300.00	1,300.00		$ 1,300.00	1.00	1.00	1,300.00		1.00	-			1.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	1.00	1,500.00	1,500.00		$ 1,500.00	1.00	1.00	1,500.00		1.00	-			1.00	-	-	-
13	-1	Safety End Treatment (15")	EA	2.00	600.00	1,200.00	(600.00)	600.00	-	-	-		-	-	1.00		1.00	600.00	-	600.00
14		24" Concrete Laydown Curb	LF	830.00	8.85	7,345.50		$ 7,345.50	-	-	-		-	-	830.00		830.00	7,345.50	-	7,345.50
		Drainage - Magnolia Avenue																		
1		Preparing ROW	STA	11.56	1,100.00	12,716.00		$ 12,716.00	11.56	11.56	12,716.00		11.56	-			11.56	-	-	-
2		Vegetative Watering	GAL	52.32	15.00	784.80		$ 784.80	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.40	3,000.00	1,200.00		$ 1,200.00	-	-	-		-	-			0.00	-	-	-
4		Driveway (ASPH-CONC-PAV)(PB-1)	SY	167.00	16.00	2,672.00		$ 2,672.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	0.00	31.00	-		$ -	-	-	-		-	-			0.00	-	-	-
6	-40	15" RCP Culvert Pipe	LF	80.00	24.00	1,920.00	(960.00)	960.00	-	-	-		-	-	40.00		40.00	960.00	-	960.00
7	24	18" RCP Culvert (TxDot ROW)	LF	0.00	30.00	-	720.00	720.00						-		24.00	24.00	-	720.00	720.00
8		15" HPP Culvert Pipe	LF	262.00	12.00	3,144.00		$ 3,144.00	262.00	262.00	3,144.00		262.00	-			262.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	113.00	4.00	452.00		$ 452.00	113.00	113.00	452.00		113.00	-			113.00	-	-	-
10		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	113.00	1.00	113.00		$ 113.00	-	-	-		-	-			0.00	-	-	-
11		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
14		Safety End Treatment (15")	EA	4.00	600.00	2,400.00		$ 2,400.00	-	-	-		-	-	4.00		4.00	2,400.00	-	2,400.00
15		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-

Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	CHANGE ORDER		FIRST MONTH			SECOND MONTH			THIRD MONTH					
							Change in Contract Cost of CO.#1	Revised Contract Cost after CO.#1	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity Base Bid	Monthly Quantity C.O#1	QTY to Date	Item Cost Base Bid (Monthly)	Item Cost C.O #1 (Monthly)	Total Item Cost (Monthly)
		Drainage - Garcia Street																		
1		Preparing ROW	STA	9.36	1,100.00	10,296.00		$ 10,296.00	9.36	9.36	10,296.00		9.36	-			9.36	-	-	-
2		Vegetative Watering	GAL	39.74	15.00	596.10		$ 596.10	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.30	3,000.00	900.00		$ 900.00	-	-	-		-	-			0.00	-	-	-
4	19	Driveway (ASPH-CONC-PAV)(PB-1)	SY	323.00	16.00	5,168.00	304.00	5,472.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	0.00	31.00	-		$ -	-	-	-		-	-			0.00	-	-	-
6		15" RCP Culvert Pipe	LF	0.00	24.00	-		$ -	-	-	-		-	-			0.00	-	-	-
7	95	18" RCP Culvert (TxDot ROW)	LF	0.00	30.00	-	2,850.00	2,850.00						-		95.00	95.00	-	2,850.00	2,850.00
8	-25	15" HPP Culvert Pipe	LF	281.00	12.00	3,372.00	(300.00)	3,072.00	281.00	281.00	3,372.00		281.00	-		25.00	256.00	-	(300.00)	(300.00)
9		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	85.00	4.00	340.00		$ 340.00	85.00	85.00	340.00		85.00	-			85.00	-	-	-
10		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	85.00	1.00	85.00		$ 85.00	-	-	-		-	-			0.00	-	-	-
11		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
14	2	Safety End Treatment (15")	EA	0.00	600.00	-	1,200.00	1,200.00	-	-	-		-	-		2.00	2.00	-	1,200.00	1,200.00
15		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		Drainage - Linden Avenue (West)																		
1		Preparing ROW	STA	2.90	1,100.00	3,190.00	-	3,190.00	2.90	2.90	3,190.00		2.90	-			2.90	-	-	-
2		Vegetative Watering	GAL	14.45	15.00	216.75	-	216.75	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.11	3,000.00	330.00	-	330.00	-	-	-		-	-			0.00	-	-	-
4		Driveway (ASPH-CONC-PAV)(PB-1)	SY	61.00	16.00	976.00	-	976.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	0.00	31.00	-	-	-	-	-	-		-	-			0.00	-	-	-
6	-19	15" RCP Culvert Pipe	LF	80.00	24.00	1,920.00	(456.00)	1,464.00	-	-	-		-	-	61.00		61.00	1,464.00	-	1,464.00
7		15" HPP Culvert Pipe	LF	72.00	12.00	864.00	-	864.00	72.00	72.00	864.00		72.00	-			72.00	-	-	-
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	94.00	4.00	376.00	-	376.00	94.00	94.00	376.00		94.00	-			94.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	94.00	1.00	94.00	-	94.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	1.00	250.00	250.00	-	250.00	-	-	-		-	-	1.00		1.00	250.00	-	250.00
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-	-	-	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-	-	-	-	-	-		-	-			0.00	-	-	-
13	-2	Safety End Treatment (15")	EA	5.00	600.00	3,000.00	(1,200.00)	1,800.00	-	-	-		-	-	3.00		3.00	1,800.00	-	1,800.00
14		24" Concrete Laydown Curb	LF	0.00	8.85	-	-	-	-	-	-		-	-			0.00	-	-	-
		Drainage - Linden Avenue (East)																		
1		Preparing ROW	STA	4.28	1,100.00	4,708.00		$ 4,708.00	4.28	4.28	4,708.00		4.28	-			4.28	-	-	-
2		Vegetative Watering	GAL	17.87	15.00	268.05		$ 268.05	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.14	3,000.00	420.00		$ 420.00	-	-	-		-	-			0.00	-	-	-
4	20	Driveway (ASPH-CONC-PAV)(PB-1)	SY	156.00	16.00	2,496.00	320.00	2,816.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	0.00	31.00	-		$ -	-	-	-		-	-			0.00	-	-	-
6		15" RCP Culvert Pipe	LF	0.00	24.00	-		$ -	-	-	-		-	-			0.00	-	-	-
7	24	18" RCP Culvert (TxDot ROW)	LF		30.00	-	720.00	720.00						-		24.00	24.00	-	720.00	720.00
8	29	15" HPP Culvert Pipe	LF	157.00	12.00	1,884.00	348.00	2,232.00	157.00	157.00	1,884.00		157.00	-		29.00	186.00	-	348.00	348.00
9		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	66.00	4.00	264.00		$ 264.00	66.00	66.00	264.00		66.00	-			66.00	-	-	-
10		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	66.00	1.00	66.00		$ 66.00	-	-	-		-	-			0.00	-	-	-
11		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
14	2	Safety End Treatment (15")	EA	0.00	600.00	-	1,200.00	1,200.00	-	-	-		-	-		2.00	2.00	-	1,200.00	1,200.00
15		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-

Item No.	Change Order#1 Qty	DESCRIPTION	Unit	Original Project Quantity	Unit Price	Originial Project Amount	CHANGE ORDER: Change in Contract Cost of CO.#1	CHANGE ORDER: Revised Contract Cost after CO.#1	FIRST MONTH: Monthly Quantity	FIRST MONTH: QTY to Date	FIRST MONTH: Item Cost (Monthly)	SECOND MONTH: Monthly Quantity	SECOND MONTH: QTY to Date	SECOND MONTH: Item Cost (Monthly)	THIRD MONTH: Monthly Quantity Base Bid	THIRD MONTH: Monthly Quantity C.O#1	THIRD MONTH: QTY to Date	THIRD MONTH: Item Cost Base Bid (Monthly)	THIRD MONTH: Item Cost C.O #1 (Monthly)	THIRD MONTH: Total Item Cost (Monthly)
		Drainage - Monte Circle Avenue																		
1		Preparing ROW	STA	10.00	1,100.00	11,000.00		$ 11,000.00	10.00	10.00	11,000.00		10.00	-			10.00	-	-	-
2		Vegetative Watering	GAL	47.74	15.00	716.10		$ 716.10	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.44	3,000.00	1,320.00		$ 1,320.00	-	-	-		-	-			0.00	-	-	-
4	-71	Driveway (ASPH-CONC-PAV)(PB-1)	SY	509.00	16.00	8,144.00	(1,136.00)	7,008.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	0.00	31.00	-		$ -	-	-	-		-	-			0.00	-	-	-
6	-88	15" RCP Culvert Pipe	LF	120.00	24.00	2,880.00	(2,112.00)	768.00	-	-	-		-	-	32.00		32.00	768.00	-	768.00
7		15" HPP Culvert Pipe	LF	390.00	12.00	4,680.00		$ 4,680.00	390.00	390.00	4,680.00		390.00	-			390.00	-	-	-
8		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	164.00	4.00	656.00		$ 656.00	164.00	164.00	656.00		164.00	-			164.00	-	-	-
9		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	164.00	1.00	164.00		$ 164.00	-	-	-		-	-			0.00	-	-	-
10		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
11		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13	-4	Safety End Treatment (15")	EA	6.00	600.00	3,600.00	(2,400.00)	1,200.00	-	-	-		-	-	2.00		2.00	1,200.00	-	1,200.00
14		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		Drainage - Walnut Avenue																		
1		Preparing ROW	STA	11.56	1,100.00	12,716.00		$ 12,716.00	11.56	11.56	12,716.00		11.56	-			11.56	-	-	-
2		Vegetative Watering	GAL	50.45	15.00	756.75		$ 756.75	-	-	-		-	-			0.00	-	-	-
3		Cell FBR Mulch Seed (PERM)(URBAN)(CLAY)(MATL)	AC	0.38	3,000.00	1,140.00		$ 1,140.00	-	-	-		-	-			0.00	-	-	-
4		Driveway (ASPH-CONC-PAV)(PB-1)	SY	261.00	16.00	4,176.00		$ 4,176.00	-	-	-		-	-			0.00	-	-	-
5		Driveway (Concrete 3000 PSI)	SY	29.00	31.00	899.00		$ 899.00	-	-	-		-	-	29.00		29.00	899.00	-	899.00
6	-17	15" RCP Culvert Pipe	LF	120.00	24.00	2,880.00	(408.00)	2,472.00	120.00	120.00	2,880.00		120.00	-		17.00	103.00	-	(408.00)	(408.00)
7	22	18" RCP Culvert (TxDot ROW)	LF	0.00	30.00	-	660.00	660.00						-		22.00	22.00	-	660.00	660.00
8	1	15" HPP Culvert Pipe	LF	340.00	12.00	4,080.00	12.00	4,092.00	340.00	340.00	4,080.00		340.00	-		1.00	341.00	-	12.00	12.00
9		Biodegradable Erosion Control Logs (12" Dia.) INSTALL	LF	144.00	4.00	576.00		$ 576.00	144.00	144.00	576.00		144.00	-			144.00	-	-	-
10		Biodegradable Erosion Control Logs (12" Dia.) REMOVE	LF	144.00	1.00	144.00		$ 144.00	-	-	-		-	-			0.00	-	-	-
11		RipRap (CONC)(CL B)(4")	CY	0.00	250.00	-		$ -	-	-	-		-	-			0.00	-	-	-
12		Type "C" Grate Inlet	EA	0.00	1,300.00	-		$ -	-	-	-		-	-			0.00	-	-	-
13		4'X4' Conc. Junction Box w/MH Enclosure	EA	0.00	1,500.00	-		$ -	-	-	-		-	-			0.00	-	-	-
14	2	Safety End Treatment (15")	EA	6.00	600.00	3,600.00	1,200.00	4,800.00	6.00	6.00	3,600.00		6.00	-		2.00	8.00	-	1,200.00	1,200.00
15		24" Concrete Laydown Curb	LF	0.00	8.85	-		$ -	-	-	-		-	-			0.00	-	-	-
		TOTAL DRAINAGE IMPROVEMENTS				**295,673.70**	**4,964.00**	**300,637.70**			**178,237.00**							**33,975.50**	**13,325.00**	**47,300.50**
		TOTAL BASE AMOUNT				**$ 824,327.70**	**$ 38,520.00**	**$ 862,847.70**										**92,759.50**	**46,881.00**	**139,640.50**

Monthly Totals:	$ 230,746.00	$204,531.00	$ 139,640.50
ADMINISTRATIVE (901)			
PRELIMINARY ENGINEERING (902)			
CONSTRUCTION ENGINEERING (903)			
RIGHT-OF-WAY (904)			
BASE BID	$ 230,746.00	$204,531.00	$ 92,759.50
ALTERNATE #1			
CHANGE ORDER#1			46,881.00

Total to Date:

BASE BID	$	528,036.50
ALTERNATE NO.1	$	-
CHANGE ORDER#1	$	46,881.00
Total	$	574,917.50

Prepared and Checked By:

Signature:

Printed Name: Humberto Garcia Jr.

Date: June 10, 2016

2GS, LLC	Contractor Name	Application No.:	**3**
12/22/2015	Starting Date	Application Date:	**6/10/16**
10/17/2016	Project Ending Date	Period To:	**6/5/16**
5%	Retainage Percent	Engineer Firm:	**LeFevre Engineering, LLC**

Summary

CSJ #	Project Name	Original Schedule	Revised Schedule Value	Payment Application #1	Payment Application #2	Payment Application #3	Total To Date	Balance To Finish	Retainage	Net	Payment To Date	Payment Due
3C-1080-314	Heidelberg Subdivision	$ 824,327.70	$ 38,520.00	$ 230,746.00	$ 204,531.00	$ 139,640.50	$ 574,917.50	$ 287,930.20	$ 28,745.88	$ 546,171.63	$ 413,513.15	$ 132,658.48
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-
Totals			$ 862,847.70	$ 230,746.00	$ 204,531.00	$ 139,640.50	$ 574,917.50	$ 287,930.20	$ 28,745.88	$ 546,171.63	$ 413,513.15	$ 132,658.48

Exhibit E-D

AI-55241

Purchasing Department 12. G.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: John Paul Lugo, COMM. PCT. #1

Submitted By: Noemi De Los Rios, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of the following for 2GS, LLC, contracted vendor for Tijerina Estates Subdivision (Pct. 1) as submitted by project engineer Hidalgo County Drainage District No. 1:
1.) Application for Payment No. 3 Release of Retainage in the amount of $20,361.10; &
2.) Certificate of Completion dated 05-26-16.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1312-206-00-000-051-0-000

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

REQ # 289998 PO # 738027

C-CAP-15-332-12-01

Application for Payment No. 3 Retainage Release Tijerina Estates as submitted by 2GS, LLC.

FISCAL YEAR: ACCT. #: 6-1345-206-00-000-006-0-000

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Attachments

BCAP / Pct. 1 Application for Payment No. 3 Retainage Release - Tijerina Estates as submitted by 2GS, LLC

certificate of completion

Form Review

Inbox	Reviewed By	Date
Yvette Salinas	Yvette Salinas	06/29/2016 04:53 PM
Purchasing Department	Yvette Salinas	06/29/2016 04:54 PM
Yvette Salinas	Yvette Salinas	06/30/2016 01:26 PM
Purchasing Department	Marty Salazar	06/30/2016 03:45 PM
Budget & Management	Veronica Ortiz	06/30/2016 03:47 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Noemi De Los Rios Started On: 06/29/2016 03:30 PM

Final Approval Date: 07/01/2016

APPLICATION FOR PAYMENT NO. THREE (3) RELEASE OF RETAINAGE

To: HIDALGO COUNTY (OWNER)
From: 2GS, LLC (CONTRACTOR)
Contract: HIDALGO COUNTY PRECINCT NO. 1
Project: TIJERINA ESTATES SUBDIVISION

Owner's Contract No. C-CAP-15-332-12-01 Engineer's Project No. PURCHASE ORDER #738027
For Work accomplished through the date of: April 24, 2016

1. Original Contract Price:	$197,079.50
2. Net change by Change Order and Written Agreements(+):	$6,531.50
3. Current Contract Price (1 plus 2):	$203,611.00
4. Total completed and stored to date:	$203,611.00
5. Retainage (per Agreement):	
10% of completed Work:	
of stored material	
Total Retainage:	$0.00
6. Total completed and stored to date less retainage (4 minus 5)	$203,611.00
7. Less previous Application for Payments:	$183,249.90
8. AMOUNT DUE THIS APPLICATION (6 MINUS 7)	$20,361.10

Accompanying Documentation:

REQ# 289998 P.O.# 738027
6-1312-206-00-000-051-0-000 - $20,215.23
RETAINAGE PAYABLE – 2GS, LLC.

REQ# 289998 P.O.# 738027
6-1345-206-00-000-006-0-000 - $145.87
RETAINAGE PAYABLE – 2GS, LLC.

CONTRACTOR'S Certification:
The undersigned CONTRACTOR certifies that (1) all previous progress payments received from OWNER on account of Work done under the Contract referred to above have been applied on account to discharge CONTRACTOR'S legitimate obligations incurred in connection with Work covered by prior Applications for Payment numbered 1 through 1 inclusive: (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); and (3) all Work covered by this Application for Payments is in accordance with the Contract Documents and not defective.

John Paul Lugo 6-16-16

Date April 25, 2016

ARMANDO OMAR FLORES JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130592795

State of TEXAS
County of HIDALGO
Subscribed and sworn to before me this 27th day of April, 2016.

Notary Public Armando Omar Flores, Jr.
My Commission expires: March 23, 2020

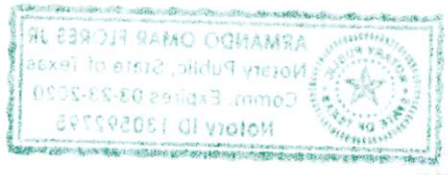
2GS, LLC
(CONTRACTOR)
By:
Humberto Garcia, Jr.
Member
P.O. Box 595
Peñitas, Texas 78576

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Date 4/27/16

Jose N Saldivar, P.E.
(ENGINEER)
By: 06/06/16
Jose N Saldivar, P.E., Project Engineer
Exhibit E-C

INVOICE RECEIVED BY
Mimi de la Rosa on 6/7/16
GOODS/SERVICES RECEIVED BY:
Mimi de la Rosa on 6/7/16


ARMANDO OMAR RIOS JR
Notary Public, State of Texas
Comm. Expires 03-23-2020
Notary ID 130502795

Estimate Quantity Update Worksheet

Colonia: **Tijerina Estates Subdivision**
Roadway: Tijerina Estates Subdivision (FM 1015 and Mile 13 1/2 North) Weslaco, TX
Control:
Project No: **C-CAP-15-332-12-01**
County: Hidalgo County
Est. No: 3

Contractor: **2GS, LLC**
Contract Price: $203,611.00
Work Done this Mo.: $203,611.00
% Complete: 100.00%

Date Contract Began: 2/4/16
Contract Time: 90
Time Charged: 81
% Time Used: 90.00%

Work Type: Road and Drainage Construction
Limits:
From: San Rafael Street
To: Angel Drive

						FIRST MONTH			SECOND MONTH			THIRD MONTH		
Item No.	DESCRIPTION	Unit	Project Quantity	Unit Price	Project Amount	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)	Monthly Quantity	QTY to Date	Item Cost (Monthly)
	BASE BID													
1	Excavation (Roadway)	CY	843.00	$ 12.00	$ 10,116.00	843.00	843.00	$ 10,116.00		843.00	$ -	-	843.00	$ -
2	6" RD Grader Work (Dens Cont) Sub-Grade	STA	22.76	700.00	15,932.00	22.76	22.76	15,932.00		22.76	-	-	22.76	-
3	8" Flex Base (Cmp In Plc)(Ty D)	SY	7,081.00	7.50	53,107.50	7,081.00	7,081.00	53,107.50		7,081.00	-	-	7,081.00	-
4	EN-1 Road Stabilizer for Sub-Grade (6")	SY	7,081.00	3.00	21,243.00	7,081.00	7,081.00	21,243.00		7,081.00	-	-	7,081.00	-
5	Asph Matrl (MC-30)	GAL	1,214.00	6.00	7,284.00	1,214.00	1,214.00	7,284.00		1,214.00	-	-	1,214.00	-
6	2" Asph Conc Ty D	SY	6,069.00	13.00	78,897.00	-	-	-	6,069.00	6,069.00	78,897.00	-	6,069.00	-
7	Barricades, Signs, and Traffic Handling	LS	1.00	3,000.00	3,000.00	1.00	1.00	3,000.00		1.00	-	-	1.00	-
8	Temporary Erosion Control	LS	1.00	1,200.00	1,200.00	1.00	1.00	1,200.00		1.00	-	-	1.00	-
9	Typical Striping and Permenant Pavement Markings	LS	1.00	3,900.00	3,900.00	-	-	-	1.00	1.00	3,900.00	-	1.00	-
10	Aluminum Signing	LS	1.00	2,400.00	2,400.00	-	-	-	1.00	1.00	2,400.00	-	1.00	-
	BASE BID TOTALS				**$ 197,079.50**			**$ 111,882.50**			**$ 85,197.00**			$ -
	CHANGE ORDER #1													
1	Asph Material (MC-30)	SY	109.00	6.00	654.00	-	-	-	109.00	109.00	654.00	-	109.00	-
2	1" Asph Conc Ty D (For Driveways)	SY	545.00	9.50	5,177.50	-	-	-	545.00	545.00	5,177.50	-	545.00	-
3	Riprap for Inlet	EA	1.00	700.00	700.00	-	-	-	1.00	1.00	700.00	-	1.00	-
	CHANGE ORDER #1 TOTALS				**$ 6,531.50**			$ -			**$ 6,531.50**			$ -
	BASE BID TOTALS + CHANGE ORDER #1 TOTALS				**$ 203,611.00**			**$ 111,882.50**			**$ 91,728.50**			$ -

Monthly Totals:	$ 111,882.50	$ 91,728.50	$ -
ADMINISTRATIVE (901)			
PRELIMINARY ENGINEERING (902)			
CONSTRUCTION ENGINEERING (903)			
RIGHT-OF-WAY (904)			
BASE BID	$ 111,882.50	$ 85,197.00	$ -
CHANGE ORDER #1	$ -	$ 6,531.50	$ -

Total to Date:

BASE BID	$ 197,079.50
CHANGE ORDER #1	$ 6,531.50
Total	$ 203,611.00

Prepared and Checked By:

Signature:
Printed Name: Humberto Garcia Jr.

Date: April 25, 2016

2GS, LLC	Contractor Name
2/4/2016	Starting Date
5/4/2016	Project Ending Date
10%	Retainage Percent

Application No.:	3
Application Date:	4/25/16
Period To:	4/24/16
Engineer Firm:	Jose N Saldivar, P.E.

Summary

CSJ #	Project Name	Original Schedule	Revised Schedule Value	Payment Application #1	Payment Application #2	Payment Application #3	Total To Date	Balance To Finish	Retainage	Net	Payment To Date	Payment Due
C-CAP-15-332-12-01	Tijerina Estates Subdivision	$ 197,079.50	$ 6,531.50	$ 111,882.50	$ 91,728.50	$ 20,361.10	$ 203,611.00	$ -	$ -	$203,611.00	$183,249.90	$20,361.10
							-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
				-			-	-	-	-	-	-
Totals		$197,079.50	$ 6,531.50	$ 111,882.50	$ 91,728.50	$ 20,361.10	$ 203,611.00	$ -	$ -	$203,611.00	$183,249.90	$20,361.10

2GS, LLC	Contractor Name	Application No.:	3
2/4/16	Starting Date	Application Date:	4/25/16
5/4/16	Project Ending Date	Period To:	4/24/16
Tijerina Estates Subdivision	Engineer's/County Project Description	Engineer's/County Project No.:	C-CAP-15-332-12-01

					Original Schedule Value			Value		First Month			Second Month			Third Month				Balance to Finish	
No.	Item Code	Description	Unit	Original Rates	Quan	Dollars	Revised Rates	Quan	Dollars	Monthly Quan	QTY to Date	Item Cost (Monthly)	Monthly Quan	QTY to Date	Item Cost (Monthly)	Monthly Quan	QTY to Date	Item Cost (Monthly)	Total to Date	Quan	Dollars
(905) ROADWAY																					
		BASE BID																			
1		Excavation (Roadway)	CY	$ 12.00	843.00	$ 10,116.00				843.00	843.00	$ 10,116.00	-	843.00	$ -	-	843.00	$ -	$ 10,116.00	-	$ -
2		6" Rd Grader Work (Dens Cont) Sub-Grade	STA	700.00	22.76	15,932.00				22.76	22.76	15,932.00	-	22.76	-	-	22.76	-	15,932.00	-	-
3		8" Flex Base (Cmp In Plc)(Ty D)	SY	7.50	7,081.00	53,107.50				7,081.00	7,081.00	53,107.50	-	7,081.00	-	-	7,081.00	-	53,107.50	-	-
4		EN-1 Road Stabilizer for Sub-Grade (6")	SY	3.00	7,081.00	21,243.00				7,081.00	7,081.00	21,243.00	-	7,081.00	-	-	7,081.00	-	21,243.00	-	-
5		ASP Material (MC-30)	GAL	6.00	1,214.00	7,284.00				1,214.00	1,214.00	7,284.00	-	1,214.00	-	-	1,214.00	-	7,284.00	-	-
6		2" Asph Conc Ty D	SY	13.00	6,069.00	78,897.00				-	-	-	6,069.00	6,069.00	78,897.00	-	6,069.00	-	78,897.00	-	-
7		Barricades, Signs, and Traffic Handling	LS	3,000.00	1.00	3,000.00				1.00	1.00	3,000.00	-	1.00	-	-	1.00	-	3,000.00	-	-
8		Temporary Erosion Control	LS	1,200.00	1.00	1,200.00				1.00	1.00	1,200.00	-	1.00	-	-	1.00	-	1,200.00	-	-
9		Typical Striping and Permanent Pavement Markings	LS	3,900.00	1.00	3,900.00				-	-	-	1.00	1.00	3,900.00	-	1.00	-	3,900.00	-	-
10		Aluminum Signing	LS	2,400.00	1.00	2,400.00				-	-	-	1.00	1.00	2,400.00	-	1.00	-	2,400.00	-	-
		BASE BID TOTALS				**$ 197,079.50**						**$ 111,882.50**			**$85,197.00**			**$ -**	**$ 197,079.50**		**$ -**
		CHANGE ORDER #1																			
1		Asph Material (MC-30)	SY	6.00	109.00	654.00				-	-	-	109.00	109.00	654.00	-	109.00	-	654.00	-	-
2		1" Asph Conc Ty D (For Driveways)	SY	9.50	545.00	5,177.50				-	-	-	545.00	545.00	5,177.50	-	545.00	-	5,177.50	-	-
3		Riprap for Inlet	EA	700.00	1.00	700.00				-	-	-	1.00	1.00	700.00	-	1.00	-	700.00	-	-
		CHANGE ORDER #1 TOTALS				**$ 6,531.50**						**$ -**			**$ 6,531.50**			**$ -**	**$ 6,531.50**		**$ -**
BASE BID TOTALS + CHANGE ORDER #1 TOTALS						**$ 203,611.00**						**$ 111,882.50**			**$91,728.50**			**$ -**	**$ 203,611.00**		**$ -**

CERTIFICATE OF CONSTRUCTION COMPLETION

THIS IS TO CERTIFY THAT ON 26 DAY OF May, 2016 A FINAL INSPECTION was made of the project herein described.

CONTRACT

CONTRACT DATE: December 1, 2015
OWNER: Hidalgo County
CONSTRUCTION CONTRACTOR: 2GS, LLC
OF THE CITY OF Peñitas STATE OF Texas

PROJECT DESCRIPTION

CONSTRUCTION OF Road Construction

CONTRACT NO: C-CAP-15-332-12-01
Located in or near the City/Precinct Of Weslaco/Hidalgo

THIS IS TO CERTIFY"

1. That the work has been completed in accordance with the plans and specifications and all addenda, change orders, supplemental agreements thereto, and with the following exceptions:
   N/A

2. That the sum of $0.00, deducted from the final payment of the Contractor is a fair and equitable settlement for the foregoing except work.

3. That the contractor has presented a "Certificate of Release" starting under oath, that all claims arising out of the performance of work have been fulfilled, and the Owner is released from all claims arising under or by virtue of said contract.

4. That the CONTRACTOR has presented in behalf of itself and its sureties, satisfactory evidence that it is bound to repair, replace, and make good any faulty workmanship and/or materials discovered in the work within a period of one year from this date, as provided in said contract.

5.

Amount of Original Contract	$197,079.50
Present Amount of Contract	203,611.00
Total Amount of earned to Date	203,611.00
Less: previous payments	183,249.90
Balance	20,361.10
Authorized deductions	0.00
AMOUNTY OF FINAL PAYMENT	$20,361.10

Exhibit E-L

6. That the final payment in the amount of Twenty Thousand Three Hundred Sixty-One Dollars and Ten Cents is now due and payable.

Engineer's Signature

CONCURRED BY:

Humberto García, Jr.
Contractor's Name

By:

Title: Member

CONCURRED BY:

City/Precinct

By:

Title:

Exhibit E-L

AI-55200

Purchasing Department 12. H.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yvette Salinas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting authority to advertise and approval of procurement packet drafted and developed by project engineer, LeFevre Engineering [i.e. plans, specifications, with legal notices supplied by Purchasing Dept. as approved by HC, etc.] as attached hereto for: “Goolie Rd Paving Improvements” including the authority to re-advertise the project in the event that not bids are received and/or are rejected and project is still required.

BACKGROUND

1st ad: Saturday, July 09, 2016
2nd ad: Saturday, July 16, 2016
Bid Opening Date: Wednesday, July 27, 2016

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-121-005-0-540

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?: n

BUDGETARY IMPACT:

PO # 736148

Attachments

specs goolie rd imprvmnts

plans goolie rd imprvmnts

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/01/2016 10:22 AM
Budget & Management	Veronica Ortiz	07/01/2016 11:13 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 01:47 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Yvette Salinas Started On: 06/27/2016 10:58 AM
Final Approval Date: 07/01/2016

CONTRACT DOCUMENTS

FOR THE

HIDALGO COUNTY PRECINCT NO. 1

Goolie Road Paving Improvements

Hidalgo County Precinct 1

Hidalgo County, Texas

June 2016

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER

6-30-16

Emigdio "Milo" Salinas, PE

Civil Engineer:

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363

Texas Registered Engineering Firm F-11722

General Request for Bid Package
Table of Contents
Hidalgo County Precinct No. 1
"Goolie Road Paving Improvements"

I. Bidding Requirements
- A. Request for Bid Advertisement
- B. Request for Bid Legal Notice
  - a. Bid Bond
  - b. Exhibit "A" Specifications
  - c. Exhibit "B" Bid Page & Attachments
  - d. Exhibit "C" Insurance Requirements
  - e. Exhibit "D" C.I.Q
  - f. Exhibit "E" Proposer's Affidavit
- C. Vendor Application
- D. Start-Up Documents
  - a. Contract (Draft)
  - b. HB 1295
  - c. W-9 IRS Form
  - d. Statement of Credentials
  - e. County Forms Submittal Checklist

II. Bonding Requirements
- A. Payment Bond
- B. Performance Bond

III. Index of General Conditions
- A. General Conditions

IV. Labor Standard Documents
- A. Davis Bacon
  - a. Wage Decision: TX160008
  - b. Title 29-Labor
  - c. Making Davis Bacon Work
  - d. Required Payroll forms
  - e. Federal Labor Standards
  - f. Required Display Forms

V. Close-Out Documents
- A. Certificate of Construction Completion
- B. Partial and Final Waiver of Lien
- C. Contractor's Affidavit of Payments of Debts and Claims
- D. Contractor's Release and Waiver of Lien

VI. Geotechnical Report

REQUEST FOR SEALED BIDS
(RFB)

TO SUPPLY HIDALGO COUNTY with sealed bids for the following Construction Project:

Request for Sealed Bids (RFB)	**2016-277-X-X-YSS**	**-HIDALGO COUNTY PRECINCT NO. 1- "Goolie Road Paving Improvements"**

PROCUREMENT PACKETS. Interested contractors may obtain bid packets at project engineer's office: LeFevre Engineering**,** 612 W. Nolana, Suite 520, McAllen, TX 78504, Ph. 956-687-5362 for the amount of **$100.00 each.** General and/or Prime Contractors submitting bids and/or proposals to the County of Hidalgo shall be **non-refundable**.

PRE-BID CONFERENCE is scheduled for **Tuesday, XXX XX, 2016 at 3:00 P.M.** at HIDALGO COUNTY PURCHASING DEPARTMENT CONFERENCE ROOM: -2802 S. Business Hwy 281, Edinburg, TX 78539

A BIDDER'S BOND from a reliable surety company licensed to operate in the State of Texas or certified Cashier's Check, payable without recourse to the County of Hidalgo, for the amount of not less than **5%** of the total bid shall accompany the bid as guaranty that, if awarded the contract, the bidder will enter into a contract with the County of Hidalgo. A Payment Bond is required in the amount of one hundred percent (100%) of the Contract Amount, if the contract exceeds $25,000. A Performance Bond is required in the amount of one hundred percent (100%) of the Contract Amount, if the contract exceeds $100,000.

UPON SUBMITTING SEALED BID, bidders are required to properly identify (handwritten, typed or printed) sealed envelope and/or packet with Bidders' name and address on the upper left hand corner of the sealed envelope and/or package, and **Bid No. and project name** on the lower left hand corner of sealed envelope/and or packet. **OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE.**

The sealed bid must contain one (1) original and three (3) copies of bid and must be clearly identified and addressed for delivery to:

Martha L. Salazar, CPPB, Hidalgo County Purchasing Agent
Hidalgo County Purchasing Department

US Postal Mail/Courier Address: Hidalgo County New Administration Building, 2812 S. Business Hwy 281, Edinburg, TX 78539
Physical Location: Hidalgo County New Administration Building, 2802 S. Business Hwy. 281 (Southeast of Canton Rd & Business Hwy 281) Edinburg, TX

BIDS ACCEPTANCE: Sealed bids will be accepted until **3:00 P.M. on Wednesday, XXXX XX, 2016** at which time they will be opened in the Hidalgo County Purchasing Department Conference Room at **Physical Location: 2802 S. Business Hwy 281, Hidalgo County New Administration Building, Edinburg, Texas 78539.** NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY BID RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED.

Attention is called to the fact that not less than, the most current federally determined prevailing (**Davis-Bacon and Related Acts)** wage rate, as issued and contained in the contract documents, must be paid on this project. In addition the successful bidder must ensure that employees and applicants for employment are not discriminated against because of race, color, religion, sex, age, disability or national origin.

BIDS MAY BE HELD by the County of Hidalgo for a period not to exceed ninety (90) days from the date of the opening of bids for the purpose of reviewing the bids and investigating the qualifications of bidders, prior to awarding of the contract.

Typed-written RFI's shall be sent to Engineer. Please follow with a call to confirm receipt of RFI. RFI's will not be answered by phone. NO HAND WRITTEN RFI'S will be answered. All inquiries shall be forwarded by **XXXX XX, 2016**. Inquiries beyond this date will not be responded. Contact project engineer for copies of Addenda.

BY ORDER OF THE COMMISSIONERS COURT OF HIDALGO COUNTY, TEXAS ON THIS THE 10th DAY OF MAY, 2016.

MARTHA L. SALAZAR, CPPB
HIDALGO COUNTY PURCHASING AGENT

REPORT ROAD HAZARDS@1-866-HCR-SAFE OR 1-866-427-7233

Bid No: 2016-217-XX-XX-YSS	Buyer: Yvette Salinas	Tel. No: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY PRECINCT NO. 1
"Goolie Road Paving Improvements"

BID OPENING DATE

XXXX XX, 2016

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539
956 318-2626

Form HCPD-03

1. Sealed bids will be received for **"Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.

2. **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed and or/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **BID NO.: 2016-277-XX-YSS -"Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements"** and at County's Purchasing Department with a physical address: 2802 S. Business 281 and a mailing address: 2812 S. Business Hwy 281, New Administration Building, Edinburg, Texas**, on or before 3:00 P.M, WEDNESDAY, XXXX XX, 2016. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO "Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements" - RFB NO.: 2016-277-XX-YSS -** Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bids considered the best and most advantageous to Hidalgo County.

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all Bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy o their Federal ID Number Certificate.

15. DELIVERY INSTRUCTIONS:

- No deliveries accepted after 3:00 P.M., Monday-Friday.

- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.

- If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, Purchasing Agent
(956) 318-2626

16. BILLING AND PAYMENT INSTRUCTIONS:

- Invoices must include:
  a) Name and address of successful bidder
  b) Name and address of receiving department or official
  c) Purchase Order Number (if any)
  d) Notation - **"Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements"** Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
  e) Contract number must be indicated on all invoices
- Discount payments will be considered when offered.

. Contact person for Billing and Payment questions:

Hidalgo County Auditor's Office
2808 S. Business Hwy 281
Edinburg, Tx 78539
(956) 318-2511

17. Schedule of Events

Bid Opening, 3:00 P.M.	**XXXX XX, 2016**
Award of Contract	_____, 2016
Commence Work or Deliver Products	_____, 2016

18. Bid or Performance Bond and Debarment Certification; Payment under Contract:

. If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.

. Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.

. If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

. If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.

. For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. Ethical Standards:

. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program

requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

NOTICE:
ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

20. Disclosure of Conflict of Interest

. Effective January 1, 2016, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D-1, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor. **Completed Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539 - Hidalgo County Courthouse.**

COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT. QUESTIONS REGARDING COMPLIANCE SHOULD BE DIRECTED TO YOUR LEGAL COUNSEL.

21. CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)

As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFB packet. In accordance with these requirements, business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFB Project No. (2016-277-XX-XX-YSS), as shown on the packet. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office either by facsimile transmission to (956) 292-7612 or via email to: xxxxx.xxxxx@co.hidalgo.tx.us . Hidalgo County cannot enter into

a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

https://www.ethics.state.tx.us/tec/1295-Info.htm

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

22. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the County.

23. Bids, and all goods and services provided hereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

24. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

25. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

26. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

27. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

A. Meet schedules;
B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the specifications.

28. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent,

employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

29. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

30. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

31. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

32. Respondents must provied all documentation requested with this (RFB), Request for Bid, in their response (except for the CIQ form if NON APPLICABLE). Failure to provide tis information may result in rejection of the RFB as nonconforming.

Bid
for
"HIDALGO COUNTY PRECINCT NO. 1
"Goolie Road Paving Improvements"
BID NO.: 2016-277-XX-XX-YSS

To: Martha L. Salazar, CPPB, Purchasing Agent
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

BID BOND

KNOWN ALL MEN BY THESE PRESENTS, that we, the undersigned, _____ as Principal _____ and _____ as Surety, are hereby held and firmly bound unto _____

as Owner in the penal sum of $_____ for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors an assigns.

Signed, this _____day of _____, _____.

The condition of the above obligation is such that whereas the Principal has submitted to _____a certain Bid, attached hereto and hereby made a part hereof to enter a contract in writing, for the _____

_____

_____

NOW THEREFORE,

(a) If said Bid shall be rejected, or in the alternate,

(b) If said Bid shall be accepted and the Principal shall execute and deliver a contract in the Form of Contract attached hereto (properly completed in accordance with said Bid) and shall furnish a bond for his faithful performance of said contract and for the payment of all persons performing labor or using furnishing materials in connection therewith, and shall in all other respects perform the agreement created by the acceptance of said Bid.

then this obligation shall be void, otherwise the same shall remain in force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event, exceed he penal amount of this obligation as herein stated.

The Surety, for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Owner may accept such Bid; and said Surety dues hereby waive notice of any extension.

IN WITNESS WHEREOF, the Principal and the Surety have hereunto set with hands and seals, and such of them as are corporation have caused their corporate seals to be hereto affixed and these presents to be signed by their proper officers, the day and year first set forth above.

_____(L.S.)
PRINCIPAL

_____
SURETY

SEAL:

BY: _____

EXHIBIT "A"

SPECIFICATIONS:

Hidalgo County
Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements
Bid No.: 2016-277-XX-XX-YSS

SCOPE OF WORK, SPECIFICATION REQUIREMENTS AND OTHER TERMS & CONDITIONS:

The County Of Hidalgo requests proposals for:
"Hidalgo County Precinct No. 1 – Goolie Road Paving Improvments"
(See attached specifications as prepared by LeFevre Engineering & Management Consulting LLC.)

Engineering Firm Contact:
Emigdio "Milo" Salinas, P.E., Project Engineer
612 Nolana, Suite 520
McAllen, TX 78504
956-687-5362

Precinct Contact:

Hidalgo County Precinct No. 1
956-292-7000

Hidalgo County-Purchasing Department Contact:
Marth L. Salazar, CPPB, Purchasing Agent
956-318-2626

Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements
Hidalgo County, Texas

Technical Specifications

Document	Title	No. of Pages
DIVISION 1 - GENERAL REQUIREMENTS		
01010	Scope of Work	1
01110	Summary of Work	1
01145	Use of Premises	3
01321	Construction Photography	2
01330	Submittal Procedures	4
01410	TPDES Requirements	3
01454	Testing Laboratory Services	3
01502	Mobilization	1
01504	Temporary Facilities and Controls	8
01555	Traffic Control and Regulation	1
01570	Storm Water Pollution Control	11
01572	Source Controls for Erosion and Sedimentation	4
01573	Filter Fabric Fence	3
01575	Stabilized Construction Exit	3
01576	Waste Material Disposal	1
01578	Control of Ground Water and Surface Water	4
01720	Project Record Documents	2
DIVISION 2 – SITE WORK		
02221	Removing Existing Pavements and Structures	2
02233	Cleaning and Grubbing	2
02315	Roadway Excavation and Roadside Ditches	3
02316	Excavation and Backfill Around Structures	6
02320	Utility Backfill Materials	8
02330	Embankment	3
02711	Chain Link Fence	2
02740	Asphalt Overlay and Base Repair	5
02741	Asphalt Concrete Pavement	5
02742	Prime Coat	3
02743	Tack Coat	3
02751	Concrete Pavement	10
02752	Concrete Pavement Joints	3
02753	Concrete Pavement Curing	2
02756	Cold Milling	3

END OF DOCUMENT

Division 1

General Requirements

SECTION 01010

SCOPE OF WORK

This Scope of Work and any accompanying drawings are intended as a guide to the Contractor in identifying the work to be accomplished in completing this project. This Scope of Work may not be all inclusive and the Contractor shall be responsible for providing all supervision, labor, materials, equipment, direction, and coordination necessary to perform and totally complete the work in conformance with the drawings and specifications. If an "or equal" substitution is made for any of the recommended items shown in the specifications or drawings, the Contractor shall be responsible for providing all the necessary physical modifications to fully accommodate the substitution at no change in contract price.

PART 1. GENERAL

1.01 CIVIL

A. Provide all civil work per specifications and drawings – Paving and drainage improvements to Goolie Road from Mile 9 Road to Minnesota Road.

1.02 PIPING

A. All existing street culverts will be replaced with 18-inch RCP, and driveway culverts will be replaced with 15-inch HDPE; unless otherwise noted.

1.03 CONSTRUCTION RECORD DRAWINGS

A. The Contractor shall maintain a complete master set of construction "red-line" drawings to document any field changes to the "Issued for Construction" drawing set which shall accurately depict the "As-Built" construction of the road. Following completion, this drawing set shall be turned over to the Engineer for updating the Record "As-Built" drawings.

B. Any drawings and documentation which are to be supplied by the Contractor, shall be updated to accurately depict the "As-Built" construction of the road and turned over to the Engineer following completion of the project. These items shall be certified by the Contractor's Project Manager as accurate and complete.

1.04 SUBCONTRACTOR COORDINATION

The Contractor shall be responsible for coordination of the work between his various subcontractors to prevent conflicts and schedule interruptions.

1.05 SAFETY REQUIREMENTS

A. The Contractor shall provide all safety equipment required by his employees to meet Occupational Safety and Health Administration (OSHA) safety requirements.

END OF SECTION 01010

Section 01110

SUMMARY OF WORK

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Summary of the Work including work by Owner, Owner furnished products, Work sequence, future Work, Contractor use of Premises, and Owner occupancy.

1.02 WORK COVERED BY CONTRACT DOCUMENTS

A. Work of the contract is for Goolie Road from Mile 9 Road to Minnesota Road, Paving and Re-grading of Drainage Swales.

1.03 CASH ALLOWANCES

A. Include the Cash Allowances shown in the Proposal, if any.

1.04 ALTERNATES

A. Include the Alternates shown in the Proposal, if any.

1.05 OWNER FURNISHED PRODUCTS

A. The Owner will furnish no products.

1.06 OWNER FURNISHED UTILITIES

A. The Owner will furnish no utilities.

1.07 WORK SEQUENCE

A. Work sequence will be the responsibility of the Contractor using good construction practices.

B. Coordination of the Work: Refer to Section 01312 – Coordination and Meetings.

1.08 CONTRACTOR USE OF PREMISES

A. Comply with procedures for access to the site and Contractor's use of rights-of-way as specified in Section 01145 - Use of Premises.

B. Construction Operations: Limited to Owner's rights-of-way provided by Owner.

C. Utility Outages and Shutdown: Provide notification to the Owner and private utility companies (when applicable) a minimum of 48 hours, excluding weekends and holidays, in advance of required utility shutdown. Coordinate all work as required.

1.09 WARRANTY

A. Comply with warranty requirements in accordance with Document 00700 - General Conditions.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N - Not Used

END OF SECTION

Section 01145

USE OF PREMISES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Section includes general use of the site including properties inside and outside of rights-of-way, work affecting road, ramps, streets and driveways and notification to adjacent occupants.

1.02 RIGHTS-OF-WAY

A. Confine access and operations and storage areas to rights-of-way provided by Owner as stipulated in Document 00700 - General Conditions; trespassing on abutting lands or other lands in the area is not allowed.

B. Contractor may make arrangements, at Contractor's cost, for temporary use of private properties, in which case Contractor and Contractor's surety shall indemnify and hold harmless the Owner against claims or demands arising from such use of properties outside of rights-of-way.

C. Restrict total length which materials may be distributed along the route of the construction at any one time to 1,000 linear feet unless otherwise approved in writing by Resident Project Representative.

1.03 PROPERTIES OUTSIDE OF RIGHTS-OF-WAY

A. Altering the condition of properties adjacent to and along rights-of-way will not be permitted.

B. Means, methods, techniques, sequences, or procedures which will result in damage to properties or improvements in the vicinity outside of rights-of-way will not be permitted.

C. Any damage to properties outside of rights-of-ways shall be repaired or replaced to the satisfaction of the Resident Project Representative and at no cost to the Owner.

1.04 USE OF SITE

A. Obtain approvals of governing authorities prior to impeding or closing public roads or streets. Do not close more than two consecutive intersections at one time.

B. Notify Resident Project Representative at least 48 hours prior to closing a street for a street crossing. Permission for street closures is required in advance and are the responsibility of the Contractor.

C. Maintain access for emergency vehicles including access to fire hydrants.

D. Avoid obstructing drainage ditches or inlets; when obstruction is unavoidable due to requirements of the Work, provide grading and temporary drainage structures to maintain unimpeded flow.

E. Locate and protect private lawn sprinkler systems which may exist on rights-of-ways within the site. Repair or replace damaged systems to condition equal to or better than that existing at start of Work at no separate payment.

F. Perform daily clean-up of dirt outside the construction zone, and debris, scrap materials, and other disposable items. Keep streets, driveways, and sidewalks clean of dirt, debris and scrap materials. Do not leave building, roads, streets or other construction areas unclean overnight.

1.05 NOTIFICATION TO ADJACENT OCCUPANTS

A. Notify individual occupants in areas to be effected by the Work of the proposed construction and time schedule. Notification shall be not less than 72 hours or more than 2 weeks prior to work being performed within 200 feet of the homes or businesses.

B. Include in notification names and telephone numbers of two company representatives for resident contact, who will be available on 24-hour call. Include precautions which will be taken to protect private property and identify potential access or utility inconvenience or disruption.

C. Consideration shall be given to the ethnicity of the neighborhood where English is not the dominant language. Notice shall be in an understandable language.

1.06 PUBLIC, TEMPORARY, AND CONSTRUCTION ROADS AND RAMPS

A. Construct and maintain temporary detours, ramps, and roads to provide for normal public traffic flow when use of public roads or streets is closed by necessities of the Work.

B. Provide mats or other means to prevent overloading or damage to existing roadways from tracked equipment or large or heavy trucks or equipment.

1.07 EXCAVATION IN STREETS AND DRIVEWAYS

A. Avoid needless hindering or inconveniencing public travel on a street or any intersecting alley or street for more than two blocks at any one time.

B. Remove surplus materials and debris and open each block for public use as work in that block is complete.

C. Acceptance of any portion of the Work will not be based on return of street to public use.

D. Avoid obstructing driveways or entrances to private property.

E. Provide temporary crossing or complete the excavation and backfill in one continuous operation to minimize the duration of obstruction when excavation is required across drives or entrances.

1.08 TRAFFIC CONTROL

A. Provide traffic control plan, traffic control, flagmen, signals, control devices, lights, traffic signals, barricades and signs in accordance with the State of Texas Manual on Uniform Traffic Control Devices.

1.09 SURFACE RESTORATION

A. Restore site to condition existing before construction to satisfaction of Resident Project Representative.

B. Repair paved area per the requirements of Section 02951 - Pavement Repair and Resurfacing.

C. Repair turf areas which become damaged, level with bank run sand conforming to Section 02317 - Excavation and Backfill for Utilities, or topsoil conforming to Section 02911 - Topsoil, as

approved by the Resident Project Representative and re-sod in accordance with Section 02922 - Sodding. Water and level newly sodded areas with adjoining turf using steel wheel rollers appropriate for sodding. Do not use spot sodding or sprigging.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N - Not Used

END OF SECTION

Section 01321

CONSTRUCTION PHOTOGRAPHS

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Photographic requirements for construction photographs and submittals.

1.02 SUBMITTALS

A. Prints: Furnish 2 sets of 4-inch by 6-inch prints of each view and submit 1 print directly to the Engineer within 7 days of taking photographs. One print shall be retained by the Contractor in the field office at the Project site and available at all times for reference.

B. Extra Prints: When requested by the Engineer, the Contractor shall submit extra prints of photographs, with distribution directly to designated parties who will pay the costs for the extra prints directly to the photographer.

C. When required by individual sections, submit photographs taken prior to start of construction to show original site conditions.

D. When required by Contract Documents, submit photographs with monthly Pay Estimate.

E. Negatives: With each submittal, include photographic negatives, in protective envelopes, identified by Project name, Contractor, and date photographs were taken.

F. In lieu of negatives, Contractor may submit electronic files of digital photographs if using a digital camera, but must comply with Parts 1 and 2 of this section.

1.03 QUALITY ASSURANCE

A. Contractor shall be responsible for the timely execution of the photographs, their vantage point, and quality.

B. Photographs: Two prints; color, matte finish; 4 x 6 -inch size, mounted on 8-1/2 x 11- inch soft card stock, with left edge binding margin for three hole punch. Digital photos shall not be distorted to fit card stock.

PART 2 P R O D U C T S

2.01 PRECONSTRUCTION PHOTOGRAPHS

A. Prior to the commencement of any construction, take 35 mm or digital color photographs of the site of the project and present two sets of prints to the Engineer for their use in contract administration and inspection. Subject matter of the photographs to be determined by the Engineer.

B. The photographs shall show on a non-reflective chalkboard readable in the photograph:

1. Job number.

2. Date and time photographs were taken.

3. Location and compass direction of the photograph, along with the project number.

4. Date shall be on negative (35mm) or on digital image.

5. Provide notation of vantage point marked for location and direction of shot, on a key plan of the site.

C. Sufficient number of photographs shall be taken to show the existence or non-existence of cracked paved surfaces and the condition of trees, shrubs, and grass.

D. Identify each photograph with an applied label or rubber stamp on the back with the following information:

1. Name of the Project.

2. Name and address of the photographer (if a professional photographer is used).

3. Name of the Contractor.

4. Date the photograph was taken.

5. Photographs shall be in plastic pockets and bound in three-ring notebook for easy access and viewing.

2.02 PROGRESS PHOTOGRAPHS

A. Take photographs of subject matter selected by Resident Project Representative at intervals, coinciding with the cutoff date associated with each application for payment. Select the vantage points for each shot each month to best show the status of construction and progress since the last photographs were taken.

1. Vantage Points: Follow direction by the Resident Project Representative to select vantage points. During each of the following construction phases take not less than 2 of the required shots from the same vantage point each time to create a time-lapse sequence.

2. Photos shall be submitted according to Paragraphs 1.03 B. and 2.01 B and D.

PART 3 E X E C U T I O N - Not Used

END OF SECTION

Section 01330

SUBMITTAL PROCEDURES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Submittal procedures for:

1. Project Record Documents.

2. Design Mixes.

1.02 SUBMITTAL PROCEDURES

A. Scheduling and Handling:

1. Schedule submittals well in advance of the need for the material or equipment for construction. Allow time to make delivery of material or equipment after submittal has been approved.

2. Develop a submittal schedule that allows sufficient time for initial review, correction, resubmission and final review of all submittals. The Engineer will review and return submittals to the Contractor as expeditiously as possible but the amount of time required for review will vary depending on the complexity and quantity of data submitted. In no case will a submittal schedule be acceptable which allows less than 30 days for initial review by the Engineer. This time for review shall in no way be justification for delays or additional compensation to the Contractor. Recognizing that time is of the essence, the Contractor is to stamp the top of each submittal with the words ROUTINE or CRITICAL. Routine submittals shall be processed in accordance with the timeframe set forth previously. Critical submittals are those that: were overlooked by the Contractor, involve complex coordination, or are crucial to the successful completion of a specific portion of the project. For critical submittals:

i. Contractor shall indicate on the submittal his realistically estimated date of when a review must be returned;

ii. Upon return of critical submittals, Contractor shall date-stamp the transmittal page with date and time received;

iii. Contractor is cautioned that the use of critical submittals is not a substitute for proper due diligence on his part. Review of critical submittals found to be routine shall be accompanied by an invoice for excess time and material expenditures that were required in order to complete the critical review as compared to a routine review. The Resident Project Representative shall make the determination as to whether a critical submittal was in fact routine.

3. The Engineer's review of submittals covers only general conformity to the Drawings, Specifications and dimensions which affect the layout. The Contractor is responsible for quantity determination. Quantities may be verified by the Engineer. The Contractor is responsible for any errors, omissions or deviations from the Contract requirements; review of submittals in no way relieves the Contractor from his obligation to furnish required items according to the Drawings and Specifications.

4. Submit sufficient copies of documents. Unless otherwise specified in the following paragraphs or in the Specifications, provide 6 copies in addition to the number the Contractor requires returned. For portions of the project involving electrical or signal components, provide one additional copy (7 copies in addition to the number the Contractor requires returned).

5. Revise and resubmit submittals as required. Identify all changes made since previous submittal.

6. A maximum of three (3) reviews will be conducted on any one submittal. Submittals requiring more than three (3) reviews will be considered inadequate and result in a recovery of review expenses from the Contractor.

7. The Contractor shall assume the risk for material or equipment which is fabricated or delivered prior to approval. No material or equipment shall be incorporated into the Work or included in periodic progress payments until approval has been obtained in the specified manner.

B. Transmittal Form and Numbering:

1. Transmit each submittal to the Engineer with a Transmittal Cover.

2. Sequentially number each transmittal form beginning with the number 1. Re-submittals shall use the original number with an alphabetic suffix (i.e., 2A for first re-submittal of Submittal 2 or 15C for third re-submittal of Submittal 15). Each submittal shall only contain one type of work, material, or equipment. Mixed submittals will not be accepted.

3. Identify time nature of submittal, either ROUTINE or CRITICAL.

4. Identify variations from requirements of Contract Documents and identify product or system limitations.

5. For submittal numbering of video tapes, see paragraph 1.10 Video.

C. Transmittal Cover:

1. Transmittal Cover, certifying that the items have been reviewed in detail and are correct and in accordance with Contract Documents, except as noted by any requested variance. A stamp may be used to print the information on the Transmittal Cover except for the Contractor's signature. Regardless of whether the transmittal cover is typed or stamped, the transmittal cover text shall be a minimum of fourteen (14) point.

2. As a minimum, Transmittal Cover information shall include:

   a. Contractor's name.
   b. Job number.
   c. Submittal number.
   d. Certification statement that the Contractor has reviewed the submittal and it is in compliance with the Contract Documents.
   e. Signature line for Contractor.
   f. Submittal type – routine or critical

3. The bottom half of the Transmittal Cover shall be kept blank.

1.03 PROJECT RECORD DOCUMENTS

A. Submit Project Record Documents to the Engineer.

1.04 DESIGN MIXES

A. When specified in Specifications, submit design mixes for review.

B. Transmittal Cover, as described in paragraph 1.02C, shall be placed on front page of each design mix.

C. Mark each design mix to identify proportions, gradations, and additives for each class and type of design mix submitted. Include applicable test results on samples for each mix.

D. Maintain a copy of approved design mixes at mixing plant.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N

A. Submittals made as part of this project will become a vital portion of the project record and will be referenced by the Owner for the useful life of the project. All submittals shall be of high quality. To this end, the following requirements are made:

i. As much as possible, all catalog cuts and manufacturer's information shall be original.

ii. Copies, when required, shall be clean and entirely legible.

iii. Neither facsimiles nor copies of facsimiles are to be included as part of any submittal.

iv. Binders, if used, shall be rugged, lock-ring type. Spine of binders shall be clearly labeled with the information outlined in items 1.02 C.2.a. through c.

B. Reviewed submittals shall be returned to Contractor for distribution to subcontractors and other trades as required. As a minimum, submittals returned to the Contractor will be marked with review comments indicating findings of the review and giving instruction as to necessity of a re-submittal. The Engineer may, at his option, use a stamp for this purpose. Detailed correspondence covering the review may also accompany returned submittals.

END OF SECTION

SECTION 01410

TPDES REQUIREMENTS

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Documentation to be prepared and signed by Contractor before conducting construction operations, in accordance with the Texas Pollutant Discharge Elimination System (TPDES) Construction General Permit Number TXR 150000 issued March 5, 2003 (the Construction General Permit).

B. Implementation, maintenance inspection, and termination of storm water pollution prevention control measures including, but not limited to, erosion and sediment controls, storm water management plans, waste collection and disposal, off-site vehicle tracking, and other appropriate practices shown on the Drawings or specified elsewhere in the contract.

C. Review of the Storm Water Pollution Prevention Plan (SWP3) implementation with Engineer prior to start of construction.

1.02 DEFINITIONS

A. Commencement of Construction Activities: The exposure of soil resulting from activities such as clearing, grading, and excavating.

B. Large Construction Activity: Project that:

1. disturbs five acres or more, or

2. disturbs less than five acres but is part of a larger common plan of development that will disturb five acres or more of land.

C. Small Construction Activity: Project that:

1. disturbs one or more acres but less than five acres, or

2. disturbs less than one acre but is part of a larger common plan of development that will ultimately disturb one or more acres but less than five acres.

D. TPDES Operator:

1. The person or persons who have day-to-day operational control of the construction activities which are necessary to ensure compliance with the SWP3 for the site or other Construction General Permit conditions.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N

3.01 SITE SPECIFIC STORM WATER POLLUTION PREVENTION PLAN (SWP3)

A. Prepare a SWP3 following Part III of the Construction General Permit and the Storm Water Management Handbook for Construction Activities issued under Owner Ordinance Section 47-695(b). If conflicts exist between the Construction General Permit and the handbook, the more stringent requirements will apply.

B. Update or revise the SWP3 as needed during the construction following Part III, Section E of the Construction General Permit.

C. Submit the SWP3 and any updates or revisions to Engineer for review and address comments prior to commencing, or continuing, construction activities.

3.02 NOTICE OF INTENT for Large and Small Construction Activity

A. Fill out, sign, and date TCEQ Form 20022 (02/03) Notice of Intent (NOI) for Storm Water Discharges Associated with Construction Activity under the TPDES Construction General Permit (TXR 150000), SEE ATTACHMENT of this Section 01410.

B. Transmit the signed Contractor's copy of TCEQ Form 20022 (02/03), along with a $100.00 check, made out to Texas Commission on Environmental Quality.

C. Submission of the Notice of Intent form by the Contractor to TCEQ is required a minimum of two days before Commencement of Construction Activities.

3.03 CERTIFICATION REQUIREMENTS

A. Fill out TPDES Operator's Information form, SEE ATTACHMENT of this Section 01410, including Contractor's name, address, and telephone number, and the names of persons or firms responsible for maintenance and inspection of erosion and sediment control measures. Use multiple copies as required to document full information.

B. Contractor and Subcontractors shall sign and date the Contractor's / Subcontractor's Certification for TPDES Permitting, SEE ATTACHMENT 4 this Section 01410.

C. Submit properly completed certification forms to Engineer for review before beginning construction operations.

D. Conduct inspections in accordance with TCEQ requirements. Ensure persons or firms responsible for maintenance and inspection of erosion and sediment control measures read, fill out, sign, and date the Erosion Control Contractor's Certification for Inspection and maintenance. Use the EPA NPDES Construction Inspection Form, SEE ATTACHMENT of this Section 01410; and the Owner's Storm Water Pollution Prevention Plan Construction Site Inspection Report, SEE ATTACHMENT of this Section 01410 to record maintenance inspections and repairs.

3.04 RETENTION OF RECORDS

A. Keep a copy of this document and the SWP3 in a readily accessible location at the construction site from Commencement of Construction Activity until submission of the Notice of Termination (NOT) for Storm Water Discharges Associated with Construction Activity under TPDES Construction General Permit (TXR 150000) to TCEQ. Contractors with day-to-day operational control over SWP3 implementation shall have a copy of the SWP3 available at a central location, on-site, for the use of all operators and those identified as having responsibilities under the SWP3. Upon submission of the NOT, to TCEQ submit a copy of the SWP3 with all revisions to Engineer.

3.05 REQUIRED NOTICES

A. Post the following notices from effective date of the SWP3 until date of final site stabilization as defined in the Construction General Permit:

1. Post the TPDES permit number for Large Construction Activity, or a signed TCEQ Construction Site Notice for Small Construction Activity. Signed copies of the Owner's and Contractor's NOI must also be posted.

2. Post notices near the main entrance of the construction site in a prominent place for public viewing. Post name and telephone number of Contractor's local contact person, brief project description and location of the SWP3.

    a. If posting near a main entrance is not feasible due to safety concerns, coordinate posting of notice with Project Manager to conform to requirements of the Construction General Permit.

    b. If Project is a linear construction project (e.g.: road, utilities, etc.), post notice in a publicly accessible location near active construction. Move notice as necessary.

3. Post a notice to equipment and vehicles operators, instructing them to stop, check, and clean tires of debris and mud before driving onto traffic lanes. Post at each stabilized construction exit area.

4. Post a notice of waste disposal procedures in a readily visible location on site.

3.06 ON-SITE WASTE MATERIAL STORAGE

A. On-site waste material storage shall be self-contained and shall satisfy appropriate local, state, and federal rules and regulations.

B. Prepare list of waste material to be stored on-site. Update list as necessary to include up-to-date information. Keep a copy of updated list with the SWP3.

C. Prepare description of controls to reduce pollutants generated from on-site storage. Include storage practices necessary to minimize exposure of materials to storm water, and spill prevention and response measures consistent with best management practices. Keep a copy of the description with the SWP3.

3.08 NOTICE OF TERMINATION

A. Submit a NOTE, ATTACHMENT 7 of this Section 01410, to Project Manager within 30 days after:

1. Final stabilization has been achieved on all portions of the site that are the responsibility of the Contractor; or

2. Another operator has assumed control over all areas of the site that have not been stabilized; and

3. All silt fences and other temporary erosion controls have either been removed, scheduled to be removed as defined in the SWP3, or transferred to a new operator if the new operator has sought permit coverage.

B. Project Manager will complete Owner's NOT and submit Contractor and Owner's notices to the TCEQ and MS4 entities.

END OF SECTION

Section 01454

TESTING LABORATORY SERVICES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Testing laboratory services and Contractor responsibilities related to those services.

1.02 REFERENCES

A. ASTM C 1077 - Standard Practice for Laboratories Testing Concrete and Concrete Aggregates for Use in Construction and Criteria for Laboratory Evaluation.

B. ASTM D 3666 - Standard Specification for Minimum Requirements for Agencies Testing and Inspecting Bituminous Paving Materials.

C. ASTM D 3740 - Standard Practice for Minimum Requirements for Agencies Engaged in the Testing and/or Inspection of Soil and Rock as Used in Engineering Design and Construction.

D. ASTM E 329 - Specification for Minimum Requirements for Agencies Engaged the Testing and/or Inspection of Materials Used in Construction.

1.03 SELECTION AND PAYMENT

A. The Owner shall employ and pay for the services of an independent testing laboratory, or laboratories, to perform product and material quality control , perform in-place quality control and verification identified in individual Specification sections.

B. The Owner, with the assistance of the Engineer, shall have control of testing, sampling, and expenditures.

C. The Contractor shall coordinate the services of the project's Geotechnical Engineer of Record to conduct observation and testing of the subgrade preparation, and the selection, placement and compaction of select fill material. The foundation excavations for structures shall be observed by the Geotechnical Engineer of Record prior to steel and/or concrete placement to assess that the foundation materials are capable of supporting the design loads and are consistent with the subsurface materials described in the project's Geotechnical Engineering Study.

D. Employment of a testing laboratory by the Owner shall not relieve Contractor of obligation to perform work in accordance with requirements of Contract Documents.

E. Remedial work and re-testing costs, resulting from deficiencies in materials and/or workmanship, shall be borne by the Contractor.

1.04 QUALIFICATION OF LABORATORY

A. Meet laboratory requirements of ASTM E 329 and applicable requirements of ASTM C 1077, ASTM D 3666, and ASTM D 3740.

B. Where a laboratory subcontracts any part of the testing services, such work shall be placed with a laboratory complying with the requirements of this Section.

1.05 LABORATORY REPORTS

A. The testing laboratory shall provide and distribute copies of laboratory reports to the distribution list provided by the Engineer.

B. One copy of each laboratory report distributed or faxed to the Contractor shall be kept at the site field office for the duration of the project.

C. Before close of business on the working day following test completion and review, reports which indicate failing test results shall be transmitted immediately via fax from the testing laboratory to the material supplier, Contractor, and Engineer.

1.06 LIMITS ON TESTING LABORATORY AUTHORITY

A. Laboratory may not release, revoke, alter, or enlarge on requirements of Contract Documents.

B. Laboratory may not approve or accept any portion of the Work.

C. Laboratory may not assume any duties of the Contractor.

D. Laboratory has no authority to stop the Work.

1.07 CONTRACTOR RESPONSIBILITIES

A. Provide safe access to the Work and to manufacturer's facilities for the Engineer, Engineer and for testing laboratory personnel.

B. Provide to the testing laboratory a copy of the construction schedule and a copy of each update to the construction schedule.

C. Notify the Engineer and the testing laboratory during normal working hours of the day previous to the expected time for operations requiring inspection and testing services. If the Contractor fails to make timely prior notification, then the Contractor shall not proceed with the operations requiring inspection and testing services.

D. Notify the Engineer 24 hours in advance if the Specification requires the presence of the Engineer or testing laboratory for sampling or testing.

E. Request and monitor testing as required to provide timely results and to avoid delay to the Work. Provide samples to the laboratory in sufficient time to allow the required test to be performed in accordance with specified test methods before the intended use of the material.

F. Cooperate with laboratory personnel in collecting samples on site. Provide incidental labor and facilities for safe access to the Work to be tested; to obtain and handle samples at the site or at source of products to be tested; and to facilitate tests and inspections including storage and curing of test samples.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N

3.01 CONDUCTING TESTING

A. Laboratory sampling and testing specified in individual Specification sections shall conform to the latest issues of ASTM standards, TxDOT methods, or other recognized test standards as approved by the Engineer.

B. The requirements of this section shall also apply to those tests for approval of materials, for mix designs, and for quality control of materials as performed by the testing laboratories employed by the Contractor.

END OF SECTION

Section 01502

MOBILIZATION

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Mobilization of construction equipment and facilities onto the site.

1.02 MEASUREMENT & PAYMENT

A. Measurement and payment for mobilization is on a stipulated price basis.

B. Mobilization payments will be made in accordance with the following provisions:

1. Authorization for payment of 50 percent of the Contract Price for mobilization will be made upon receipt and approval by Engineer of the following items, as applicable:

   a. Establishment of the field office for the Resident Project Representative where an office is required by other Sections;
   b. Establishment of the Contractor's office;.
   c. Establishment of Contractor's material and equipment storage areas (as evidenced by executed leases or rental agreement); and.
   d. Issuance of Notice to Proceed by Engineer to Contractor..

.

2. Authorization for payment of the remaining fifty (50) percent of the Contract Price for mobilization will be made upon completion of Work amounting to five (5) percent of the Contract Price less the mobilization unit price.

C. Mobilization payments will be subject to retainage amounts stipulated in the General Conditions.

D. All cost difference between the stipulated amount and the actual cost of the initial mobilization and the cost of all subsequent mobilization shall be included in the various other prices bid.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N - Not Used

END OF SECTION

SECTION 01504

TEMPORARY FACILITIES AND CONTROLS

PART 1 - GENERAL

1.01 SECTION INCLUDES

A. Temporary facilities and necessary controls for the Project, including utilities, telephone, sanitary facilities, storage sheds and building, safety requirements, first aid equipment, fire protection, security measures, protection of the Work and property, access roads and parking, environmental controls, pest and rodent control and disposal of trash, debris and excavated material.

B. Facilities and controls specified in this section are considered minimum for the Project. Provide additional facilities and controls for proper execution of the Work and to meet Contractor's responsibilities for protection of persons and property.

1.02 CONTRACTOR'S RESPONSIBILITY

A. Comply with applicable requirements specified in other sections of the Specifications.

1. Maintain and operate temporary facilities and systems to assure continuous service.

2. Modify and extend systems as the Work progress requires.

3. Completely remove temporary materials and equipment when no longer required.

4. Restore existing facilities used for temporary services to specified or original condition.

PART 2 P R O D U C T S - NOT USED

PART 3 E X E C U T I O N

3.01 TEMPORARY UTILITIES

A. Obtaining Temporary Service:

1. Make arrangements with utility service companies for temporary services.

2. Abide by rules and regulations of the utility service companies or authorities having jurisdiction.

3. Responsible for utility service costs until Date of Substantial Completion. Included are fuel, power, light, heat, and other utility services necessary for execution, completion, testing, and initial operation of the Work.

B. Water:

1. Provide water required for and in connection with work to be performed and for specified tests of piping, equipment, devices, or for other use as required for proper completion of the Work.

2. Water to be drawn from public fire hydrants. Obtain transit meter from Owner. Pay required deposit based on rates established by latest ordinance.

3. Provide and maintain an adequate supply of potable water for domestic

consumption by Contractor personnel, Engineer and representatives of the Owner.

C. Electricity and Lighting:

1. Provide electric power service required for the Work including required testing, lighting, operation of equipment, and other Contractor use.

2. Electric power service includes temporary power or generators required to maintain plant operations during scheduled shutdowns.

3. Minimum lighting level shall be 10 foot-candles for open areas; 20-foot-candles for stairs and shops. Provide a minimum of one 300-watt lamp for each 200 square feet of work area.

D. Temporary Heat and Ventilation:

1. Provide temporary heat necessary for protection or completion of the Work.

2. Provide temporary heat and ventilation to assure safe working conditions; maintain enclosed areas at a minimum of 50 degrees F.

E. Telephone:

1. Provide emergency telephone service at Project site for use by Contractor personnel and others performing work or furnishing services at the site.

F. Sanitary Facilities:

1. Provide and maintain sanitary facilities for persons on the site; comply with regulations of State and local departments of health.

2. Enforce use of sanitary facilities by construction personnel at site. Enclose sanitary facilities. Pit-type toilets are not permitted. No discharge will be allowed from these facilities. Collect and store sewage and waste so as not to cause nuisance or health problems. Haul sewage and waste off-site and properly dispose in accordance with applicable regulations.

3. Locate toilets near the Work site and secluded from view insofar as possible. Keep toilets clean and supplied throughout the course of the Work.

3.02 STORAGE SHEDS AND BUILDINGS

A. Provide adequately ventilated, watertight storage facilities with floor above ground level for Products susceptible to weather damage.

B. Storage of Products not susceptible to weather damage may be on blocks off the ground.

C. Store Products in a neat and orderly manner. Place Products to permit easy access for identification, inspection and inventory.

D. Fill and grade site for temporary structures to provide drainage away from temporary and existing buildings.

3.03 SAFETY REQUIREMENTS

A. Submit a safety program at the pre-construction meeting and follow the Program. Include documented response to trench safety requirements of Section 02260 - Trench Safety

System.

B. Conduct operations in strict accordance with applicable Federal, State and local safety codes and statutes and with good construction practice. Establish and maintain procedures for safety of all work, personnel and equipment involved in the Work.

C. Observe and comply with Texas Occupational Safety Act (Art. 5182a, V.C.S.) and with all safety and health standards promulgated by Secretary of Labor under Section 107 of Contract Work Hours and Standards Act, published in 29 CFR Part 1926 and adopted by Secretary of Labor as occupational safety and health standards under Williams-Steiger Occupational Safety and Health Act of 1970, and to other legislation enacted for safety and health of Contractor employees. Safety and health standards apply to Subcontractors and Suppliers as well as to the Contractor.

D. Observance of and compliance with safety regulations is Contractor's responsibility without reliance or superintendence of or direction by Engineer. Immediately advise Engineer of investigation or inspection by Federal Safety and Health inspectors of Contractor's or Subcontractor's work or place of work on site under the Contract, and after investigation or inspection, advise Engineer of results. Submit one copy of accident reports to Engineer within 10 days of occurrence.

E. Protect areas occupied by workmen using the best available devices for detection of lethal and combustible gases. Test devices frequently to assure functional capability. Constantly observe infiltration of liquids into the Work area for visual or odor evidence of contamination, and immediately take appropriate steps to seal off entry of contaminated liquids to the Work area.

F. Implement safety measures, including but not limited to safety personnel, first-aid equipment, ventilating equipment and other safety equipment specified or detailed on Drawings.

G. Maintain required coordination with City Police and Fire Departments during entire period covered by the Contract.

H. Include Project safety analysis in safety plan. Itemize major tasks and potential safety hazards. Plan to eliminate hazards or protect workers and public from each hazard.

3.04 FIRST AID EQUIPMENT

A. Provide a first aid kit throughout the construction period. List telephone numbers for physicians, hospitals, and ambulance services in each first aid kit.

B. Have at least one person thoroughly trained in first aid and CPR procedures present on the site when work is in progress. Contractor to conform to protocols and requirements for training and protection against "blood borne pathogens".

3.05 FIRE PROTECTION

A. Conform to specified fire protection and prevention requirements established by Federal, State, or local governmental agencies and as provided in Safety Program.

3.06 SECURITY MEASURES

A. Protect the Work, materials, equipment, and property from loss, theft, damage, or vandalism. Protect Owner property used in performance of the Contract.

B. If existing fencing or barriers are breached or removed for purposes of construction, provide and maintain temporary security fencing equal to existing.

3.07 PROTECTION OF UTILITIES AND PIPELINES

A. Prevent damage to existing public utilities during construction. Approximate locations of known utilities are shown on Drawings, but all lines may not be shown. Excavate with caution and repair lines damaged by construction operations.

B. Use the Utility Coordinating Committee One Call System which must be called 48 hours in advance. The toll free telephone number is 1-800-669-8344, Texas One Call System.

C. Before excavating, locate underground utilities by appropriate means including the use of metal detection equipment, and probes, or by excavation or surveys. Repair damage caused by investigative work and by failure to locate or to preserve underground utilities.

D. Give utility owners a minimum five days notice before commencing excavation to allow time to locate utilities and make adjustments or relocations when they conflict with the Work. Include cost for temporary relocation of water, wastewater, and storm drainage lines, necessary to accommodate construction, in unit prices for utility construction unless otherwise noted. Bypassing of sanitary waste to storm drainage facilities is not allowed.

E. Prior to excavation near pipelines, request a representative of the pipeline company to meet with Contractor to locate the pipelines of proposed utility.

3.08 PROTECTION OF THE WORK AND PROPERTY

A. Preventive Actions

1. Take necessary precautions and actions to prevent damage, injury, or loss to the Work or public and private property, including:

a. Storage of apparatus, supplies, and Products in an orderly, safe manner to limit interference with progress of the Work or work of other contractors, utility service companies, or the Owner's operations.

b. Suitable storage for Products subject to damage by exposure to weather, theft, breakage, etc.

c. Limitation of loading pressures imposed upon portions of the Work.

d. Frequent clean up of refuse, scrap materials, and debris from construction operations, necessary to maintain the site in a safe and orderly condition.

e. Provision of barricades and guard rails to protect pedestrian and traffic around openings, scaffolding, temporary stairs and ramps, excavations, elevated walkways, and other hazardous areas.

2. Protect public and private property adjacent to the site. Obtain written consent before entering or occupying privately-owned land except on easements provided for construction. Restore property damaged by construction operations to condition equal to or better than that existing before the damage.

B. Barricades and Warning Systems

1. Where work is performed on or adjacent to roadways, rights-of-ways, or public land, provide barricades, fences, lights, warning signs, danger signals, and other precautionary measures necessary for protection of persons or property and for protection of the Work.

    a. Erect sufficient barricades to keep vehicles and pedestrians from entering the Work. Paint barricades to be visible at night. From sunset to sunrise, provide at least one light at each barricade.

    b. Maintain barricades, signs, lights, and provide watchmen until Engineer approves removal. Whenever work creates encroachment onto public roadways, station flagmen to manage traffic flow in accordance with approved traffic control plan.

    c. Conform to requirements of section 01555 - Traffic Control and regulation.

C. Protection of Existing Structures

1. Underground Facilities:

    a. Known Underground Facilities are shown on the Drawings but all Facilities may not be shown. Explore sufficiently ahead of trenching and excavation work to locate Underground Facilities in order to prevent damage to them and to prevent interruption of utility services. Restore damage to Underground Facilities to original condition at no additional cost to the Owner.

    b. If necessary to avoid unanticipated Underground Facilities, Engineer may make changes in location of the Work.

    c. If permanent relocation of an Underground Facility is required and not provided for in the Contract documents, Engineer will direct Contractor in writing to perform the Work.

2. Surface Structures include buildings, tanks, walls, bridges, roads, dams, channels, open drainage, piping, poles, wires, posts, signs, markers, curbs, walks, guard cables, fencing, and other facilities that are visible above the ground level.

3. Protection of Underground Facilities and Surface Structures:

    a. Support in place and protect Underground Facilities and Surface Structures located within or adjacent to the limits of the Work from damage. Install supports as required by the owner of the structure. Satisfy Engineer that the owner of the facility or structure has approved methods and procedures before installing structure supports.

    b. Avoid moving or changing public utility or private corporation property without prior written consent of a responsible official of the facility or structure. Allow representatives of utilities to enter the construction site for maintenance and repair purposes or to make necessary changes.

    c. Notify utility and pipeline owners and operators of the nature of construction operations and dates when operations will be performed. When construction operations are required in immediate vicinity of existing structures, pipelines, or utilities, give a minimum of five working

days advance notice. Probe and flag location of Underground Facilities prior to commencement of excavation. Keep flags in place until construction operations uncover the facility.

d. Assume risk for damages and expenses to Underground Facilities and Surface Structures within or adjacent to the Work.

e. Employ a structural engineer to ensure protection measures are adequate for the safety and integrity of structures and facilities.

E. Protection of Installed Products:

1. Provide protection of Installed Products to prevent damage from subsequent operations. Remove protection facilities when no longer needed, prior to completion of the Work.

2. Control traffic to prevent damage to Products and surfaces.

3. Provide coverings to protect Products from damage. Cover projections, wall corners, jambs, sills, and exposed sides of openings in areas used for traffic and passage of materials in subsequent work.

3.09 ROADS AND PARKING

A. Prevent interference with traffic and operations of the Owner on existing roads.

B. Designate temporary parking areas to accommodate construction and Owner personnel. When site space is not adequate, provide additional off-site parking.

C. Minimize use by construction traffic on existing streets and driveways.

D. Do not allow heavy vehicles or construction equipment in existing parking areas.

3.10 ENVIRONMENTAL CONTROLS

A. Use methods, equipment, and temporary construction necessary for control of environmental conditions at the site and adjacent areas.

B. Comply with statutes, regulations, and ordinances relating to prevention of environmental pollution and preservation of natural resources including National Environmental Policy Act of 1969, PL 91-190, Executive Order 11514.

C. Minimize impact to the surrounding environment. Do not use construction procedures that cause unnecessary excavation and filling of terrain, indiscriminate destruction of vegetation, air or stream pollution, or harassment or destruction of wildlife.

D. Limit disturbed areas to boundaries established by the Contract. Do not pollute on-site streams, sewers, wells, or other water sources.

E. Do not burn rubbish, debris or waste materials.

3.11 POLLUTION CONTROL

A. Provide methods, means, and facilities necessary to prevent contamination of soil, water or the atmosphere by discharge of Pollutants from construction operations.

B. Provide equipment and personnel to perform emergency measures to contain spillage, and to remove contaminated soils or liquids. Excavate and dispose of contaminated earth off-site in accordance with laws and regulations, and replace with suitable compacted fill

and topsoil.

C. Provide systems necessary for control of Pollutants.

1. Prevent toxic concentrations of chemicals.

2. Prevent harmful dispersal of Pollutants into the environment.

D. Use equipment that conforms to current Federal, State, and local laws and regulations.

3.12 PEST AND RODENT CONTROL

A. Provide rodent and pest control as necessary to prevent infestation of construction or storage areas.

B. Employ methods and use materials that will not adversely affect conditions at site or on adjoining properties.

3.13 NOISE CONTROL

A. Provide vehicles, equipment, and use construction activities that minimize noise to the greatest degree practicable. Conform to noise levels of Chapter 30 -Noise and Sound Level Regulation, City Code of Ordinances, and latest OSHA standards. Do not permit noise levels to interfere with the Work or create a nuisance to surrounding areas.

B. Conduct construction operations during daylight hours except as approved by Engineer.

C. Select construction equipment that operates with minimum noise and vibration. When directed by Engineer, correct objectionable noise or vibration produced by operation of equipment at no additional cost to the Owner. Sound Power Level (PWL) of equipment shall not exceed 85 dbA (re: 10-12 watts) measured five feet from the equipment, or at a lower level if prescribed by City Ordinances. Equipment noise requirements are contained in equipment specifications.

3.14 DUST CONTROL

A. Use water or other methods approved by Engineer to control amount of dust generated by vehicle and equipment operations.

3.15 WATER RUNOFF AND EROSION CONTROL

A. Comply with requirements of Section 01410 - TPDES Requirements.

B. Conduct fill, grading and ditching operations and provide adequate methods necessary to control surface water, runoff, subsurface water, and water from excavations and structures in order to prevent damage to the Work, the site, or adjoining properties.

1. Plan and execute construction and earthwork by methods that control surface drainage from cuts and fills, and from borrow and waste disposal areas.

2. Minimize area of bare soil exposed at one time.

3. Provide temporary control measures, such as berms, dikes, and drains.

4. Provide, operate, and maintain equipment and facilities of adequate size to control surface water.

5. Construct fill and waste areas by selective placement of materials to eliminate erosion of surface silts or clays that may erode.

6. Direct water away from excavations, pits, tunnels, and other construction areas to prevent erosion, sedimentation or damage.

7. Maintain existing drainage patterns adjacent to the site by constructing temporary earth berms, sedimentation basins, retaining areas, and temporary ground cover.

8. Dispose of drainage water in a manner to prevent flooding, erosion, or other damage to the site or adjoining areas, in conformance with environmental requirements.

9. Inspect earthwork periodically to detect any evidence of erosion. Take corrective measures as required to control erosion.

END OF SECTION - 01504

Section 01555

TRAFFIC CONTROL AND REGULATION

PART 1 GENERAL

1.01 SECTION INCLUDES

A. Traffic Control and Regulation

1.02 METHODS OF PAYMENT

A. No separate payment will be made for traffic control and regulation. Include the cost of traffic control and regulation in unit price for work requiring such control.

1.03 REFERENCES

A. Texas Manual of Uniform Traffic Control Devices (TMUTCD)

B. Texas Department of Transportation (TxDOT) permit (if applicable)

C. Railroad company permit(s) (if applicable)

1.04 PERFORMANCE REQUIREMENTS

A. Provide all necessary signs, barricades, marking, lighting, and other equipment and supplies required to comply with the TMUTCD (and TxDOT permit, and/or Railroad Company permit, if applicable)

B. Provide all necessary certified flagmen required to comply with the TMUTCD (and TxDOT permit, if applicable)

PART 2 PRODUCTS

A. Equipment and materials must be furnished, installed and operated by an experienced contractor regularly engaged in traffic control system design, installation and operation.

B. All equipment must be in good repair and operating order.

C. Sufficient standby equipment and materials shall be kept available to ensure continuous operation, where required.

PART 3 EXECUTION

A. Provide labor, material, equipment, techniques and methods required to provide safe traffic control and regulation. Monitor effectiveness of the installed system and its effect on adjacent property.

B. Notify, TxDOT and/or Railroad Company as required by the permit(s) (if applicable).

C. Provide continuous system operation, including nights, weekends and holidays. Arrange for appropriate backup if electrical power is primary energy source for traffic control system.

D. Remove system(s) upon completion of construction or when traffic control is no longer required.

END OF SECTION

SECTION 01570

STORM WATER POLLUTION CONTROL

PART 1 - GENERAL

1.01 SECTION INCLUDES

A. Implementation of Storm Water Pollution Prevention Plans (SWP3) described in Section 01410 - TPDES Requirement.

B. Installation and maintenance of storm-water pollution prevention structures: diversion dikes, interceptor dikes, diversion swales, interceptor swales, down spout extenders, pipe slope drains, paved flumes and level spreaders. Structures are used during construction and prior to final development of the site.

C. Filter Fabric Fences:

1. Type 1: Temporary filter fabric fences for erosion and sediment control in non-channelized flow areas.

2. Type 2: Temporary reinforced filter fabric fences for erosion and sediment control in channelized flow areas.

D. Straw Bale Fence.

1.02 MEASUREMENT AND PAYMENT

A. Unit Prices

1. Payment for filter fabric fence if included in Bid Form is on a linear foot basis measured between limits of beginning and ending of stakes.

2. Payment for reinforced filter fabric fence if included in Bid Form is on a linear foot basis measured between limits of beginning and ending of stakes.

3. Payment for drop inlet baskets if included in Bid Form is on a unit price basis for each drop inlet basket.

4. Payment for storm inlet sediment traps if included in Bid Form is on a unit price basis for each storm inlet sediment trap.

5. Payment for storm-water-pollution-prevention structures if included in Bid Form is on a lump sum basis for the project. Earthen structures with outlet and piping includes diversion dikes, interceptor dikes, diversion swales, interceptor swales, and excavated earth-outlet sediment trap, embankment earth-outlet sediment trap, down spout extenders, pipe slope drains, paved flumes, stone outlet sediment trap, and level spreaders.

6. Payment for straw bale barrier, if included in Bid Form, is on a linear foot of accepted bale barriers, if not include in cost of storm-water-pollution-prevention structures.

7. Payment for brush berm, if included in Bid Form, is on a linear foot of accepted rush berm, if not include in cost of storm water-pollution-prevention structures.

8. Payment for sandbag barrier, if included in Bid Form, is on a linear foot basis measured between limits of beginning and ending of sandbags, if not include in

cost of storm-water-pollution prevention structures.

9. Payment for sediment basin with pipe outlet or stone outlet, if included in Bid Form, is on a square yard basis, if not include in cost of storm-water-pollution-prevention structures.

10. Payment for inlet protection barriers, if included in Bid Form, is on a linear foot basis measured along outside face of inlet protection barrier, if not include in cost of storm-water-pollution prevention structures.

11. Refer to Section 01270 - Measurement and Payment for unit price procedures.

B. Stipulated Price (Lump Sum) Contract. If Contract is Stipulated Price Contract, payment for Work in this Section is included in total Stipulated Price.

1.03 REFERENCE STANDARDS

A. ASTM

1. A 36 - Standard Specification for Carbon Structural Steel.

2. D698 - Standard Test Methods for Laboratory Compaction Characteristics of Soil using Standard Effort (12,400 ft-lbf/ft3 (600 kN-m/m3)).

3. D3786 - Standard Test Method for Hydraulic Bursting Strength for Knitted Goods and Nonwoven Fabrics.

4. D 4355 - Standard Test Method for Deterioration of Geotextiles from Exposure to Ultraviolet Light and Water (Xenon-Arc Type Apparatus).

5. D 4491 - Standard Test Methods for Water Permeability of Geotextiles by Permittivity.

6. D 4632 - Standard Test Method for Grab Breaking Load and Elongation of Geotextiles.

7. D 4833 - Standard Test Method for Index Puncture Resistance of Geotextiles, Geomembranes, and Related Products.

8. D 6382 - Standard Practice for Dynamic Mechanical Analysis and Thermogravimetry of Roofing and Waterproofing Membrane Material.

1.04 SYSTEM DESCRIPTIONS

A. Filter Fabric Fence Type 1 and Type 2: Install to allow surface or channel runoff percolation through fabric in sheet-flow manner and to retain and accumulate sediment. Maintain Filter Fabric Fences to remain in proper position and configuration at all times.

B. Straw Bale Fence: Install to allow surface runoff percolation through straw in sheet-flow manner and to retain and accumulate sediment. Maintain Straw Bale Fence to remain in proper position and configuration at all times.

C. Interceptor Dikes and Swales: Construct to direct surface or channel runoff around the project area or runoff from project area into sediment traps.

D. Drop Inlet Baskets: Install to allow runoff percolation through the basket and to retain and accumulate sediment. Clean accumulation of sediment to prevent clogging and backups.

E. Sediment traps: Construct to pool surface runoff from construction area to allow sediment to settle onto the bottom of trap.

1.05 SUBMITTALS

A. Conform to requirements of Section 01330 - Submittal Procedures.

B. Submit manufacturer's literature for product specifications and installation instructions.

C. Submit manufacture’s catalog sheets and other product data on geotextile or filter fabrics, outlet pipe, perforated riser and connectors.

D. Submit proposed methods, equipment, materials, and sequence of operations for storm-water pollution prevention structures.

E. Submit shop drawings for Drop Inlet Baskets.

PART 2 P R O D U C T S

2.01 CONCRETE

A. Concrete: Class B in accordance with Section 03315 - Concrete for Utility Construction or as shown on the Drawings.

2.02 AGREGATE MATERIALS

A. Use poorly graded cobbles with diameter greater than 3 inches and less than 5 inches.

B. Provide gravel lining in accordance with Section 2320 - Utility Backfill Materials or as shown on the drawings.

C. Provide clean cobbles and gravel consisting of crushed concrete or stone. Use clean, hard crushed concrete or stone free from adherent coatings, salt, alkali, dirt, clay, loam, shale, soft or flaky materials, or organic matter.

D. Sediment Pump Pit Aggregate: Use nominal 2-inch diameter river gravel.

2.03 GEOTEXTILE FILTER FABRIC

A. Woven or nonwoven geotextile filter fabric made of either polypropylene, polyethylene, ethylene, or polyamide material, in continuous rolls of longest practical length.

B. Grab Strength: 100 psi in any principal direction (ASTM D-4632), Mullen burst strength >200 psi (ASTM D-3786), and equivalent opening size between 50 and 140.

C. Furnish ultraviolet inhibitors and stabilizers for minimum 6 months of expected usable construction life at temperature range of 0 degrees F to 120 degrees.

D. Mirafi, Inc., Synthetic Industries, or equivalent

2.05 FENCING

A. Wire Fencing: Woven galvanized steel wire, 14 gauge by 6-inch square mesh spacing, minimum 24 inch roll or sheet width of longest practical length.

B. Fence Stakes: Nominal 2 by 2 inch moisture-resistant treated wood or steel posts (min. of 1.25 lbs. per linear foot and Brinell Hardness greater than 140) with safety caps on top; length as required for minimum 8 inch bury and full height of filter fabric.

2.06 SANDBAGS

A. Provide woven material made of polypropylene, polyethylene, or polyamide material.

1. Minimum unit weight of four ounces per square yard.

2. Minimum grab strength of 100 psi in any principal direction (ASTM D4632).

3. Mullen burst strength exceeding 300 psi (ASTM D3786).

4. Ultraviolet stability exceeding 70 percent.

5. Size: Length:18 to 24 inches. Width: 12 to 18 inches. Thickness: 6 to 8 inches. Weight: 50 to 125 pounds.

2.07 DROP INLET BASKET

A. Provide steel frame members in accordance with ASTM A36.

B. Construct top frame of basket with two short sides of 2 inch by 2 inch and single long side of 1 inch by 1 inch, 1/8 inch angle iron. Construct basket hangers of 2 inch by 1/4 inch iron bars. Construct bottom frame of 1 inch by 1/4 inch iron bar or 1/4 inch plate with center 3 inches removed. Use minimum 1/4 inch diameter iron rods or equivalent for sides of inlet basket. Weld minimum of 14 rods in place between top frame/basket hanger and bottom frame. Exact dimensions for top frame and insert basket will be determined based on dimensions of type of inlet being protected.

2.08 STRAW BALE

A. Straw: Standard-baled agricultural hay bound by wire, nylon, or polypropylene rope. Do not use jute or cotton binding.

B. Straw Bale Stakes (applicable where bales are on soil): No. 3 (3/8 diameter) reinforcing bars, deformed or smooth at Contractor's option, length as required for minimum 18 inch bury and full height bales.

PART 3 E X E C U T I O N

3.01 PREPARATION, INSTALLATION AND MAINTAINANCE

A. Provide erosion and sediment control structures at locations shown on the Drawings.

B. Do not clear, grub or rough cut until erosion and sediment control systems are in place unless approved by Engineer to allow installation of erosion and sediment control systems, soil testing and surveying.

C. Maintain existing erosion and sediment control systems located within project site until acceptance of Project or until directed by Engineer to remove and discard existing system.

D. Regularly inspect and repair or replace damaged components of erosion and sediment control structures. Unless otherwise directed, maintain erosion and sediment control structure until project area stabilization is accepted. Redress and replace granular fill at outlets as needed to replenish depleted granular fill. Remove erosion and sediment control structures promptly when directed by Engineer.

E. Remove and dispose sediment deposits at the designated spoil site for the Project. If a project spoil site is not designated on Drawings, dispose of sediment off site at approved location.

F. Unless otherwise shown on the Drawings, compact embankments, excavations, and trenches in accordance with Section 02317 Excavation and Backfill for Utilities.

G. Prohibit equipment and vehicles from maneuvering on areas outside of dedicated right of

way and easements for construction. Immediately repair damage caused by construction traffic to erosion and sediment control structures.

H. Protect existing trees and plants.

SEDIMENT TRAPS

A. Install sediment traps so that surface runoff shall percolate through system in sheet flow fashion and allow retention and accumulation of sediment.

B. Inspect sediment traps after each rainfall, daily during periods of prolonged rainfall, and at a minimum once each week. Repair or replace damaged sections immediately.

C. Use fill material for embankment in accordance with Section 02320 - Utility Backfill Materials.

D. Excavation length and height shall be as specified on Drawings. Use side slopes of 2:1 or flatter.

E. Stone outlet sediment traps:

1. Maintain minimum of 6 inches between top of core material and top of stone outlet, minimum of 4 inches between bottom of core material and existing ground and minimum of 1 foot between top of stone outlet and top of embankment.

2. Embed cobbles minimum of 4 inches into existing ground for stone outlet. Core shall be a minimum of 1 foot in height and in width and wrapped in triple layer of geotextile filter fabric.

F. Sediment Basin with Pipe Outlet Construction Methods: Install outlet pipe and riser as shown on the Drawings.

G. Remove sediment deposits when design basin volume is reduced by one third or sediment level is one foot below principal spillway crest, whichever is less.

3.03 FILTER FABRIC FENCE CONSTRUCTION METHODS

A. Fence Type 1:

1. Install stakes 3 feet on center maximum and firmly embed minimum 8 inches in soil. If filter fabric is factory preassembled with support netting, then maximum support spacing is 8 feet. Install wood stakes at a slight angle toward the source of anticipated runoff.

2. Trench in the toe of the fence lines so the downward face of the trenches is flat and perpendicular to direction of flow. V-trench configuration as shown on Drawings may also be used.

3. Lay fabric along edges of trenches in longest practical continuous runs to minimize joints. Make joints only at a support post. Splice with minimum 6-inch overlap and seal securely.

4. Staple filter fabric to stakes at maximum 3 inches on center. Extend fabric minimum 18 inches and maximum 36 inches above natural ground.

5. Backfill and compact trench.

B. Fence Type 2:

1. Layout fence same as for Type 1.

2. Install stakes at 6 feet on center maximum and at each joint in wire fence, firmly embedded 1-foot minimum, and inclined it as for Type 1.

3. Tie wire fence to stakes with wire at 6 inches on center maximum. Overlap joints minimum one bay of mesh.

4. Install trench same as for Type 1.

5. Fasten filter fabric wire fence with tie wires at 3 inches on center maximum.

6. Layout fabric same as for Type 1. Fasten to wire fence with wire ties at 3 inches on center maximum and, if applicable, to stakes above top of wire fence it as for Type 1.

7. Backfill and compact trench.

C. Attach filter fabric to wooden fence stakes spaced a maximum of 6 feet apart or steel fence stakes spaced a maximum of 8 feet apart and embedded a minimum of 12 inches. Install stakes at a slight angle toward source of anticipated runoff.

D. Trench in toe of filter fabric fence with spade or mechanical trencher so that downward face of trench is flat and perpendicular to direction of flow. A V-trench configuration may also be used. Lay filter fabric along edges of trench. Backfill and compact trench upon completion of Construction.

E. Filter fabric fence shall have a minimum height of 18 inches and a maximum height of 36 inches above natural ground.

F. Cut length of fence to minimize use of joints. When joints are necessary, splice fabric together only at support post with minimum 6 inch overlap and seal securely.

G. Triangular Filter Fabric Fence Construction Methods

1. Attach filter fabric to wire fencing, 18 inches on each side. Provide a fabric cover and skirt with continuous wrapping of fabric. Skirt should form continuous extension of fabric on upstream side of fence.

2. Secure triangular fabric filter fence in place using one of the following methods:

a. Toe-in skirt 6 inches with mechanically compacted material;

b. Weight down skirt with continuous layer of 3-inch to 5-inch graded rock; or

c. Trench-in entire structure 4 inches.

3. Anchor triangular fabric filter fence structure and skirt securely in place using 6-inch wire staples on 2-foot centers on both edges and on skirt, or staked using 18-inch by 3/8-inch diameter re-bar with tee ends.

4. Lap fabric filter material by 6 inches to cover segment joints. Fasten joints with galvanized shoat rings.

H. Reinforced Filter Fabric Barrier Construction Methods

1. Attach woven wire fence to fence stakes.

2. Securely fasten filter fabric material to wire fence with tie wires.

3. When used in swales, ditches or diversions, elevation of barrier at top of filter fabric at flow line location in channel shall be lower than bottom elevation of filter fabric at ends of barrier or top of bank, whichever is less, in order to keep storm water discharge in channel from overtopping bank.
4. Remove sediment deposits when silt reaches depth one-third height of barrier or 6 inches, whichever is less.

3.04 DIKE AND SWALE

A. Unless otherwise indicated, maintain minimum dike height of 18 inches, measured from cleared ground at up slope toe to top of dike. Maintain side slopes of 2:1 or flatter.

B. Dike and Swale Stabilization: When shown on the Drawings, place gravel lining 3 inches thick and compacted into the soil or 6 inches thick if truck crossing is expected. Extend gravel lining across bottom and up both sides of swale minimum height of 8 inches vertically, above bottom. Gravel lining on dike side shall extend up the up slope side of dike a minimum height of 8 inches, measured vertically from interface of existing or graded ground and up slope toe of dike, as shown on Drawings.

C. Divert flow from dikes and swales to sediment basins, stabilized outlets, or sediment trapping devices of types and at locations shown on Drawings. Grade dikes and swales as shown on Drawings, or, if not specified, provide positive drainage with maximum grade of 1 percent to outlet or basin.

E. Carry out excavation for swale construction so that erosion and water pollution is minimal. Minimum depth shall be 1 foot and bottom width shall be 4 feet, with level swale bottom. Excavation slopes shall be 2:1 or flatter. Clear, grub and strip excavation area of vegetation and root material.

3.05 DOWN SPOUT EXTENDER

A. Down spout extender shall have slope of approximately 1 percent. Use pipe diameter of 4 inches or as shown on the Drawings. Place pipe in accordance with Section 2317 - Bedding and Backfill for Utilities.

3.06 PIPE SLOPE DRAIN

A. Compact soil around and under drain entrance section to top of embankment in lifts appropriately sized for method of compaction utilized.

B. Inlet pipe shall have slope of 1 percent or greater. Use pipe diameter as shown on the Drawings.

C. Top of embankment over inlet pipe and embankments directing water to pipe shall be at least 1 foot higher at all points than top of inlet pipe.

D. Pipe shall be secured with hold-down grommets spaced 10 feet on centers.

E. Place riprap apron with a depth equal to pipe diameter with 2:1 side slopes.

3.07 PAVED FLUME

A. Compact soil around and under the entrance section to top of the embankment in lifts appropriately sized for method of compaction utilized.

B. Construct subgrade to required elevations. Remove and replace soft sections and unsuitable material. Compact subgrade thoroughly and shape to a smooth, uniform surface.

C. Construct permanent paved flumes in accordance with Drawings.

D. Remove sediment from riprap apron when sediment has accumulated to depth of one foot.

3.08 LEVEL SPREADER

A. Construct level spreader on undisturbed soil and not on fill. Ensure that spreader lip is level for uniform spreading of storm runoff.

B. Maintain at required depth, grade, and cross section as specified on Drawings. Remove sediment deposits as well as projections or other irregularities which will impede normal flow.

3.09 INLET PROTECTION BARRIER

A. Place sandbags and filter fabric fences at locations shown on the SWP3.

3.10 DROP INLET BASKET CONSTRUCTION METHODS

A. Fit inlet insert basket into inlet without gaps around insert at locations shown on the SWP3.

B. Support for inlet insert basket shall consist of fabricated metal as shown on Drawings.

C. Push down and form filter fabric to shape of basket. Use sheet of fabric large enough to be supported by basket frame when holding sediment and extend at least 6 inches past frame. Place inlet grates over basket/frame to serve as fabric anchor.

D. Remove sediment deposit after each storm event and whenever accumulation exceeds 1-inch depth during weekly inspections.

3.11 STRAW BALE FENCE CONSTRUCTION METHODS

A. Place bales in row with ends tightly abutting adjacent bales. Place bales with bindings parallel to ground surface.

B. Embed bale in soil a minimum of 4 inches.

C. Securely anchor bales in place with Straw Bale Stakes driven through bales a minimum of 18-inches into ground. Angle first stake in each bale toward previously laid bale to force bales together.

D. Fill gaps between bales with straw to prevent water from channeling between bales. Wedge carefully in order not to separate bales.

E. Replace with new straw bale fence every two months or as required by Engineer.

3.12 BRUSH BERM CONSTRUCTION METHODS

A. Construct brush berm along contour lines by hand placing method. Do not use machine placement of brush berm.

B. Use woody brush and branches having diameter less than 2-inches with 6inches overlap. Avoid incorporation of annual weeds and soil into brush berm.

C. Use minimum height of 18-inches measured from top of existing ground at upslope toe to top of berm. Top width shall be 24 inches minimum and side slopes shall be 2:1 or flatter.

D. Embed brush berm into soil a minimum of 4-inches and anchor using wire, nylon or polypropylene rope across berm with a minimum tension of 50 pounds. Tie rope securely to 18-inch x 3/8-inch diameter rebar stakes driven into ground on 4-foot centers on both sides of berm.

3.13 STREET AND SIDEWALK CLEANING

A. Keep areas clean of construction debris and mud carried by construction vehicles and equipment. If necessary, install stabilized construction exits at construction, staging, storage, and disposal areas.

3.14 WASTE COLLECTION AREAS

A. Prevent water runoff from passing through waste collection areas, and prevent water runoff from waste collection areas migrating outside collection areas.

3.15 EQUIPMENT MAINTENANCE AND REPAIR

A. Confine maintenance and repair of construction machinery and equipment to areas specifically designated for that purpose, so fuels, lubricants, solvents, and other potential pollutants are not washed directly into receiving streams or storm water conveyance systems. Provide these areas with adequate waste disposal receptacles for liquid and solid waste. Clean and inspect maintenance areas daily.

B. Where designated equipment maintenance areas are not feasible, take precautions during each individual repair or maintenance operation to prevent potential pollutants from washing into streams or conveyance systems. Provide temporary waste disposal receptacles.

3.16 VEHICLE/ EQUIPMENT WASHING AREAS

A. Install wash area (stabilized with coarse aggregate) adjacent to stabilized construction exit(s), as required to prevent mud and dirt run-off. Release wash water into drainage swales or inlets protected by erosion and sediment controls. Install gravel or rock base beneath wash areas.

B. Wash vehicles only at designated wash areas. Do not wash vehicles such as concrete delivery trucks or dump trucks and other construction equipment at locations where runoff flows directly into watercourses or storm water conveyance systems.

C. Locate wash areas to spread out and evaporate or infiltrate wash water directly into ground, or collect runoff in temporary holding or seepage basins.

3.17 WATER RUNOFF AND EROSION CONTROL

A. Control surface water, runoff, subsurface water, and water from excavations and structures to prevent damage to the Work, the site, or adjoining properties.

B. Control fill, grading and ditching to direct water away from excavations, pits, tunnels, and other construction areas, and to direct drainage to proper runoff courses to prevent erosion, sedimentation or damage.

C. Provide, operate, and maintain equipment and facilities of adequate size to control surface water.

D. Dispose of drainage water to prevent flooding, erosion, or other damage to the site or adjoining areas. Follow environmental requirements.

E. Retain existing drainage patterns external to the site by constructing temporary earth

berms, sedimentation basins, retaining areas, and temporary ground cover as required to control conditions.

F. Plan and execute construction and earth work to control surface drainage from cuts and fills, and from borrow and waste disposal areas, to prevent erosion and sedimentation.

1. Hold area of bare soil exposed at one time to a minimum.

2. Provide temporary controls such as berms, dikes, and drains.

G. Construct fill and waste areas by selective placement to eliminate surface silts or clays which will erode.

H. Inspect earthwork periodically to detect start of erosion. Immediately apply corrective measures as required to control erosion.

I. Dispose of sediments offsite, not in or adjacent to streams or floodplains, nor allow sediments to flush into streams or drainage ways. Assume responsibility for offsite disposal location.

J. Unless otherwise indicated, compact embankments, excavations, and trenches by mechanically blading, tamping, and rolling soil in maximum of 8 inch layers. Provide compaction density at minimum 90 percent Standard Proctor ASTM D-698-78 density. Make at least one test per 500 cubic yards of embankment.

K. Do not maneuver vehicles on areas outside of dedicated rights-of-way and easements for construction. Immediately repair damage to erosion and sedimentation control systems caused by construction traffic.

L. Do not damage existing trees intended to remain.

3.18 REMOVAL OF CONTROLS

A. Remove erosion and sediment controls when the site is finally stabilized or as directed by Engineer.

B. Dispose of sediments and waste products following Section 01504- Temporary Facilities.

END OF SECTION - 01570

Section 01572

SOURCE CONTROLS FOR EROSION AND SEDIMENTATION

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Description of erosion and sediment control and other control-related practices, which shall be utilized during construction activities.

1.02 UNIT PRICES

A. No separate payment will be made for work performed under this Section. Include cost of work performed under this Section in pay items of which this work is a component.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N

3.01 PREPARATION AND INSTALLATION

A. No clearing and grubbing or rough cutting shall be permitted until erosion and sediment control systems are in place, other than site work specifically directed by the Resident Project Representative to allow soil testing and surveying.

B. Equipment and vehicles shall be prohibited by the Contractor from maneuvering on areas outside of dedicated rights-of-way and easements for construction. Damage caused by construction traffic to erosion and sediment control systems shall be repaired immediately by the Contractor.

C. The Contractor shall be responsible for collecting, storing, hauling, and disposing of spoil, silt, and waste materials as specified in this or other Specifications and in compliance with applicable federal, state, and local rules and regulations.

D. Contractor shall conduct all construction operations under this Contract in conformance with the erosion control practices described in the SWPPP, Drawings, and this Specification.

E. The Contractor shall install, maintain, and inspect erosion and sediment control measures and practices as specified in the SWPPP, Drawings, and in this or other Specifications.

3.02 TOPSOIL PLACEMENT FOR EROSION AND SEDIMENT CONTROL SYSTEMS

A. When topsoil is specified as a component of another Specification, the Contractor shall conduct erosion control practices described in this Specification during topsoil placement operations.

1. When placing topsoil, maintain erosion and sediment control systems, such as swales, grade stabilization structures, berms, dikes, waterways, and sediment basins.

2. Maintain grades which have been previously established on areas to receive topsoil.

3. After the areas to receive topsoil have been brought to grade, and immediately prior to dumping and spreading the topsoil, loosen the subgrade by discing or by scarifying to a depth of at least 2 inches to permit bonding of the topsoil to the subsoil.

4. No sod or seed shall be placed on soil which has been treated with soil sterilants until sufficient time has elapsed to permit dissipation of toxic materials.

3.03 SEDIMENT CONTROL MAINTENANCE

A. All erosion, sediment, and water pollution controls will be maintained in good working order. A rain gauge provided by the Contractor shall be located on the project site. Within 24 hours of a rainfall event of 0.5 inches or more as measured by the project rain gauge, the Contractor and the Resident Project Representative shall inspect the entire project to determine the condition of the control measures. Sediment shall be removed and devices repaired as soon as practicable but no later than 7 days after the surrounding ground has dried sufficiently to prevent further damage from equipment operations needed for repairs.

B. In the event of continuous rainfall over a 24 hour period, or other circumstances that preclude equipment operation in the area, the Contractor shall install additional backup storm water pollution control devices, as determined by the Resident Project Representative, by other appropriate methods. The Contractor shall remove sediment accumulations and deposit the spoils in an area approved by the Resident Project Representative as soon as practical and in accordance with the SWPPP. Any corrective action needed for the control measures is to be accomplished in the sequence directed by the Resident Project Representative; however, areas adjacent to receiving waters shall generally have priority, followed by devices protecting storm sewer inlets.

3.04 DUST CONTROL

A. Implement dust control methods to control dust creation and movement on construction sites and roads and to prevent airborne sediment from reaching receiving streams or storm water conveyance systems, to reduce on-site and off-site damage, to prevent health hazards, and to improve traffic safety.

B. Control blowing dust by using one or more of the following methods:

1. Mulches bound with chemical binders.

2. Temporary vegetative cover.

3. Spray-on adhesives on mineral soils when not used by traffic.

4. Tillage to roughen surface and bring clods to the surface.

5. Irrigation by water sprinkling.

6. Barriers using solid board fences, snow fences, burlap fences, crate walls, bales of straw, or similar materials.

C. Implement dust control methods immediately whenever dust can be observed blowing on the project site.

3.05 KEEPING STREETS CLEAN

A. Keep streets clean of construction debris and mud carried by construction vehicles and equipment. If necessary to keep the streets clean, install stabilized construction exits at construction, staging, storage, and disposal areas. A vehicle/equipment wash area (stabilized with coarse aggregate) may be installed adjacent to the stabilized construction exit, as needed. Release wash water into a drainage swale or inlet protected by erosion and sediment control measures. Construction exit and wash areas are specified in Section 01575 - Stabilized Construction Exit.

B. In lieu of or in addition to stabilized construction exits, shovel or sweep the pavement to the extent necessary to keep the street clean. Waterhosing or sweeping of debris and mud off of the street into adjacent areas is not allowed.

3.06 EQUIPMENT MAINTENANCE AND REPAIR

A. Confine maintenance and repair of construction machinery and equipment to areas specifically designated for that purpose. Locate such areas so that oils, gasoline, grease, solvents, and other potential pollutants cannot be washed directly into receiving streams or storm water conveyance systems. Provide these areas with adequate waste disposal receptacles for liquid as well as solid waste. Clean and inspect maintenance areas daily.

B. On a construction site where designated equipment maintenance areas are not feasible, take precautions during each individual repair or maintenance operation to prevent potential pollutants from washing into streams or conveyance systems. Provide temporary waste disposal receptacles.

3.07 WASTE COLLECTION AND DISPOSAL

A. Contractor shall formulate and implement a plan for the collection and disposal of waste materials on the construction site. In plan, designate locations for trash and waste receptacles and establish a collection schedule. Methods for ultimate disposal of waste shall be specified and carried out in accordance with applicable local, state, and federal health and safety regulations. Make special provisions for the collection and disposal of liquid wastes and toxic or hazardous materials.

B. Keep receptacles and waste collection areas neat and orderly to the extent possible. Waste shall not be allowed to overflow its container or accumulate from day-to-day. Locate trash collection points where they will least likely be affected by concentrated storm water runoff.

3.08 WASHING AREAS

A. Vehicles such as concrete delivery trucks or dump trucks and other construction equipment shall not be washed at locations where the runoff will flow directly into a watercourse or storm water conveyance system. Designate special areas for washing vehicles. Locate these areas where the wash water will spread out and evaporate or infiltrate directly into the ground, or where the runoff can be collected in a temporary holding or seepage basin. Beneath wash areas construct a gravel or rock base to minimize mud production.

3.09 STORAGE OF CONSTRUCTION MATERIALS AND CHEMICALS

A. Isolate sites where chemicals, cements, solvents, paints, or other potential water pollutants are stored in areas where they will not cause runoff pollution.

B. Store toxic chemicals and materials, such as pesticides, paints, and acids in accordance with manufacturers' guidelines. Protect groundwater resources from leaching by placing a plastic mat, packed clay, tar paper, or other impervious materials on any areas where toxic liquids are to be opened and stored.

3.10 DEMOLITION AREAS

A. Demolition activities which create large amounts of dust with significant concentrations of heavy metals or other toxic pollutants shall use dust control techniques to limit transport of airborne pollutants. However, water or slurry used to control dust contaminated with heavy metals or toxic pollutants shall be retained on the site and shall not be allowed to run directly into watercourses or storm water conveyance systems. Methods of ultimate disposal of these materials shall be carried out in accordance with applicable local, state, and federal health and safety regulations.

3.11 SANITARY FACILITIES

A. Provide and maintain sanitary facilities for persons on the job site; comply with the regulations of State and local departments of health.

B. Enforce the use of sanitary facilities by construction personnel at the job site. Such facilities shall be enclosed. Pit-type toilets will not be permitted. No discharge will be allowed form these facilities. Collect and store sewage and waste so as not to cause a nuisance or health problem; have sewer and waste hauled off-site and properly disposed in accordance with City regulations.

C. Located toilets near the Work site and secluded from view insofar as possible. Keep toilets clean and supplied throughout the course of the Work.

3.12 PESTICIDES

A. Use and store pesticides during construction in accordance with manufacturers' guidelines and with local, state, and federal regulations. Avoid overuse of pesticides which could produce contaminated runoff. Take great care to prevent accidental spillage. Never wash pesticide containers in or near flowing streams or storm water conveyance systems.

END OF SECTION

Section 01573

FILTER FABRIC FENCE

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Installation of erosion and sediment control filter fabric fences used during construction and until final development of the site. The purpose of filter fabric fences is to contain pollutants from overland flow. Filter fabric fences are not for use in channelized flow areas.

1.02 UNIT PRICES

A. No separate payment will be made for Filter Fabric Fence under this section. Include payment in unit price for related sections.

1.03 SUBMITTALS

A. Manufacturer's catalog sheets and other product data on geotextile fabric.

1.04 REFERENCES

A. ASTM D3786 - Standard Test Method for Hydraulic Bursting Strength for Knitted Goods and Nonwoven Fabrics

B. ASTM D4632 - Standard Test Method for Grab Breaking Load and Elongation of Geotextiles

PART 2 P R O D U C T S

2.01 FILTER FABRIC

A. Provide woven or nonwoven geotextile filter fabric made of either polypropylene, polyethylene, ethylene, or polyamide material.

B. Geotextile fabric shall have a grab strength of 100 psi in any principal direction (ASTM D-4632), Mullen burst strength exceeding 200 psi (ASTM D-3786), and the equivalent opening size between 50 and 140.

C. Filter fabric material shall contain ultraviolet inhibitors and stabilizers to provide a minimum of 6 months of expected usable construction life at a temperature range of 0 degrees F to 120 degrees F.

D. Representative Manufacturers: Mirafi, Inc., or equal.

PART 3 E X E C U T I O N

3.01 PREPARATION AND INSTALLATION

A. Provide erosion and sediment control systems at the locations shown on the SWPPP. Such systems shall be of the type indicated and shall be constructed in accordance with the requirements shown on the Drawings and specified in this Section.

B. No clearing and grubbing or rough cutting shall be permitted until erosion and sediment control systems are in place, other than site work specifically directed by the Resident Project Representative to allow soil testing and surveying.

C. Maintain existing erosion and sediment control systems located within the project site until acceptance of the project or until directed by the Resident Project Representative to remove and discard the existing system.

D. Regularly inspect and repair or replace damaged components of filter fabric fences as specified in this Section. Unless otherwise directed, maintain the erosion and sediment control systems until the project area stabilization is accepted by the City. Remove erosion and sediment control systems promptly when directed by the Resident Project Representative. Discard removed materials off site.

E. Remove sediment deposits and dispose of them at the designated spoil site for the project. If a project spoil site is not designated on the Drawings, dispose of sediment off site at a location not in or adjacent to a stream or floodplain. Off-site disposal is the responsibility of the Contractor. Sediment to be placed at the project site should be spread evenly throughout the site, compacted and stabilized. Sediment shall not be allowed to flush into a stream or drainage way. If sediment has been contaminated, it shall be disposed of in accordance with existing federal, state, and local rules and regulations.

F. Equipment and vehicles shall be prohibited by the Contractor from maneuvering on areas outside of dedicated rights-of-way and easements for construction. Damage caused by construction traffic to erosion and sediment control systems shall be repaired immediately.

G. Conduct all construction operations under this Contract in conformance with the erosion control practices described in Section 01572- Source Controls for Erosion and Sedimentation.

3.02 CONSTRUCTION METHODS

A. Provide filter fabric fence systems in accordance with the Drawing detail for Filter Fabric Fences. Filter fabric fences shall be installed in such a manner that surface runoff will percolate through the system in sheet flow fashion and allow sediment to be retained and accumulated.

B. Attach the filter fabric to steel posts spaced 6 to 8 feet and embedded a minimum of 18 inches. Steel posts shall have a minimum length of 4 feet. If filter fabric is factory preassembled with support netting, then maximum spacing allowable is 8 feet. Install stakes at a slight angle toward the source of anticipated runoff.

C. Trench in the toe of the filter fabric fence with a spade or mechanical trencher so that the downward face of the trench is flat and perpendicular to the direction of flow. The v-trench configuration as shown on the Drawings may also be used. Lay filter fabric along the edges of the trench. Backfill and compact trench.

D. Filter fabric fence shall have a minimum height of 18 inches and a maximum height of 36 inches above natural ground.

E. Provide the filter fabric in continuous rolls and cut to the length of the fence to minimize the use of joints. When joints are necessary, splice the fabric together only at a support post with a minimum 6-inch overlap and seal securely.

F. Inspect sediment filter barrier systems after each rainfall, daily during periods of prolonged rainfall, and at a minimum once each week. Repair or replace damaged sections immediately. Remove sediment deposits when silt reaches a depth one-third the height of the fence or 6 inches, whichever is less.

END OF SECTION

Section 01575

STABILIZED CONSTRUCTION EXIT

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Installation of erosion and sediment control for stabilized construction exits used during construction and until final development of the site.

1.02 SUBMITTALS

A. Manufacturer's catalog sheets and other product data on geotextile fabric.

B. Sieve analysis of aggregates conforming to requirements of this Specification.

1.03 UNIT PRICES

A. No separate payment will be made for work performed under this Section. Include cost of work performed under this Section in pay items for which this work is a component.

1.04 REFERENCES

A. ASTM D 4632 - Standard Test Method for Grab Breaking Load and Elongation of Geotextiles.

PART 2 P R O D U C T S

2.01 GEOTEXTILE FABRIC

A. Provide woven or nonwoven geotextile fabric made of either polypropylene, polyethylene, ethylene, or polyamide material.

B. Geotextile fabric shall have a minimum grab strength of 270 psi in any principal direction (ASTM D-4632), and the equivalent opening size between 50 and 140.

C. Both the geotextile and threads shall be resistant to chemical attack, mildew, and rot and shall contain ultraviolet ray inhibitors and stabilizers to provide a minimum of 6 months of expected usable life at a temperature range of 0°F to 120°F.

D. Representative Manufacturers: Mirafi, Inc., or equal.

2.02 COARSE AGGREGATES

A. Coarse aggregate shall consist of crushed stone, gravel, crushed blast furnace slag, or a combination of these materials. Aggregate shall be composed of clean, hard, durable materials free from adherent coatings, salt, alkali, dirt, clay, loam, shale, soft or flaky materials, or organic and injurious matter.

B. Coarse aggregates shall conform to the following gradation requirements.

Sieve Size (Square Mesh)	Percent Retained (By Weight)
2-1/2"	0
2"	0 - 20
1-1/2"	15 - 50
3/4"	60 - 80

No. 4 95 - 100

PART 3 E X E C U T I O N

3.01 PREPARATION AND INSTALLATION

A. If necessary to keep the street clean of mud carried by construction vehicles and equipment, Contractor shall provide stabilized construction roads and exits at the construction, staging, parking, storage, and disposal areas. Such erosion and sediment controls shall be constructed in accordance with the details shown on the Drawings and specified in this Section.

B. No clearing and grubbing or rough cutting shall be permitted until erosion and sediment control systems are in place, other than as specifically directed by the Resident Project Representative to allow soil testing and surveying.

C. Maintain existing erosion and sediment control systems located within the project site until acceptance of the project or until directed by the Resident Project Representative to remove and discard the existing system.

D. Regularly inspect and repair or replace components of stabilized construction exits. Unless otherwise directed, maintain the stabilized construction roads and exits until the project is accepted by the City. Remove stabilized construction roads and exits promptly when directed by the Resident Project Representative. Discard removed materials off site.

E. Equipment and vehicles shall be prohibited by the Contractor from maneuvering on areas outside of dedicated rights-of-way and easements for construction. Damage caused by construction traffic to erosion and sediment control systems shall be repaired immediately.

F. Conduct all construction operation under this Contract in conformance with the erosion control practices described in the Specification 01572 - Source Controls for Erosion and Sedimentation.

3.02 CONSTRUCTION METHODS

A. Provide stabilized construction exits, and truck washing areas when approved by Resident Project Representative, of the sizes and locations where shown on SWPPP or as specified in this Section.

B. Vehicles leaving construction areas shall have their tires cleaned to remove sediment prior to entrance onto public right-of-way. When washing is needed to remove sediment, Contractor shall construct a truck washing area. Truck washing shall be done on stabilized areas which drain into a drainage system protected by erosion and sediment control measures.

C. Details for stabilized construction exit shall be shown on the SWPPP. Construction of all other stabilized areas shall be to the same requirements. Roadway width shall be at least 14 feet for one-way traffic and 20 feet for two-way traffic and shall be sufficient for all ingress and egress. Furnish and place geotextile fabric as a permeable separator to prevent mixing of coarse aggregate with underlaying soil. Exposure of geotextile fabric to the elements between laydown and cover shall be a maximum of 14 days to minimize damage potential.

D. Roads and parking areas shall be graded to provide sufficient drainage away from stabilized areas. Use sandbags, gravel, boards, or similar methods to prevent sediment from entering public right-of-way, receiving stream or storm water conveyance system.

E. The stabilized areas shall be inspected and maintained daily. Provide periodic top dressing with additional coarse aggregates to maintain the required depth. Repair and clean out damaged control measures used to trap sediment. All sediment spilled, dropped, washed, or tracked onto public right-of-way shall be removed immediately.

F. The length of the stabilized area shall be as shown on the SWPPP, but not less than 50 feet. The thickness shall not be less than 8 inches. The width shall not be less than the full width of all points of ingress or egress.

G. Stabilization for other areas shall have the same coarse aggregate, thickness, and width requirements as the stabilized construction exit, except where shown otherwise on the SWPPP.

H. Stabilized area may be widened or lengthened to accommodate truck washing area when authorized by Resident Project Representative.

I. Alternative methods of construction may be utilized when shown on SWPPP, or when approved by the Resident Project Representative. These methods include the following:

1. Cement-Stabilized Soil - Compacted cement-stabilized soil or other fill material in an application thickness of at least 8 inches.

2. Wood Mats/Mud Mats - Oak or other hardwood timbers placed edge-to-edge and across support wooden beams which are placed on top of existing soil in an application thickness of at least 6 inches.

3. Steel Mats - Perforated mats placed across perpendicular support members.

END OF SECTION

Section 01576

WASTE MATERIAL DISPOSAL

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Disposal of waste material and salvageable material.

1.02 UNIT PRICES

A. No separate payment will be made for waste material disposal under this Section. Include payment in unit price for related sections.

1.03 SUBMITTALS

A. Submittals shall conform to requirements of Section 01330 - Submittal Procedures.

B. Obtain and submit disposal permits for proposed disposal sites if required by local ordinances.

C. Submit a copy of written permission from property owner, along with description of property, prior to disposal of excess material adjacent to the Project. Submit a written and signed release from property owner upon completion of disposal work.

PART 2 P R O D U C T S - Not Used

PART 3 E X E C U T I O N

3.01 SALVAGEABLE MATERIAL

A. Excavated Material: When indicated on Drawings, load, haul, and deposit excavated material at a location or locations shown on Drawings outside the limits of Project.

B. Other Salvageable Materials: Conform to requirements of individual Specification Sections.

3.02 EXCESS MATERIAL

A. Vegetation, rubble, broken concrete, debris, asphaltic concrete pavement, excess soil, and other materials not designated for salvage, shall become the property of Contractor and shall be removed from the job site and legally disposed of.

B. Excess soil may be deposited on private property adjacent to the Project when written permission is obtained from property owner. See Paragraph 1.03 C above.

C. Waste materials shall be removed from the site on a daily basis, such that the site is maintained in a neat and orderly condition.

END OF SECTION

Section 01578

CONTROL OF GROUND WATER AND SURFACE WATER

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Dewatering, depressurizing, draining, and maintaining trenches, shaft excavations, structural excavations, and foundation beds in a stable condition, and controlling ground water conditions for tunnel excavations.

B. Protecting work against surface runoff and rising flood waters.

C. Disposing of removed water.

1.02 METHOD OF PAYMENT

A. No separate payment will be made for control of ground water and surface water. Include the cost to control ground water and surface water in unit price for work in related sections.

1.03 REFERENCES

A. ASTM D 698 - Test Methods for Moisture-Density Relations of Soils and Soil-Aggregate Mixtures, Using 5.5-lb (2.49 kg) Rammer and 12-inch (304.8 mm) Drop.

B. Federal Regulations, 29 CFR Part 1926, Standards-Excavation, Occupational Safety and Health Administration (OSHA).

C. Federal Register 40 CFR (Vol. 55, No. 222) Part 122, EPA Administered Permit Programs (NPDES), Para.122.26(b)(14) Storm Water Discharge.

D. Texas Commission of Environmental Quality, TCEQ General Permit Number TX150000 Relating to Discharges from Construction Activities.

1.04 DEFINITIONS

A. Ground water control includes both dewatering and depressurization of water-bearing soil layers.

1. Dewatering includes lowering the water table and intercepting seepage which would otherwise emerge from slopes or bottoms of excavations, or into tunnels and shafts, and disposing of removed water. The intent of dewatering is to increase stability of tunnel excavations and excavated slopes; prevent dislocation of material from slopes or bottoms of excavations; reduce lateral loads on sheeting and bracing; improve excavating and hauling characteristics of excavated material; prevent failure or heaving of the bottom of excavations; and to provide suitable conditions for placement of backfill materials and construction of structures and other installations.

2. Depressurization includes reduction in piezometric pressure within strata not controlled by dewatering alone, as required to prevent failure or heaving of excavation bottom or instability of tunnel excavations.

B. Excavation drainage includes keeping excavations free of surface and seepage water.

C. Surface drainage includes use of temporary drainage ditches and dikes and installation of temporary culverts and sump pumps with discharge lines as required to protect the Work from any source of surface water.

D. Equipment and instrumentation for monitoring and control of the ground water control system includes piezometers and monitoring wells, and devices, such as flow meters, for observing and recording flow rates.

1.05 PERFORMANCE REQUIREMENTS

A. Conduct surface and subsurface investigations to identify ground water and surface water conditions and to provide parameters for design, installation, and operation of control systems.

B. Design a ground water control system, compatible with requirements of Federal Regulations 29 CFR Part 1926 and Trench Safety Systems, to produce the following results:

1. Effectively reduce the hydrostatic pressure affecting:
    a. Excavations.
    b. Tunnel excavation, face stability or seepage into tunnels.

2. Develop a substantially dry and stable subgrade for subsequent construction operations.

3. Preclude damage to adjacent properties, buildings, structures, utilities, installed facilities, and other work.

4. Prevent the loss of fines, seepage, boils, quick condition, or softening of the foundation strata.

5. Maintain stability of sides and bottom of excavations.

C. Provide ground water control systems that may include single-stage or multiple-stage well point systems, eductor and ejector-type systems, deep wells, or combinations of these equipment types.

D. Provide drainage of seepage water and surface water, as well as water from any other source entering the excavation. Excavation drainage may include placement of drainage materials, such as crushed stone and filter fabric, together with sump pumping.

E. Provide ditches, berms, pumps and other methods necessary to divert and drain surface water from excavation and other work areas.

F. Locate ground water control and drainage systems so as not to interfere with utilities, construction operations, adjacent properties, or adjacent water wells.

G. Assume sole responsibility for ground water and surface water control systems and for any loss or damage resulting from partial or complete failure of protective measures and any settlement or resultant damage caused by the control operations. Modify control systems or operations if they cause or threaten to cause damage to new construction, existing site improvements, adjacent property, or adjacent water wells, or affect potentially contaminated areas. Repair damage caused by control systems or resulting from failure of the system to protect property as required.

1.06 SUBMITTALS

A. Submittals shall conform to requirements of Section 01330 - Submittals.

B. Submit a Ground Water and Surface Water Control Plan for review by the Engineer prior to start of any field work. Submit a plan to include the following:

1. Results of subsurface investigation and description of the extent and characteristics of water bearing layers subject to ground water control.

2. Excavation drainage methods including typical drainage layers, sump pump application and other necessary means.

3. Surface water control and drainage installations.

4. Proposed methods and locations for disposing of removed water.

1.07 ENVIRONMENTAL REQUIREMENTS

A. Comply with requirements of agencies having jurisdiction.

B. Obtain permit from TCEQ under the Texas Pollutant Discharge Elimination System (TPDES), for storm water discharge from construction sites. (If Applicable)

C. Monitor ground water discharge for contamination while performing pumping in the vicinity of potentially contaminated sites.

PART 2 P R O D U C T S

2.01 EQUIPMENT AND MATERIALS

A. Equipment and materials are at the option of Contractor as necessary to achieve desired results for control of ground and surface water.

B. Eductors, well points, or deep wells, where used, must be furnished, installed and operated by an experienced contractor regularly engaged in ground water control system design, installation, and operation.

C. All equipment must be in good repair and operating order.

D. Sufficient standby equipment and materials shall be kept available to ensure continuous operation, where required.

PART 3 E X E C U T I O N

3.01 GROUND WATER CONTROL

A. Provide labor, material, equipment, techniques and methods to lower, control and manage ground water in a manner compatible with construction methods and site conditions. Monitor effectiveness of the installed system and its effect on adjacent property.

B. Install, operate, and maintain ground water control systems in accordance with the Ground Water and Surface Water Control Plan. Notify Engineer in writing of any changes made to accommodate field conditions and changes to the Work. Provide revised drawings and calculations with such notification.

C. Provide for continuous system operation, including nights, weekends, and holidays. Arrange for appropriate backup if electrical power is primary energy source for dewatering system.

D. Remove system upon completion of construction or when dewatering and control of surface or ground water is no longer required.

E. Compact backfill to not less than 95 percent of the maximum dry density in accordance with ASTM D 698.

3.02 EXCAVATION DRAINAGE

A. Contractor may use excavation drainage methods if necessary to achieve well drained conditions. The excavation drainage may consist of a layer of crushed stone and filter fabric, and sump pumping in combination with sufficient wells for ground water control to maintain stable excavation and backfill conditions.

3.03 SURFACE WATER CONTROL

A. Intercept surface water and divert it away from excavations through use of dikes, ditches, curb walls, pipes, sumps or other approved means. The requirement includes temporary works required to protect adjoining properties from surface drainage caused by construction operations.

B. Divert surface water and seepage water into sumps and pump it into drainage channels or storm drains, when approved by agencies having jurisdiction. Provide settling basins when required by such agencies.

END OF SECTION

SECTION 01720

PROJECT RECORD DOCUMENTS

PART 1 - GENERAL

1.01 REQUIREMENTS INCLUDED

A. Maintain at the site for the Owner one record copy of:
   1. Drawings
   2. Specifications
   3. Addenda
   4. Change Orders and other Modifications to the Contract
   5. Engineer Field Orders or written instructions
   6. Approved Shop Drawings, Product Data and Samples
   7. Approved Operation and Maintenance Data
   8. Field Test records
   9. Receipts for delivery of items to Owner

B. Delegate the responsibility for maintenance of record documents to one person on the Contractor's staff as approved in advance by the Engineer.

C. Thoroughly coordinate all changes within the record documents, making adequate and proper entries on each page of the specifications and each sheet of drawings and other documents where such entry is required to properly show the change. Accuracy of records shall be such that future search for items shown in the contract documents may reasonably rely on information obtained from the approved record documents.

D. Make all entries within 24 hours after receipt of information. One (1) set is to be maintained at the Contractor's job trailer at all times. As-builts are to be updated as a condition of each pay application

1.02 RELATED REQUIREMENTS

A. Section 01300: Submittals

B. Section 01152: Applications for Payment

D. Section 01700: Contract Closeout

1.03 MAINTENANCE OF DOCUMENTS AND SAMPLES

A. File documents and samples in accordance with specification format.

B. Maintain documents in a clean, dry legible condition and in good order. Do not use record documents for construction purposes.

C. Make documents and samples available at all times for inspection by Engineer and Owner.

1.04 RECORDING

A. Label each document "PROJECT RECORD" in neat large printed letters.

B. Record information concurrently with construction progress.
   1. Do not conceal any work until required information is recorded.

C. Drawings; Legible mark to record actual construction:
   1. Horizontal and vertical locations of underground utilities and appurtenances, referenced to permanent surface improvements..
   2. Location of internal utilities and appurtenances concealed in the construction, referenced to visible and accessible features of the structure.
   3. Field changes of dimension and detail.
   4. Changes made by Field Order or by Change Order.
   5. Details not on original contract drawings.
   6. For gravity sewer lines: Elevation and alignment of line, location of cleanouts, distance between cleanouts, and location of each service line referenced by distance from main trunk line and distance from sewer centerline to end of service line.

D. Use all means necessary to maintain the job set of record documents completely protected from deterioration and from loss and damage until completion of the Work and transfer of the recorded data to the final record documents. In the event of loss of recorded data, use all means necessary to secure the data to the Engineer's approval; such means shall include, if necessary in the opinion of the Engineer, removal and replacement of concealing materials and, in such case, all replacements shall be to the standards originally specified in the contract documents.

E. Specifications and Addenda; Legibly mark each Section to record:
   1. Manufacturer, trade name, catalog number, and Supplier of each Product and item of equipment actually installed.

G. Clearly describe all change orders by note and by graphic line, as required. Date all entries. Call attention to the entry by highlighting around the area or areas affected. In the event of overlapping changes, different colors may be used for each of the changes.

1.05 SUBMITTAL

A. At Contract close-out, deliver Record Documents to Engineer for the Owner.

B. Accompany submittal with transmittal letter in duplicate, containing:
   1. Date
   2. Project title and number
   3. Contractor's name and address
   4. Title and number of each Record Document
   5. Signature of Contractor or his authorized representative.

1.06 PAYMENT

A. Project record documents are incidental to Work for which no separate payment will be made.

B. No payment will be made to the Contractor for any portion of the work for which the project record documents including recording are not complete.

END OF SECTION - 01720

Division 2

Site Work

Section 02221

REMOVING EXISTING PAVEMENTS AND STRUCTURES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Removing concrete pavement, asphaltic concrete pavement, and base courses.

B. Removing concrete curbs, concrete curbs and gutters, sidewalks and driveways.

C. Removing pipe culverts and storm sewers.

D. Removing existing inlets and manholes.

E. Removing miscellaneous structures of concrete or masonry.

F. Removing irrigation concrete pipe, stand pipes, valves and related irrigation structures.

1.02 MEASUREMENT AND PAYMENT - NOT USED

1.03 REGULATORY REQUIREMENTS

A. Conform all applicable codes, and local laws for disposal of debris.

B. Coordinate clearing work with utility companies.

1.04 SUBMITTALS – NOT USED

PART 2 P R O D U C T S - NOT USED

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Obtain advance approval from Engineer for dimensions and limits of removal work.

B. Locate and identify buried utilities. Identification shall be by flagging and offset staking.

3.02 PROTECTION

A. Protect the following from damage or displacement:

1. Adjacent public and private property.

2. Trees, plants, and other landscape features designated to remain.

3. Utilities designated to remain.

4. Benchmarks, monuments, and existing structures designated to remain.

3.03 REMOVALS

A. Remove pavement and structures by methods that will not damage underground utilities. Do not use a drop hammer near existing underground utilities.

B. Minimize amount of earth loaded during removal operations.

C. Where existing pavement is to remain, make straight saw cuts in existing pavement to provide clean breaks prior to removal. Do not break concrete pavement or base with drop hammer unless concrete or base has been saw cut to a minimum depth of 2-inches.

D. Where street and driveway saw cut locations coincide or fall within 3-feet of existing construction or expansion joints, break out to existing joints.

E. Remove sidewalks and curbs to nearest existing dummy, expansion, or construction joint.

F. Where existing end of pipe culvert or end of sewer is to remain, install and 8-in-thick masonry plug in pipe end prior to backfill.

G. Remove all irrigation structure that are to be abandoned as per the construction plans, all underground pipes and appurtenances shall be removed and the disturbed soils shall be replaced and compact to a minimum of 85% density to the elevation equal to the surrounding natural ground.

3.04 BACKFILL

A. Backfill of removal areas shall be in accordance with requirements of Section 02316 – Excavation and Backfill of Structures.

3.05 DISPOSAL

A. Disposal shall be in accordance with requirements all Local Laws and Regulations.

B. Remove debris, rubbish, and extracted plant material from the site.

END OF SECTION

Section 02233

CLEARING AND GRUBBING

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Removing surface debris and rubbish.

B. Clearing site of plant life and grass.

C. Removing trees and shrubs.

D. Removing root system of trees and shrubs.

1.02 MEASUREMENT AND PAYMENT – NOT USED

1.03 REGULATORY REQUIREMENTS – Not Used

1.04 SUBMITTALS – NOT USED

PART 2 P R O D U C T S - NOT USED

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Verify that existing plant life and features designated to remain are identified and tagged. Submit preconstruction photographs.

3.02 PROTECTION

A. Protect the following from damage or displacement:

1. Living trees located 3 feet or more outside of the intersection of side slopes and original ground line.

2. Plants other than trees and landscape features designated to remain.

3. Utilities designated to remain.

4. Bench marks, monuments, and existing structures designated to remain.

3.03 CLEARING

A. Remove stumps, main root ball, and root system to:

1. A depth of 24 inches below the finished subgrade elevation in the area bounded by lines two feet behind back of curbs.

2. A depth of 24 inches below the finished surface of the required cross section for other areas.

B. Clear undergrowth and deadwood without disturbing subsoil.

C. Remove vegetation from top soil scheduled for reuse.

3.04 REMOVAL

A. Remove debris, rubbish, and extracted plant material life from the site.

END OF SECTION

Section 02315

ROADWAY EXCAVATION
AND
ROADSIDE DITCHES, DRAINAGE DITCHES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Excavation and compaction of materials for roadways.

B. Excavation and compaction of materials for roadside ditches.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 REFERENCES

A. ASTM D 698 – Standard Test Method for Laboratory Compaction Characteristics of Soil Using Standard Effort (12.44 ft-lbf/ft^3).

B. ASTM D 2216 – Standard Test Method for Laboratory Determination of Water (Moisture) Content of Soil and Rock by Mass.

C. ASTM D 2922 – Standard Test Methods for Density of Soil and Soil-Aggregate in Place by Nuclear Methods (Shallow Depth).

D. ASTM D 3017 – Standard Test Method for Water content of Soil and Rock in Place by Nuclear Methods (Shallow Depth).

E. ASTM D 4318 – Standard Test Methods for Liquid Limit, Plastic Limit, and Plasticity Index of Soils.

PART 2 P R O D U C T S

A. MATERIALS

B. Provide topsoil conforming to the Geotechnical recommendation.

C. Provide backfill which is excavated material, graded free of roots, lumps greater than 6 inches, rocks larger than 3 inches, organic material, and debris.

D. Provide structural backfill which is select material meeting the following requirements:

1. Plasticity index: not less than 12 nor more than 20.

2. Maximum liquid limit: 45.

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Identify required lines, levels, and datum.

B. Identify and flag surface and aerial utilities.

C. Notify utility companies to remove or relocate utilities.
D. Identify, stake, and flag known utility locations below grade. Make temporary or permanent relocation of underground pipes, ducts, or utilities where indicated on Drawings.

E. Upon discovery of unknown or badly deteriorated utilities, or concealed conditions, discontinue work. Notify Project Manager and obtain instructions before proceeding in such areas.

F. Obtain approval of top soil quality before excavating and stockpiling.

3.02 PROTECTION

A. Protect the following from damage or displacement:

1. Trees, shrubs, lawns, existing structures, and other features outside of grading limits.

2. Utilities either above or below grade, which are to remain.

3.03 TOPSOIL REMOVAL

A. Strip off topsoil from the area to be excavated to a minimum depth of 6 inches, unless indicated otherwise on the Drawings.

B. Stockpile topsoil in a designated location for reuse. Stockpile topsoil to depth not exceeding 8 feet. Cover to protect from erosion.

3.04 SOIL EXCAVATION

A. Excavate to lines and grades shown on Drawings.

B. Remove unsuitable material not meeting specifications. Backfill with embankment materials and compact to requirements of Section 02330 - Embankment.

C. Record location and plug and fill inactive water and oil wells. Conform to Texas Department of Health, Texas Natural Resource Conservation Commission, and Texas Railroad Commission requirements. Notify Project Manager prior to plugging wells.

D. At intersections, grade back at minimum slope of one inch per foot. Produce a smooth riding junction with intersecting street. Maintain proper drainage.

E. If an area is inadvertently over excavated, fill the area in accordance with requirements of Section 02330 - Embankment at no additional cost to the Owner.

F. Remove material not qualified for use and excess soil not being reused from the site.

3.05 COMPACTION

A. Maintain optimum moisture content of subgrade to attain required density.

B. Compact to following minimum densities at a moisture content of optimum to 3 percent above optimum as determined by ASTM D 698, unless otherwise indicated on the Drawings:

1. Areas under future paving and shoulders: Minimum density of 95 percent of maximum dry density.

2. Other areas: Minimum density of 90 percent of maximum dry density.

3.06 TOLERANCES

A. Top of Compacted Surface: Plus or minus 1/2 inch in cross section, or in 16 foot length.

3.07 FIELD QUALITY CONTROL

A. Testing will be performed by an independent lab.

B. Test and analysis of soil materials will be performed in accordance with ASTM D 4318, ASTM D 2216, and ASTM D 698.

C. Compaction testing will be performed in accordance with ASTM D 698 or ASTM D 2922 and ASTM D 301.

D. A minimum of three tests will be taken for each 1000 linear feet per lane of roadway.

E. If tests indicate work does not meet specified compaction requirements, recondition, re-compact, and retest at no additional cost to the Owner.

3.08 PROTECTION

A. Prevent erosion at all times. Maintain ditches and cut temporary swales to allow natural drainage in order to avoid damage to roadway. Do not allow water to pond.

B. Distribute construction traffic evenly over compacted areas, where practical, to aid in obtaining uniform compaction. Protect exposed areas having high moisture content from wheel loads that cause rutting.

C. Maintain excavation and embankment areas until start of subsequent work. Repair and re-compact slides, washouts, settlements, or areas with loss of density.

END OF SECTION

Section 02316

EXCAVATION AND BACKFILL FOR STRUCTURES

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Clearing and grubbing, excavation, backfilling, and compaction of backfill for structures.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 DEFINITIONS

A. Unsuitable Material: Unsuitable soil materials are the following:

1. Materials that are classified as ML, CL-ML, MH, PT, OH, and OL according to ASTM D 2487.

2. Materials that cannot be compacted to the required density due to either gradation, plasticity, or moisture content.

3. Materials that contain large clods, aggregates, stones greater than 4 inches in any dimension, debris, vegetation, waste or any other deleterious materials.

4. Materials that are contaminated with hydrocarbons or other chemical contaminants.

B. Suitable Material: Suitable soil materials are those meeting specification requirements. Unsuitable soils meeting specification requirements for suitable soils after treatment with lime or cement shall be considered suitable, unless otherwise indicated.

C. Select Material: Material as defined in Section 02320 - Utility Backfill Materials.

D. Backfill: Select material meeting specified quality requirements, placed and compacted under controlled conditions around structures.

E. Foundation Backfill Materials: Natural soil or manufactured aggregate meeting Class I requirements and geotextile filter fabrics as required, to control drainage and material separation. Foundation backfill material is placed and compacted as backfill where needed to provide stable support for the structure foundation base. Foundation backfill materials may include concrete fill and seal slabs.

F. Foundation Base: For foundation base material, use crushed stone aggregate with filter fabric as required, cement stabilized sand, or concrete seal slab. The foundation base provides a smooth, level working surface for the construction of the concrete foundation.

G. Foundation Subgrade: Foundation subgrade is the surface of the natural soil which has been excavated and prepared to support the foundation base or foundation backfill, where needed.

H. Ground Water Control Systems: Installations external to the excavation such as well points, eductors, or deep wells. Ground water control includes dewatering to lower the ground water, intercepting seepage which would otherwise emerge from the side or bottom of the excavation, and depressurization to prevent failure or heaving of the excavation bottom.

I. Surface Water Control: Diversion and drainage of surface water runoff and rain water away from the excavation. Remove rain water and surface water which accidentally enters the excavation as a part of excavation drainage.

J. Excavation Drainage: Removal of surface and seepage water in the excavation by sump pumping and using French drains surrounding the foundation to intercept the water.

K. Over-Excavation and Backfill: Excavation of subgrade soils with unsatisfactory bearing capacity or composed of otherwise unsuitable materials below the foundation as shown on Drawings, and backfilled with foundation backfill material.

L. Shoring System: A structure that supports the sides of an excavation to maintain stable soil conditions and prevent cave-ins.

1.04 REFERENCES

A. ASTM D 558 - Test Methods for Moisture-Density Relations of Soil Cement Mixtures.

B. ASTM D 698 - Test Methods for Moisture-Density Relations of Soils and Soil-Aggregate Mixtures, using 5.5-lb (2.49-kg) Rammer and 12-in. (304.88-mm) Drop.

C. ASTM D 1556 - Density of Soil in Place by the Sand-Cone Method.

D. ASTM D 2487 - Classification of Soils for Engineering Purposes.

E. ASTM D 2922 - Test Methods for Density of Soil and Soil-Aggregate in Place by Nuclear Methods (Shallow Depth).

F. ASTM D 3017 - Test Method for Moisture Content of Soil and Soil-Aggregate in Place by Nuclear Methods (Shallow Depths).

G. ASTM D 4318 - Test Method for Liquid Limit, Plastic Limit, and Plasticity Index of Soils.

H. TxDOT Tex-101-E - Preparation of Soil and Flexible Base Materials for Testing.

I. TxDOT Tex-110-E - Determination of Particle Size Analysis of Soils.

J. Federal Regulations, 29 CFR, Part 1926, Standards - Excavation, Occupational Safety and Health Administration (OSHA).

1.05 SUBMITTALS

A. Submit a work plan for excavation and backfill for each structure with complete written description which identifies details of the proposed method of construction and the sequence of operations for construction relative to excavation and backfill activities. The descriptions, with supporting illustrations, shall be sufficiently detailed to demonstrate to the Engineer that the procedures meet the requirements of the Specifications and Drawings.

B. Submit excavation safety system plan.

1. The excavation safety system plan shall be in accordance with applicable OSHA requirements for all excavations.

C. Submit a ground and surface water control plan in accordance with requirements in this Section (if required).

D. Submit backfill material sources and product quality information in accordance with requirements of Section 02320 - Utility Backfill Materials.

1.06 TESTS

A. Testing and analysis of backfill materials for soil classification and compaction during construction will be performed by an independent laboratory.

B. Contractor shall perform embedment and backfill material source qualification testing in accordance with requirements of Section 02320- Utility Backfill Materials.

PART 2 P R O D U C T S

2.01 EQUIPMENT

A. Perform excavation with equipment suitable for achieving the requirements of this Specification.

B. Use equipment which will produce the degree of compaction specified. Backfill within 3 feet of walls shall be compacted with hand operated equipment. Do not use equipment weighing more than 10,000 pounds closer to walls than a horizontal distance equal to the depth of the fill at that time. Use hand operated power compaction equipment where use of heavier equipment is impractical or restricted due to weight limitations.

2.02 MATERIAL CLASSIFICATIONS

A. Backfill materials shall conform to the classifications and product descriptions of Section 02320 - Utility Backfill Materials. The classification or product description for backfill applications shall be as shown on the Drawings and as specified.

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Conduct an inspection to determine condition of existing structures and other permanent installations.

B. Set up necessary street detours and barricades in preparation for excavation if construction will affect traffic. Maintain barricades and warning devices at all times for streets and intersections where work is in progress, or where affected by the Work, and is considered hazardous to traffic movements.

C. Perform work in accordance with OSHA standards. Employ an excavation safety system if required.

D. Project sites, rights-of-way and easements shall be made ready for construction operations in accordance with Section 02233 – Clearing and Grubbing.

E. Remove existing pavements and structures, including sidewalks and driveways, in accordance with requirements of Section 02221 - Removing Existing Pavements and Structures.

F. Install and operate necessary dewatering and surface water control measures if required.

3.02 PROTECTION

A. Protect trees, shrubs, lawns, existing structures, and other permanent objects outside of grading limits and within the grading limits as designated on the Drawings.

B. Protect and support above-grade and below-grade utilities which are to remain.

C. Restore damaged permanent facilities to pre-construction conditions unless replacement or abandonment of facilities are indicated on the Drawings.

D. Prevent erosion of excavations and backfill. Do not allow water to pond in excavations.

E. Maintain excavation and backfill areas until start of subsequent work. Repair and recompact slides, washouts, settlements, or areas with loss of density at no additional cost to the Owner.

3.03 EXCAVATION

A. Perform excavation work so that the underground structure can be installed to depths and alignments shown on Drawings. Use caution during excavation work to avoid disturbing surrounding ground and existing facilities and improvements. Keep excavation to the absolute minimum necessary. No additional payment will be made for excess excavation.

B. The use of explosives or headache balls is prohibited.

C. Upon discovery of unknown utilities, badly deteriorated utilities not designated for removal, or concealed conditions, discontinue work at that location. Notify Resident Project Representative and obtain instructions before proceeding in such areas.

D. Immediately notify the agency or company owning any line which is damaged, broken or disturbed. Obtain approval from Resident Project Representative and agency for any repairs or relocations, either temporary or permanent.

E. Avoid settlement of surrounding soil due to equipment operations, excavation procedures, vibration, dewatering, or other construction methods.

F. Provide surface drainage during construction to protect work and to avoid nuisance to adjoining property. Where required, provide proper dewatering and piezometric pressure control during construction.

G. Maintain permanent benchmarks, monumentation, and other reference points. Unless otherwise directed by the Engineer, replace those which are damaged or destroyed by the Work.

H. Provide sheeting, shoring, and bracing where required to safely complete the Work, to prevent excavation from extending beyond limits indicated on Drawings, and to protect the Work and adjacent structures or improvements.

I. Prevent voids from forming outside of sheeting. Immediately fill voids with grout, concrete fill, cement stabilized sand, or other material approved by Resident Project Representative.

J. After completion of the structure, remove sheeting, shoring, and bracing unless shown on Drawings to remain in place or directed by Engineer in writing that such temporary structures may remain. Remove sheeting, shoring and bracing in such a manner as to maintain safety during backfilling operations and to prevent damage to the Work and adjacent structures or improvements.

K. Immediately fill and compact voids left or caused by removal of sheeting with cement stabilized sand or material approved by Resident Project Representative.

3.04 HANDLING EXCAVATED MATERIALS

A. Classify excavated materials. Place material which is suitable for use as backfill in orderly piles at a sufficient distance from excavation to prevent slides or cave-ins.

3.05 DEWATERING

A. Provide ground water control.

B. Keep ground water surface elevation a minimum of 2 feet below the bottom of the foundation base.

C. Maintain ground water control until the structure is sufficiently complete to provide the required weight to resist hydrostatic uplift with a minimum safety factor of 1.2.

3.06 FOUNDATION EXCAVATION

A. Notify Resident Project Representative at least 48 hours prior to planned completion of foundation excavations. Do not place the foundation base until the excavation is accepted by the Resident Project Representative.

B. Excavate to elevations shown on Drawings, as needed to provide space for the foundation base, forming a level undisturbed surface, free of mud or soft material. Remove pockets of soft or otherwise unstable soils and replace with foundation backfill material or a material as directed by the Resident Project Representative. Prior to placing material over it, recompact the subgrade where indicated on the Drawings, scarifying as needed, to 95 percent of the maximum Standard Dry Density according to ASTM D 698. If the specified level of compaction cannot be achieved, moisture condition the subgrade and recompact until 95 percent is achieved, over-excavate to provide a minimum layer of 24 inches of foundation backfill material, or other means acceptable to the Resident Project Representative.

C. Fill unauthorized excessive excavation with foundation backfill material or other material as directed by the Resident Project Representative.

D. Protect open excavations from rainfall, runoff, freezing groundwater, or excessive drying so as to maintain foundation subgrade in a satisfactory, undisturbed condition. Keep excavations free of standing water and completely free of water during concrete placement.

E. Soils which become unsuitable due to inadequate dewatering or other causes, after initial excavation to the required subgrade, shall be removed and replaced with foundation backfill material, as directed by Resident Project Representative, at no additional cost to the Owner.

F. Place foundation base, or foundation backfill material where needed, over the subgrade on same day that excavation is completed to final grade. Where base of excavations are left open for longer periods, protect them with a seal slab or cement-stabilized sand.

G. Crushed aggregate, and other free draining Class I materials, shall have a filter fabric separating it from native soils or select material backfill. The fabric shall overlap a minimum of 12 inches beyond where another material stops contact with the soil.

H. Crushed aggregate, and other Class I materials, shall be placed in uniform layers of 8-inch maximum thickness. Compaction shall be by means of at least two passes of a vibratory compactor.

3.07 FOUNDATION BASE

A. After the subgrade is properly prepared, including the placement of foundation backfill where needed, the foundation base shall be placed. The foundation base shall consist of a 12-inch layer of crushed stone aggregate or cement stabilized sand. Alternately, a seal slab with a minimum thickness of 4 inches may be placed. The foundation base shall extend a minimum of 12 inches beyond the edge of the structure foundation, unless shown otherwise on the Drawings.

B. Where the foundation base and foundation backfill are of the same material, both may be placed in one operation.

3.08 BACKFILL

A. Complete backfill to surface of natural ground or to lines and grades shown on Drawings. Use existing material that qualifies as select material, unless indicated otherwise. Deposit backfill in uniform layers and compact each layer as specified.

B. Do not place backfill against concrete walls or similar structures until laboratory test breaks indicate that the concrete has reached a minimum of 85 percent of the specified compressive strength. Where walls are supported by slabs or intermediate walls, do not begin backfill operations until the slab or intermediate walls have been placed and concrete has attained sufficient strength.

C. Remove concrete forms before starting backfill and remove shoring and bracing as work progresses.

D. Maintain fill material at no less than 2 percent below nor more than 2 percent above optimum moisture content. Place fill material in uniform 8-inch maximum loose layers. Compaction of fill shall be to at least 95 percent of the maximum Standard Dry Density according to ASTM D 698 under paved areas. Compact to at least 90 percent around structures under unpaved areas.

E. Where backfill is placed against a sloped excavation surface, run compaction equipment across the boundary of the cut slope and backfill to form a compacted slope surface for placement of the next layer of backfill.

F. Place backfill using cement stabilized sand.

3.09 FIELD QUALITY CONTROL

A. Testing will be performed under provisions.

B. Tests will be performed initially on minimum of one different sample of each material type for plasticity characteristics, in accordance with ASTM D 4318, and for gradation characteristics, in accordance with Tex-101-E and Tex-110-E. Additional classification tests will be performed whenever there is a noticeable change in material gradation or plasticity.

C. In-place density tests of compacted subgrade and backfill will be performed according to ASTM D 1556, or ASTM D 2922 and ASTM D 3017, and at the following frequencies and conditions:

1. A minimum of one test for every 100 cubic yards of compacted backfill material.

2. A minimum of three density tests for each full work shift.

3. Density tests will be performed in all placement areas.

4. The number of tests will be increased if inspection determines that soil types or moisture contents are not uniform or if compacting effort is variable and not considered sufficient to attain uniform density.

D. At least one test for moisture-density relationships will be initially performed for each type of backfill material in accordance with ASTM D 698. Additional moisture-density relationship tests will be performed whenever there is a noticeable change in material gradation or plasticity.

E. If tests indicate work does not meet specified compaction requirements, recondition, recompact, and retest at Contractor's expense.

3.10 DISPOSAL OF EXCESS MATERIAL

A. Dispose of excess materials in accordance with requirements of all local laws and regulations.

END OF SECTION

Section 02320

UTILITY BACKFILL MATERIALS

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Material Classifications.

B. Utility Backfill Materials:
Concrete sand
Gem sand
Pea gravel
Crushed stone
Crushed concrete
Bank run sand
Select backfill
Random backfill

C. Material Handling and Quality Control Requirements.

1.02 MEASUREMENT AND PAYMENT – NOT USED

1.03 DEFINITIONS

A. Unsuitable Material: Unsuitable soil materials are the following:

1. Materials that are classified as ML, CL-ML, MH, PT, OH, and OL according to ASTM D 2487.

2. Materials that cannot be compacted to the required density due to either gradation, plasticity, or moisture content.

3. Materials that contain large clods, aggregates, or stones greater than 4 inches in any dimension; debris, vegetation, and waste; or any other deleterious materials.

4. Materials that are contaminated with hydrocarbons or other chemical contaminants.

B. Suitable Material: Suitable soil materials are the following:

1. Those meeting specification requirements.

2. Unsuitable soils meeting specification requirements for suitable soils after treatment with lime or cement.

C. Foundation Backfill Materials: Natural soil or manufactured aggregate meeting Class I A requirements and geotextile filter fabrics as required, to control drainage and material separation. Foundation backfill material is placed and compacted as backfill where needed to provide stable support for the structure foundation base. Foundation backfill materials may include concrete fill and seal slabs.

D. Foundation Base: Crushed stone aggregate with filter fabric as required, cement stabilized sand, or concrete seal slab. The foundation base provides a smooth, level working surface for the construction of the concrete foundation.

E. Backfill Material: Classified soil material meeting specified quality requirements for the designated application as embedment or trench zone backfill.

F. Embedment Material: Soil material placed under controlled conditions within the embedment zone extending vertically upward from top of foundation to an elevation 12 inches above top of pipe, and including pipe bedding, haunching, and initial backfill.

G. Trench Zone Backfill: Classified soil material meeting specified quality requirements and placed under controlled conditions in the trench zone from top of embedment zone to base course in paved areas or to the surface grading material in unpaved areas.

H. Foundation: Either suitable soil of the trench bottom, or material placed as backfill of over-excavation for removal and replacement of unsuitable or otherwise unstable soils.

I. Source: A source selected by the Contractor for supply of embedment or trench zone backfill material. A selected source may be the project excavation, off-site borrow pits, commercial borrow pits, or sand and aggregate production or manufacturing plants.

1.04 REFERENCES

A. ASTM C 33 - Specification for Concrete Aggregate.

B. ASTM C 40 - Test Method for Organic Impurities in Fine Aggregates for Concrete.

C. ASTM C 123 - Test Method for Lightweight Pieces in Aggregate.

D. ASTM C 131 - Test Method for Resistance to Degradation of Small-Size Coarse Aggregate by Abrasion and Impact in the Los Angeles Machine.

E. ASTM C 136 - Test Method for Sieve Analysis of Fine and Coarse Aggregates.

F. ASTM C 142 - Test Method for Clay Lumps and Friable Particles in Aggregates.

G. ASTM D 1140 - Test Method for Amount of Materials in Soils Finer Than No. 200 Sieve.

H. ASTM D 2487 - Classification of Soils for Engineering Purposes (Unified Soil Classification System).

I. ASTM D 2488 - Standard Practice for Description and Identification of Soils (Visual-Manual Procedure).

J. ASTM D 4318 - Test Method for Liquid Limit, Plastic Limit, and Plasticity Index of Soils.

K. ASTM D 4643 - Method for Determination of Water (Moisture) Content of Soil by the Microwave Oven Method.

L. TxDOT Tex-101-E - Preparation of Soil and Flexible Base Materials for Testing.

M. TxDOT Tex-104-E - Test Method for Determination of Liquid Limit of Soils (Part 1)

N. TxDOT Tex-106-E - Test Method - Methods of Calculating Plasticity Index of Soils.

O. TxDOT Tex-110-E - Determination of Particle Size Analysis of Soils.

1.05 SUBMITTALS

A. Submit a description of source, material classification and product description, production method, and application of backfill materials.

B. Submit test results for samples of off-site backfill materials to comply with Paragraph 2.03, Materials Testing.

C. Before stockpiling materials, submit a copy of temporary easement or approval from landowner for stockpiling backfill material on private property.

D. For each delivery of material, provide a delivery ticket which includes source location.

1.06 TESTS

A. Perform tests of sources for backfill material in accordance with Paragraph 2.03.

B. Verification tests of backfill materials may be performed by the Owner in accordance with Section 01454 - Testing Laboratory Services and in accordance with Paragraph 3.03.

C. Random fill obtained from the project excavation as source is exempt from pre-qualification requirements by Contractor but must be inspected by Owner's testing lab for unacceptable materials based on ASTM D 2488.

PART 2 P R O D U C T S

2.01 MATERIAL CLASSIFICATIONS

A. Materials for backfill shall be classified for the purpose of quality control in accordance with the Unified Soil Classification Symbols as defined in ASTM D 2487. Material use and application is defined in utility installation specifications and Drawings either by class, as described in Paragraph 2.01B, or by product descriptions, as given in Paragraph 2.02.

B. Class Designations Based on Laboratory Testing:

1. Class IA. Class IA materials shall be manufactured aggregates with an open graduation. Materials shall consist of angular, crushed stone or rock, or crushed gravel. Class IA embedment material shall have a large void content and contain little or no fines. 100% of the material shall pass a 1 ½ " sieve, up to 10% shall pass a No. 4 sieve, and no more than 5% shall pass a No. 200 sieve. Class IA materials used for foundation, replacement of over-excavation, or in the pipe embedment zone shall be wrapped in one layer of geotextile filter cloth when groundwater is present in the excavated trench and the trench walls in the pipe embedment zone are composed of fine granular soils. Filter cloth shall be Poly-Filter GB, Nicolon 70/20, or Nicolon 40/30A.

2. Class IB. Class IB materials shall be manufactured / processed aggregates with a dense graduation. Materials shall consist of angular, crushed stone (or other Class IA materials) and stone/sand mixtures and contain little or no fines. 100% of the material shall pass a 1 ½ " sieve, up to 50% shall pass a No. 4 sieve, and no more than 5% shall pass a No. 200 sieve.

3. Class II. Class II materials shall be clean, coarse-grained soils classified as GW, GP, SW, or SP soil groups under ASTM D 2487 or coarse-grained soils which are borderline clean to with fines classified as GW-GC or SP-SM under ASTM D 2487. 100% of the GW, GP, SW, SP, GW-CC, and SP-SM soils shall pass a 1 ½ " sieve. Up to 50% of the

GW and GP coarse fraction (material retained on a No. 200 sieve) shall pass a No. 4 sieve. Up to 5% of the GW, GP, SW, and SP soils shall pass a No. 200 sieve. Between 5% and 12% of the GW-CC and SP-SM soils shall pass a No. 200 sieve.

4. Class III. Class III materials shall be coarse-grained soils with fines. The soils shall be classified as GM, GC, SM, or SC soil groups under ASTM D 2487. 100% of the GM, GC, SM, and SC soils shall pass a 1 ½ " sieve. Up to 50% of the GM and GC coarse fractions (material retained on a No. 200 sieve) shall pass a No. 4 sieve. At least 50% of the SM and SC coarse fractions shall pass a No. 4 sieve. Between 12% and 50% of the GM, GC, SM, and SC soils shall pass a No. 200 sieve.

2.02 PRODUCT DESCRIPTIONS

A. Soils classified as silt (ML), elastic silt (MH), organic clay and organic silt (OL, OH), and organic matter (PT) are not acceptable as backfill materials. These soils may be used for site grading and restoration in unimproved areas as approved by the Resident Project Representative. Soils in Class IVB, fat clay (CH) may be used as backfill materials where allowed by the applicable backfill installation specification. Refer to Section 02316 - Excavation and Backfill for Structures and Section 02317 - Excavation and Backfill for Utilities.

B. Provide backfill material that is free of stones greater than 6 inches, free of roots, waste, debris, trash, organic material, unstable material, non-soil matter, hydrocarbon or other contamination, conforming to the following limits for deleterious materials:

1. Clay lumps: Less than 0.5 percent for Class I, and less than 2.0 percent for Class II, when tested in accordance with ASTM C 142.

2. Lightweight pieces: Less than 5 percent when tested in accordance with ASTM C 123.

3. Organic impurities: No color darker than standard color when tested in accordance with ASTM C 40.

C. Manufactured materials, such as crushed concrete, may be substituted for natural soil or rock products where indicated in the product specification, and approved by Engineer, provided that the physical property criteria are determined to be satisfactory by testing.

D. Bank Run Sand: Durable bank run sand classified as SP, SW, or SM by the Unified Soil Classification System (ASTM D 2487) meeting the following requirements:

1. Less than 15 percent passing the number 200 sieve when tested in accordance with ASTM D 1140. The amount of clay lumps or balls not exceeding 2 percent.

2. Material passing the number 40 sieve shall meet the following requirements when tested in accordance with ASTM D 4318:

a. Liquid limit: not exceeding 25 percent.

b. Plasticity index: not exceeding 7.

E. Concrete Sand: Natural sand, manufactured sand, or a combination of natural and manufactured sand conforming to the requirements of ASTM C 33 and graded within the following limits when tested in accordance with ASTM C 136:

Sieve	Percent Passing
3/8"	100
No. 4	95 to 100
No. 8	80 to 100
No. 16	50 to 85
No. 30	25 to 60
No. 50	10 to 30
No. 100	2 to 10

F. Gem Sand: Sand conforming to the requirements of ASTM C 33 for course aggregates specified for number 8 size and graded within the following limits when tested in accordance with ASTM C 136:

Sieve	Percent Passing
3/8"	95 to 100
No. 4	60 to 80
No. 8	15 to 40

G. Pea Gravel: Durable particles composed of small, smooth, rounded stones or pebbles and graded within the following limits when tested in accordance with ASTM C 136:

Sieve	Percent Passing
1/2”	100
3/8”	85 to100
No. 4	10 to 30
No. 8	0 to 10
No.16	0 to 5

H. Crushed Aggregates: Crushed aggregates consist of durable particles obtained from an approved source and meeting the following requirements:

1. Materials of one product delivered for the same construction activity from a single source.

2. Non-plastic fines.

3. Los Angeles abrasion test wear not exceeding 45 percent when tested in accordance with ASTM C 131.

4. Crushed aggregate shall have a minimum of 90 percent of the particles retained on the No. 4 sieve with 2 or more crushed faces as determined by Test Method Tex-460-A, Part I.

5. Crushed stone: Produced from oversize plant processed stone or gravel, sized by crushing to predominantly angular particles from a

naturally occurring single source. Uncrushed gravel are not acceptable materials for embedment where crushed stone is shown on the applicable utility embedment drawing details.

6. Crushed Concrete: Crushed concrete is an acceptable substitute for crushed stone as utility backfill. Gradation and quality control test requirements are the same as crushed stone. Provide crushed concrete produced from normal weight concrete of uniform quality; containing particles of aggregate and cement material, free from other substances such as asphalt, reinforcing steel fragments, soil, waste gypsum (calcium sulfate), or debris.

7. Gradations, as determined in accordance with Tex-110-E.

Sieve	Percent Passing by Weight for Pipe Embedment by Ranges of Nominal Pipes Sizes		
	>15"	15" - 8"	<8"
1"	95 - 100	100	-
3/4"	60 - 90	90 - 100	100
1/2"	25 - 60	-	90 - 100
3/8"	-	20 - 55	40 - 70
No. 4	0 - 5	0 - 10	0 - 15
No. 8	-	0 - 5	0 - 5

I. Select Backfill: Class III clayey gravel or sand or Class IV lean clay with a plasticity index between 7 and 20.

J. Random Backfill: Any suitable soil or mixture of soils within Classes I, II, III and IV; or fat clay (CH) where allowed by the applicable backfill installation specification. Refer to Section 02316 - Excavation and Backfill for Structures and Section 02317 - Excavation and Backfill for Utilities.

K. Cement Stabilized Sand: Conform to requirements of Section 02321 - Cement Stabilized Sand.

L. Concrete Backfill: Conform to Class B concrete as specified in Section 03315 - Concrete for Utility Construction.

2.03 MATERIALS TESTING

A. Ensure that material selected, produced and delivered to the project meets applicable specifications and is of sufficient uniform properties to allow practical construction and quality control.

B. Source or Supplier Qualification. Perform testing, or obtain representative tests by suppliers, for selection of material sources and products. Provide test results for a minimum of three samples for each source and material type. Tests samples of processed materials from current production representing material to be delivered. Tests shall verify that the materials meet specification requirements. Repeat qualification test procedures each time the source characteristic changes or there is a planned change in source location or supplier. Qualification tests shall include, as applicable:

1. Gradation. Complete sieve analyses shall be reported regardless of the specified control sieves. The range of sieves shall be from the largest particle through the No. 200 sieve.

2. Plasticity of material passing the No. 40 sieve.

3. Los Angeles abrasion wear of material retained on the No. 4 sieve.

4. Clay lumps.

5. Lightweight pieces

6. Organic impurities

C. Production Testing. Provide reports to the Engineer from an independent testing laboratory that backfill materials to be placed in the Work meet applicable specification requirements.

D. Deliver material samples for verification testing to the site of the Work.

PART 3 E X E C U T I O N

3.01 SOURCES

A. Use of material encountered in the trench excavations is acceptable, provided applicable specification requirements are satisfied. If excavation material is not acceptable, provide from other approved source.

B. Identify off-site sources for backfill materials at least 14 days ahead of intended use and deliver samples for verification testing to the site of the Work.

C. Obtain approval for each material source by the Engineer before delivery is started. If sources previously approved do not produce uniform and satisfactory products, furnish materials from other approved sources. Materials may be subjected to inspection or additional verification testing after delivery. Materials which do not meet the requirements of the specifications will be rejected. Do not use material which, after approval, has become unsuitable for use due to segregation, mixing with other materials, or by contamination. Once a material is approved by the Engineer, expense for sampling and testing required to change to a different material will be credited to the Owner through a change order.

D. Bank run sand, select backfill, and random backfill, if available in the project excavation, may be obtained by selective excavation and acceptance testing. Obtain additional quantities of these materials and other materials required to complete the work from off-site sources.

E. The Owner does not represent or guarantee that any soil found in the excavation work will be suitable or acceptable as backfill material.

3.02 MATERIAL HANDLING

A. When backfill material is obtained from either a commercial or non-commercial borrow pit, open the pit to expose the vertical faces of the various strata for identification and selection of approved material to be used. Excavate the selected material by vertical cuts extending through the exposed strata to achieve uniformity in the product.

B. Establish temporary stockpile locations for practical material handling and control, and verification testing in advance of final placement. Obtain approval from landowner for storage of backfill material on adjacent private property.

C. When stockpiling backfill material near the project site, use appropriate covers to eliminate blowing of materials into adjacent areas and prevent runoff containing sediments from entering the drainage system.

D. Place stockpiles in layers to avoid segregation of processed materials. Load material by making successive vertical cuts through entire depth of stockpile.

3.03 FIELD QUALITY CONTROL

A. Quality Control

1. The Resident Project Representative may sample and test backfill at:

a. Sources including borrow pits, production plants and Contractor's designated off-site stockpiles.

b. On-site stockpiles.

c. Materials placed in the Work.

2. The Resident Project Representative may resample material at any stage of work or location if changes in characteristics are apparent.

B. Production Verification Testing: The project testing laboratory will provide verification testing on backfill materials, as directed by the Resident Project Representative. Samples may be taken at the source or at the production plant, as applicable.

END OF SECTION

Section 02330

EMBANKMENT

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Construction of embankments with excess excavated material and borrow.

1.02 MEASUREMENT AND PAYMENT – NOT USED

1.03 REFERENCES

A. ASTM D 698 – Standard Test Methods for Laboratory Compaction Characteristics of Soil Using Standard Effort (12,400 ft-lbf/ft³ (600 kN-m/m³)).

B. ASTM D 2922 – Standard Test Methods for Density of Soil and Soil-Aggregate in Place by Nuclear Methods (Shallow Depth).

C. ASTM D 3017 – Standard Test Method for Water content of Soil and Rock in Place by Nuclear Methods (Shallow Depth).

PART 2 P R O D U C T S

2.01 MATERIALS

A. Refer to Section 02315 – Roadway Excavation for acceptable excess materials from roadway excavation.

B. Refer to Section 02320 –Utility Backfill Materials for acceptable excess materials from utility excavation and trenching.

PART 3 E X E C U T I O N

3.01 EXAMINATION

A. Verify borrow and excess excavated materials to be reused are approved.

B. Verify removals and clearing and grubbing operations have been completed.

3.02 PREPARATION

A. Backfill tests pits, stump holes, small swales and other surface irregularities. Backfill and compact in designated lift depths to requirements for embankment compaction.

B. Record location and plug and fill inactive water and oil wells. Conform to Texas State Health Department, Texas Commission on Environmental Quality and Texas Railroad Commission requirements. Notify Project Manager prior to plugging wells.

C. Excavate and dispose of unsuitable soil and other unsuitable materials which will not consolidate. Backfill and compact to requirements for embankment. Unsuitable soil is defined in Section 02316 – Excavation and Backfill Around Structures and Section 02320 – Utility Backfill Materials.

D. Backfill new utilities below future grade. Conform to requirements of each respective section.

3.03 PROTECTION

A. Protect trees, shrubs, lawns, existing structures, and other features outside of embankment limits.

B. Protect utilities above and below grade, which are to remain.

C. Conform to protection requirements of Section 02315 – Roadway Excavation.

3.04 PLACING EMBANKMENT

A. Do not conduct placement operations during inclement weather or when existing ground or fill materials exceed 3 percent of optimum moisture content. Contractor may manipulate wet material to facilitate drying, by disking or windrowing.

B. Do not place embankment fill until density and moisture content of previously placed material comply with the specified requirements.

C. Scarify areas to be filled to minimum depth of 4 inches to bond existing and new materials. Mix with first fill layer.

D. Spread fill material evenly, from dumped piles or windrows, into horizontal layers approximately parallel to finished grade. Place to meet specified compacted thickness. Break clods and lumps and mix materials by blading, harrowing, disking or other approved method. Extend each layer across full width of fill.

E. Each layer shall be homogenous and contain uniform moisture content before compaction. Mix dissimilar abutting materials to prevent abrupt changes in composition of fill.

F. Layers shall not exceed the following compacted thickness:

1. Areas indicated to be under future paving or shoulders, to be constructed within 6 months: 6 inches when compacted with pneumatic rollers, or 8 inches when compacted with other rollers.

2. Other areas: 12 inches

G. For steep slopes, cut benches into slope and scarify before placing fill. Place increasingly wider horizontal layers of specified depth to level of each bench.

H. Build embankment layers on back slopes, adjacent to existing roadbeds, to level of old roadbed. Scarify top of old roadbed to minimum depth of 4 inches and recompact with next fill layer.

I. Construct to lines and grades shown on Drawings.

J. Remove unsuitable material and excess soil not being used for embankment from site.

K. Maintain moisture content of embankment materials to attain required density.

L. Compact to following minimum densities at moisture content of optimum to 3 percent above optimum as determined by ASTM D 698, unless otherwise indicated on Drawings:

1. Areas under future paving and shoulders: Minimum density of 95 percent of maximum dry density.

2. Other areas: Minimum density of 90 percent of maximum dry density.

3.05 TOLERANCES

A. Top of Compacted Surface: Plus or minus 1/2 inch in cross section or 16 foot length.

3.06 FIELD QUALITY CONTROL

A. Compaction testing will be performed in accordance with ASTM D 698 or ASTM D 2922 and ASTM D 3017 under provisions of Testing Laboratory Services.

B. A minimum of three tests will be taken for each 1000 linear feet per lane of roadway or 500 square yards of embankment per lift.

C. If tests indicate work does not meet specified compaction requirements, recondition, recompact, and retest at no additional cost to the Owner.

END OF SECTION

SECTION 02711

CHAIN LINK FENCE

PART 1 GENERAL

1.01 DESCRIPTION

A. Work under this section includes furnishing and installation of all chain link fence, grates, and accessories complete with all required accessories, as shown on the drawings and as specified herein.

1.02 QUALITY ASSURANCE

A. Steel pipe for posts and accessories shall be hot dip galvanized conforming to provisions of ASTM A-123 for zinc coating.

B. Chain link fabric shall conform to ASTM A-392 Class 2 for wire galvanized coating.

1.03 SUBMITTALS

A. Submit complete installation shop drawings showing placement of posts, bracing and gates. Do not begin work prior to approval of submittal.

PART 2 PRODUCT

2.01 MATERIALS

A. Gate posts shall be schedule 0 pipe 2-7/8 inch outside diameter for single gates 6 feet or less in width and double gates 12 feet or less in width for fences less than 72 inches high. Rolling gates shall be supported on rolling wheels at the top of the gate. Minimum clearance shall be 1 foot.

B. End, corner and slope posts shall be schedule 0 pipe 2-3/8 inch outside diameter for fences less than 72 inches high.

C. Line posts shall be schedule 0 pipe 1-7/8 inch outside diameter for fences less than 72 inches high.

D. Top rail shall be schedule 0 pipe 1-5/8 inch outside diameter.

E. Horizontal braces shall be schedule 0 pipe 1-5/8 inch outside diameter with 3/8 inch truss rod at all gate and terminal posts.

F. Chain link fabric shall be woven from 9 gage wire with knuckled finish top and bottom edges.

G. Gate frames shall be schedule 0 pipe 1-7/8 inch outside diameter.

H. All incidental fittings, braces, post caps, gate hinges shall be manufacturer's standard metal fittings, coated as previously specified for posts.

2.02 FABRICATION

A. Fabricate all components form new ferrous galvanized materials. Chain link fabric to be galvanized after fabrication.

PART 3 EXECUTION

3.01 PREPARATION

A. Verify location of fencing with approved shop drawings and layout of property.

3.02 INSTALLATION

A. Footings shall be concrete a minimum of 8 inches diameter. Footings for line posts shall be at least 3 feet deep, gate posts shall be at least 4 feet deep. Crown footings to shed water. Concrete shall meet Section 03300 requirements. Line posts at 10 feet o.c. maximum. The concrete shall be thoroughly compacted around the posts by tamping or vibrating and shall have a smooth finish slightly higher than the ground and sloped to drain away from the posts. All posts shall be set plumb and to the required grade and alignment. No materials shall be installed on the posts, nor shall the posts be disturbed in any manner within 7 days after the individual post footing is completed.

B. Attach fabric, bracing, gates and accessories in conformance with manufacturer's standard. Fabric to be placed on outward facing side of posts. Gates shall have provision for padlock security fastening.

C. The top rail shall be continuous and shall pass through the post tops. The coupling used to join the top rail lengths shall allow for expansion.

D. Horizontal brace rails, with diagonal truss rods and turnbuckles, shall be installed at all terminal posts.

E. The wire fabric shall be firmly attached to the posts and braced in the manner shown on the plans. All wire shall be stretched taut and shall be installed to the required elevations. The fence shall generally follow the contour of the ground, with the bottom of the fence fabric no less than 1 inch or more than 4 inches from the ground surface. Grading shall be performed where necessary to provide a neat appearance.

3.03 CLEANUP

A. Inspect fence, touch-up any damaged finish, remove all work related debris.

END OF SECTION

Section 02740

ASPHALT OVERLAY AND BASE REPAIR

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. This item shall consist of repairing the existing pavement and base, installation of asphaltic concrete level-up course, and asphaltic concrete overlay as herein specified and in conformity with typical sections, lines and grades shown on the plans and established by the Engineer.

1.02 MEASUREMENT AND PAYMENT

A. Tack Coat will be measured at the point of application to the street in gallons at the applied temperature. Hot mixed asphalt pavement shall be measured by the number of square yards complete in-place.

B. Hot mixed asphalt will be measured by the number of square yards complete in-place.

C. The work performed and materials furnished as prescribed by this item and measured as provided under “Measurement” will be paid for at the unit price bid for:

a. “Tack Coat”

b. “Hot Mixed Asphaltic Pavement, Type “D”

1.03 REFERENCES – Not Used

1.04 SUBMITTALS – Not Used

PART 2 P R O D U C T S

2.01 MATERIALS

A. Hot Mix Asphaltic Concrete: The hot mix asphaltic concrete shall conform to the requirements of the Texas Department of Transportation 1993 Specifications, Item 340. The paving mixture to be used shall be type designated on the plans. The Contractor shall provide appropriate documentation from the producer and a commercial laboratory that the hot mix asphaltic concrete used in the overlay meets these requirements. The asphalt to be used shall be A.C. 10.

B. Tack Coat shall be AC-5

PART 3 E X E C U T I O N

3.01 PREPARATION

A. The pavement surface shall be dry free of dirt, grease and loose material. All “pot holes” shall be cleaned, primed and repaired with hot mix asphaltic concrete. Large cracks (greater than ¼ inch) shall be filled with AC-5. Level-up course shall be applied as needed and as directed by the Engineer.

3.03 BASE REPAIR

A. The existing base and asphaltic mat to be scarified and reshaped shall first be cleaned of all dirt, vegetation or other objectionable materials, and then scarified to a minimum depth of 6 inches. In no case shall the underlying sub-grade be disturbed. The asphaltic mat may either be removed and disposed of by the Contractor or broken into particles not more than 2 inches in their greatest dimensions. Caliche base shall be added as necessary to bring the surface to finish shape and grade as shown on the plans. Such caliche added shall be subsidiary to the various pay items.

B. The reshaped surface and base shall be sprinkled as required and rolled as directed until a uniform compaction is secured. Throughout this entire operation, the shape of the course shall be maintained by blading and the surface upon completion shall be smooth and in conformity with the typical sections shown on plans and to the established lines and grades. In that area on which pavement is to be placed, any deviation in excess of ¼ inch in cross-section in a length of 12 feet measured longitudinally shall be corrected by loosening, adding or removing material reshaping and re-compacting by sprinkling and rolling. All irregularities, depressions or weak spots which develop shall be corrected immediately by scarifying the areas affected, adding suitable material as required, reshaping and re-compacting by sprinkling and rolling.

C. The Contractor shall “proof roll” the finish surface and directed by the Engineer to determine any weak spots. The “proof rolling” will be done with a loaded water truck (2000 gallon maximum).

D. “Base Repair” is specified based on the assumption that the underlying courses have not failed and have adequate strength to support the loads applied to them during construction. The Contractor may “proof roll” the area designated for “scarify and reshape surface and base” before beginning work. If such “proof rolling” indicates failure in the underlying courses a “change order” will be made to pay for the additional work to repair the underlying courses. Once work has begun on an area, the Contractor shall be responsible for any failures in the underlying courses. Should the areas of “scarified and reshaped surface and base”, due to any reason or cause, lose the required stability, density and finish before the surfacing is complete, it shall be re-compacted and refinished at the sole expense of the Contractor. Prime coat shall be subsidiary to “Scarify and Reshape Surface and Base”.

3.04 TACK COAT

A. Tack coat shall be sprayed uniformly in one pass at a spray width of the existing roadway. The tack coat shall not be placed more than 1 inch onto the lip of the “Curb and Gutter”, “Valley Gutter” or edge of pavement. The tack coat shall be uniformly metered at the rate specified on the plans with a tolerance of plus or minus 0.05 gallons per square yard. Any excessive spills shall be removed and any obvious deviation from the rate specified will be rejected by the Engineer.

3.05 HOT MIX ASPHALTIC CONCRETE (HMAC)

A. The prime coat, tack coat or the asphaltic mixture when placed with a spreading and finishing machine; shall not be placed when the air temperature is below 50° F and is falling, but it may be placed when the air temperature is above 50°F and is rising.

B. The air temperature shall be taken in the shade away from artificial heat. It is further provided that the prime coat, tack coat, or asphaltic mixture shall be placed only when the humidity, general weather conditions, and temperature and moisture condition of the base, in the opinion of the Engineer, are suitable.

C. If the temperature of the asphaltic mixture of a load or any part of a load becomes less than 225°F or more than 350°F after being dumped from the mixer and prior to passing through the lay-down machine, all or any part of the load may be rejected.

a. Prime Coat: A prime coat shall be applied at the rate shown on the plans. The application temperature shall be as provided above. The tack coat or asphaltic concrete shall not be applied on a previously primed flexible base until the primed base has completely cured to the satisfaction of the Engineer.

b. Tack Coat: Before the asphaltic mixture is laid, the surface upon which the tack coat is to be placed shall be cleaned thoroughly to the satisfaction of the Engineer. The surface shall be given a uniform application of tack coat using asphaltic materials specified in the plans. This tack coat shall be applied, as directed by the Engineer, with an approved sprayer at a rate not to exceed 0.10 gallons per square yard or surface. All contact surfaces of curbs and structures and all joints shall be painted with a thin uniform coat of the asphaltic material meeting the requirements for tack coat. The tack coat shall be rolled with a pneumatic tire roller when directed by the Engineer.

c. Transporting Asphaltic Concrete: The asphaltic mixture, prepared as specified above, shall be hauled to the work in tight vehicles previously cleaned of all foreign material. The dispatching of the vehicles shall be arranged so that all material delivered may be placed, and all rolling shall be completed during daylight hours. In cool weather or for long hauls, canvas covers and insulating of the truck bodies may be required. The inside of the truck body may be given a light coating of oil, lime slurry or other material satisfactory to the Engineer, if necessary, to prevent mixture from adhering to the body.

d. Placing:

   i. Generally, the asphaltic mixture shall be dumped and spread on the approved prepared surface with specified spreading and finishing machine, in such manner that when properly compacted the finished pavement will be smooth, of uniform density and will meet the requirement of the typical cross sections and the surface tests. During the application of asphaltic materials, care shall be taken to prevent splattering of adjacent pavement; curb and gutter and structures.

   ii. In placing a level-up course with the spreading and finishing machine, binder twine or cord shall be set to line and grade established by the Engineer. If approved by the Engineer, level-up courses may be spread with a motor grader.

   iii. When the asphaltic mixture is placed in a narrow strip along the edge of an existing pavement, or used to level up small areas of an existing pavement or placed in small irregular areas where the use of a finishing machine is not practical, the finishing machine may be eliminated when authorized by the Engineer, provided a satisfactory surface can be obtained by other approved methods.

   iv. Flush Structures. Adjacent to flush curbs, gutters, liners and structures, the surface shall be finished uniformly high so that when compacted it will be slightly above the edge of the curb or flush structure.

e. Compacting:

   i. Rolling with the three wheel and tandem rollers shall start longitudinally at the sides and proceed toward the center of the pavement, overlapping on successive trips by at least half the width of the rear wheel unless otherwise directed by the Engineer. Alternate trips of the roller shall be slightly different in length. On super-elevated curves, rolling shall begin at the low side and progress toward the high side unless otherwise directed by the Engineer. Rolling with pneumatic-tire roller shall be done as needed. Rolling shall be

continued until no further compression can be obtained and all roller marks are eliminated. One tandem roller, one pneumatic-tire roller and at least one three wheel roller, as specified above shall be provided for each job. If the Contractor elects, he may substitute the three axle tandem roller for the two axle tandem roller and/or the three wheel roller; but in no case shall less than three roller be in use on each job. Additional rollers shall be provided if needed. The motion of the roller shall be slow enough at all times to avoid displacement of the mixture. If any displacement occurs, it shall be corrected at once by the use of rakes and of fresh mixtures where required. The roller shall not be allowed to stand on pavement which has not been fully compacted. To prevent adhesion of the surface mixture to the roller, the wheels shall be kept thoroughly moistened with water, but an excess of water will not be permitted. All rollers must be in good mechanical condition. Necessary precautions shall be taken to prevent the dropping of gasoline, oil, grease or other foreign matter on the pavement, either when the rollers are in operation or when standing.

ii. In lieu of the rolling equipment specified, the Contractor may, upon written permission from the Engineer, operate other compacting equipment that will produce equivalent relative compaction as the specified equipment. If the substituted compaction equipment fails to produce the desired compaction as would be expected of the specified equipment, as determined by the Engineer, its use shall be discontinued.

iii. Hand Tamping: The edges of the pavement along curbs, headers and similar structures, and all places not accessible to the roller, or in such positions as will not allow thorough compaction with the rollers, shall be thoroughly compacted with lightly oiled tamps.

f. Opening to Traffic:

i. The pavement shall be opened to traffic when directed by the Engineer. The Contractor's attention is directed to the fact that all construction traffic allowed on pavement open to the public will be subject to the laws governing traffic on Public Roads and Streets.

ii. If the surface ravels, it will be the Contractor's responsibility to correct this condition at this expense.

g. Density Test - Acceptance Sampling and Testing of Hot Mix Asphaltic Concrete (Compaction):

i. Hot Mix Asphaltic Concrete will be accepted for density on a lot basis. A lot will consist of one day's production or 1,200 tons, whichever is less and shall be divided into four equal sublots. One test shall be made for each sublot.

ii. Each lot of pavement will be accepted, with respect to density, when the average field density is equal to or greater than 92 percent of the average maximum theoretical density as determined in accordance with ASTM D2041, and when no individual determination is less than 91.0 percent of the average maximum theoretical density. Four field density determinations will be made for each lot. Cores or sawed samples taken from the pavement will be used to determine the field density. The density of the cored or sawed samples shall be determined in accordance with ASTM D2726.

iii. The same specimen shall be used for determining both the maximum theoretical density and field density. Specimens used for field density determination shall be carefully crumbled, using heat if necessary, and

maximum theoretical density determined in accordance with ASTM D2041. If heating is necessary, the specimen shall be heated to the lowest temperature required for proper preparation of the sample.

iv. The use of nuclear field density determination shall not be used as the basis for acceptance with respect density.

(Table to be used as a means to determine acceptance of asphalt)
Table 8
Sliding Scale Pay Factors
(Density Based on Percent of Maximum Theoretical)

Average Percent Density*	Recommended Percent Payment
92 or above	100
91.0 - 91.9	90
Below 91.0	Reject **

* Average of 4 samples.
** If the Owner agrees to accept densities below 91.0%, the pay factor for density shall be 50%.

h. Surface Tests:

i. Tests for conformity with the specified crown and grade shall be made by the Contractor immediately after final rolling. Any variation exceeding the specified tolerances shall immediately be corrected by removing the defective work and replacing with new material, as directed by the Engineer. Any correction required shall be at the sole expense of the Contractor.

ii. For surface course, the finished surface shall not vary more than ¼ inch (6.35 mm) when tested with a 16-foot straightedge applied parallel with, or at right angles to, the centerline.

iii. The finished surfaces of hot mix asphaltic concrete shall not vary from the grade line, elevations and cross sections shown on the plans by more than ½ inch (12.7 mm). The Contractor shall correct pavement areas varying in excess of this amount by removing and replacing the defective work. Skin patching shall not be permitted for correction of low areas nor shall planning be permitted for correction of high areas.

i. Sampling Pavement:

i. Samples for determination of thickness and density of completed pavements shall be obtained by the Contractor at no extra cost. The size, number and locations of the samples will be as directed by the Engineer. Samples shall be neatly cut with a saw, core drill or other approved equipment. The Contractor shall furnish all tools, labor and materials for cutting samples and replacing pavement.

ii. All tests necessary to determine conformance with the specified requirements will be performed without cost to the Contractor; however, any required retests shall be performed at the Contractor's cost.

END OF SECTION

Section 02741

ASPHALTIC CONCRETE PAVEMENT

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Surface courses of compacted mixture of coarse and fine aggregates and asphaltic material.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 REFERENCES

A. ASTM C 33 - Standard Specification for Concrete Aggregates.

B. ASTM C 131 - Standard Test Method for Resistance to Degradation of Small-Size Coarse Aggregate by Abrasion and Impact in the Los Angeles Machine.

C. ASTM C 136 - Standard Method for Sieve Analysis of Fine and Coarse Aggregates.

D. TxDOT Tex-126-E - Molding, Testing, and Evaluation of Bituminous Black Base Material.

E. TxDOT Tex-106-E - Method of Calculating the Plasticity Index of Soils.

F. TxDOT Tex-203-F - Sand Equivalent Test.

G. TxDOT Tex-204-F - Design of Bituminous Mixtures.

H. TxDOT Tex-207-F - Determination of Density of Compacted Bituminous Mixtures.

I. TxDOT Tex-208-F - Test for Stabilometer Value of Bituminous Mixtures.

J. TxDOT Tex-217-F - Determination of Deleterious Material and Decantation Test for Coarse Aggregates.

K. TxDOT Tex-227-F - Theoretical Maximum Specific Gravity of Bituminous Mixtures

1.04 SUBMITTALS

A. Submit certificates that asphaltic materials and aggregates meet requirements of Article 2.01, Materials, of this Section.

B. Submit proposed design mix and test data for each type and strength of surface course in Work.

C. Submit manufacturer's description and characteristics of mixing plant for approval.

D. Submit manufacturer's description and characteristics of spreading and finishing machine for approval.

PART 2 P R O D U C T S

2.01 MATERIALS

A. Coarse Aggregate: Gravel or crushed stone, or combination thereof, that is retained on No. 10 sieve, uniform in quality throughout and free from dirt, organic or other injurious matter occurring either free or as coating on aggregate. Aggregate shall conform to ASTM C 33 except for gradation. Furnish rock or gravel with Los Angeles abrasion loss not to exceed 40 percent by weight when tested in accordance with ASTM C 131.

B. Fine Aggregate: Sand or stone screenings or combination of both passing No. 10 sieve. Aggregate shall conform to ASTM C 33 except for gradation. Use sand composed of sound, durable stone particles free from loams or other injurious foreign matter. Furnish screenings of same or similar material as specified for coarse aggregate. Plasticity index of that part of fine aggregate passing No. 40 sieve shall be not more than 6 when tested by Tex-106-E. Sand equivalent shall have a minimum value of 45 when tested by Tex-203-F.

C. Composite Aggregate: Conform to following limits when graded in accordance with ASTM C 136.

GRADUATION OF COMPOSITE AGGREGATE	
Sieve Size	**Percent Passing**
1/2"	100
3/8”	85 to 100
#4	50 to 70
#10	32 to 42
#40	11 to 26
#80	4 to 14
#200	1 to 6*
*2 to 8 when Test Method Tex – 200 - F, Part II (Washed Sieve Analysis) is used	

D. Asphaltic Material: Moisture-free homogeneous material which will not foam when heated to 347 degrees F, meeting following requirements:

VISCOSITY GRADE				
	AC-10		**AC-20**	
TEST	**Min.**	**Max.**	**Min.**	**Max.**
Viscosity, 140º F stokes	1000	± 200	2000	± 400
Viscosity, 275º F stokes	1.9	-	2.5	-
Penetration, 77º F, 100g, 5 sec.	85	-	55	-
Flash Point, C.O.C., F.	450	-	450	-
Solubility in trichloroethylene, percent	99.0	-	99.0	-
Tests on residues from thin film oven tests:				
Viscosity, 140º F stokes		3000	-	6000
Ductility, 77º F, 5 cms per min., cms	100	-	70	-
Spot tests	Negative for all grades			

1. Material shall not be cracked.

2.02 EQUIPMENT

A. Mixing Plant: Weight-batching or drum mix plant with capacity for producing Continuously mixtures meeting specifications. Plant shall have satisfactory conveyors, power units, aggregate handling equipment, hot aggregate screens and bins, and dust collectors. Provide equipment to supply materials adequately in accordance with rated capacity of plant and produce finished material within specified tolerances. Following equipment is essential:

1. Cold aggregate bins and proportioning device.
2. Dryer.
3. Screens.
4. Aggregate weight box and batching scales.
5. Mixer.
6. Asphalt storage and heating devices.
7. Asphalt measuring devices.
8. Truck scales.

B. Bins: Separate aggregate into minimum of four bins to produce consistently uniform grading and asphalt content in completed mix.

2.03 MIXES

A. Employ a certified testing laboratory to prepare design mixes. Test in accordance with Tex-126-E or Tex-204-F and Tex-208-F.

B. Density and Stability Requirements:

Percent Density		Percent	HVEEM Stability Percent
Min.	Max.	Optimum	Not Less Than
94.5	97.5	96	35

C. Proportions for Asphaltic Material: Provide 4 to 8 percent of mixture by weight. Aggregate by weight shall not contain more than 1.0 percent by weight of fine dust, clay-like particles, or silt when tested in accordance with Tex-217-F, Part II.

PART 3 E X E C U T I O N

3.01 EXAMINATION

A. Verify compacted base course is ready to support imposed loads.

B. Verify lines and grades are correct.

3.02 PREPARATION

A. Prime Coat: If indicated on the Drawings, apply a prime coat conforming to requirements of Section 02742 - Prime Coat. Do not apply a tack coat until primed base has cured to satisfaction of Resident Project Representative.

B. Tack Coat: Conform to requirements of Section 02743 - Tack Coat.

C. Prepare sub-grade in advance of asphaltic concrete paving operation.

D. Do not use cutback asphalt during the period of April 16 to September 15.

3.03 PLACEMENT

A. Do not place asphaltic mixture when air temperature is below 50 degrees F and falling. Mixture may be placed when air temperature taken in shade and away from artificial heat is above 40 degrees F and rising.

B. Haul prepared and heated asphaltic concrete mixture to the project in tight vehicles previously cleaned of foreign material. Mixture shall be at temperature between 250 degrees F and 325 degrees F when laid.

C. Spread material into place with approved mechanical spreading and finishing machine of screening or tamping type.

D. Surface Course Material: Surface course 2 inches or less in thickness may be spread in one lift. Spread lifts in such manner that, when compacted, finished course will be smooth, of uniform density, and will be to section, line and grade as shown. Place construction joints on surface courses to coincide with lane lines or as directed by Resident Project Representative.

E. Place courses as nearly continuously as possible. Pass roller over unprotected ends of Freshly laid mixture only when mixture has cooled. When work is resumed, cut back laid material to produce slightly beveled edge for full thickness of course. Remove old material which has been cut away and lay new mix against fresh cut.

F. When new asphalt is laid against existing or old asphalt, existing or old asphalt shall be saw cut full depth to provide straight smooth joint.

G. In restricted areas where use of paver is impractical, spread and finish asphalt by Mechanical compactor. Use wood or steel forms, rigidly supported to assure correct grade and cross section. Carefully place materials to avoid segregation of mix. Do not broadcast material. Remove any lumps that do not break down readily. Place asphalt courses in same sequence as if placed by machine.

3.04 COMPACTION

A. Begin rolling while pavement is still hot and as soon as it will bear roller without undue displacement or hair cracking. Keep wheels properly moistened with water to prevent adhesion of surface mixture. Do not use excessive water.

B. Compress surface thoroughly and uniformly, first with power-driven, 3-wheel, or tandem rollers weighing from 8 to 10 tons. Obtain subsequent compression by starting at side and rolling longitudinally toward center of pavement, overlapping on successive trips by at least one-half width of rear wheels. Make alternate trips slightly different in length. Continue rolling until no further compression can be obtained and rolling marks are eliminated. Complete rolling before mixture temperature drops below 175 degrees F.

C. Use tandem roller for final rolling. Double coverage with approved pneumatic roller on

asphaltic concrete surface is acceptable after flat wheel and tandem rolling has been completed.

D. Along walls, curbs, headers and similar structures, and in locations not accessible to rollers, compact mixture thoroughly with lightly oiled tamps.

E. Compact binder course and surface course to density not less than 94 percent nor more than 98 percent of the maximum possible density of voidless mixture composed of same materials in like proportions.

3.05 TOLERANCES

A. Furnish templates for checking surface in finished sections. Maximum deflection of templates, when supported at center, shall not exceed 1/8 inch.

B. Completed surface, when tested with 10-foot straightedge laid parallel to center line of pavement, shall show no deviation in excess of 1/8 inch in 10 feet. Correct any surface not meeting this requirement.

3.06 FIELD QUALITY CONTROL

A. Testing will be performed by an independent lab.

B. Minimum of one core will be taken at random locations per 1000 feet per lane of roadway or 500 square yards of base to determine in-place depth and density.

C. In-place density will be determined in accordance with Tex-207-F and Tex-227-F from cores or sections. Other methods of determining in-place density, which correlate satisfactorily with results obtained from roadway specimens, may be used when approved by Engineer.

D. Contractor may, at his own expense, request three additional cores in vicinity of cores indicating nonconforming in-place depths. In-place depth at these locations shall be average depth of four cores.

E. Fill cores and density test sections with new compacted asphaltic concrete.

3.07 NONCONFORMING PAVEMENT

A. Remove and replace any non – conforming pavement.

B. Remove and replace areas of asphalt found deficient in thickness by more than 10 percent. Use new asphaltic base of thickness shown on Drawings.

C. Replace nonconforming pavement sections.

3.08 UNIT PRICE ADJUSTMENT – Not Used

3.09 PROTECTION

A. Do not open pavement to traffic until 12 hours after completion of rolling, or as shown on Drawings.

B. Maintain asphaltic concrete pavement in good condition until completion of Work.

C. Repair defects immediately by replacing asphaltic concrete pavement to full depth.

END OF SECTION

Section 02742

PRIME COAT

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Prime coat for asphaltic concrete paving

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 SUBMITTALS

A. Submit product data for proposed prime coat.

B. Submit report of recent calibration of distributor.

PART 2 P R O D U C T S

A. Cutback Asphalt

B. Provide moisture-free homogeneous material which will not foam when heated to 347 degrees F and which meets following requirements:

C. Asphalt material for prime coat shall be MC-30 or MC-70 and shall meet following requirements:

PROPERTIES	TYPE - GRADE			
	MC-30		MC-70	
	MIN.	MAX.	MIN.	MAX.
Water, Percent	---	0.2	---	0.2
Flash Point, T.O.C., °F	100	---	100	---
Kinematic Viscosity at 140°F, cst	30	60	70	140

2. Distillate shall be as follows, expressed as percent by volume of total distillate to 680 degrees F:

TEMPERATURE	TYPE-GRADE			
	MC-30		MC-70	
	MIN.	MAX.	MIN.	MAX.
to 437°F	---	25	---	20
to 500°F	40	70	20	60
to 600°F	75	93	65	90
Residue from 680ºF Distillation, Volume, Percent	50	---	55	---

3. Tests on Distillation Residue:

TEST	TYPE-GRADE			
	MC-30		MC-70	
	MIN.	MAX.	MIN.	MAX.
Penetration at 77°F, 100g, 5 sec., cm	120	250	120	250
Ductility at 77°F, 5 cm/min., cm	100*	---	100*	---
Solubility in Trichloroethylene, %	99	---	99	---
Spot Test	All Negative			

*If penetration of residue is more than 200 and ductility at 77 degrees F is less than 100 cm, material will be acceptable if its ductility at 60 degrees F is more than 100 cm.

2.02 EMULSIFIED PETROLEUM RESIN

A. EPR-1 Prime: Slow curing emulsion of petroleum resin and asphalt cement conforming to the following requirements:

PROPERTIES	MIN.	MAX.
Fural Viscosity at 77°F, Sec	14	40
Residue by Evaporation, % by Weight	60	-
Sieve Test, %	-	0.1
Particle Charge Test	Positive	
Tests on the Distillation Residue:		
Flash Point, COC (F)	400	-
Kinematic Viscosity @ 140 F (cst)	190	350

B. For use, EPR-1 may be diluted with water up to a maximum three parts water to one part EPR-1 in order to achieve desired concentration of residual resin/asphalt to facilitate application.

PART 3 E X E C U T I O N

3.01 EXAMINATION

A. Verify base is ready to support imposed loads.

B. Verify lines and grades are correct.

3.02 PREPARATION

A. Thoroughly clean base course surface of loose material by brooming prior to application of prime coat.

B. Prepare sufficient base in advance of paving for efficient operations.

3.03 APPLICATION, BASIC

A. Apply prime coat with approved type of self-propelled pressure distributor. Distribute prime coat evenly and smoothly under pressure necessary for proper distribution.

B. Keep storage tanks, piping, retorts, booster tanks, and distributors used in handling asphaltic materials clean and in good operating condition. Conduct operations so that asphaltic material does not become contaminated.

C. If yield of asphaltic material appears to be in error, recalibrate distributor prior to continuing work.

D. Maintain the surface until Work is accepted by Owner.

3.04 APPLICATION, CUTBACK ASPHALT

A. Do not place prime coat when air temperature is below 60 degrees F and falling. Materials may be placed when air temperature taken in shade and away from artificial heat is above 50 degrees F and rising.

B. Distribute at rate of 0.25 to 0.35 gallons per square yard.

C. Equipment shall be capable of reporting temperature of asphaltic material in heating equipment and in distributor, for determining rate of application, and for obtaining uniformity at junction of two distributor loads. Maintain in accurate working order, including recording thermometer at storage heating unit at all times.

D. Temperature of application shall be based on temperature-viscosity relationship that will permit application of asphalt with viscosity of 100 to 125 centistokes. Maintain asphalt within 15 degrees F of temperature required to meet viscosity. Selected temperature shall be within following range.

Prime Coat Type	Minimum (°F)	Maximum (°F)
MC-30	70	150
MC-70	125	175

E. Do not allow temperature of MC-30 to exceed 175 degrees F at any time.

F. Do not allow temperature of MC-70 to exceed 200 degrees F at any time.

3.05 APPLICATION, EMULSIFIED PETROLEUM RESIN

A. Do not place prime coat when air temperature is below 36 degrees F and falling.

B. Distribute at rate of 0.15 to 0.25 gallons per square yard.

3.06 PROTECTION

A. Prevent traffic or placement of subsequent courses over freshly applied prime coat until authorized by Resident Project Representative.

END OF SECTION

Section 02743

TACK COAT

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Tack coat for asphaltic concrete paving.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 REFERENCES

A. ASTM D 244 - Standard Test Methods for Emulsified Asphalts.

1.04 SUBMITTALS

A. Submit product data for proposed tack coat.

B. Submit report of recent calibration of distributor.

PART 2 P R O D U C T S

2.01 CUTBACK ASPHALT

A. Provide moisture-free homogeneous material which will not foam when heated to 347 degrees F and which meets following requirements:

1. Asphalt material for tack coat: RC-250 and meet following:

PROPERTIES	RC – 250	
	MIN.	MAX.
Water, Percent	---	0.2
Flash Point, T.O.C.,°F	80	---
Kinematic Viscosity at 140°F, cst	250	400

2. Distillate: Expressed as percent by volume of total distillate to 680 F:

TEMPERATURE	RC – 250	
	MIN.	MAX.
to 437°F	40	75
to 500°F	65	90
to 600°F	85	---
Residue from 680°F Distillation, Volume, Percent	70	---

3. Tests on Distillation Residue:

PROPERTIES	RC – 250	
	MIN.	MAX.
Penetration at 77°F, 100g, 5 sec.	100	150
Ductility at 77°F, 5 cm/min. cms	100	---
Solubility in Trichloroethylene, %	99	---
Spot Test	All Negative	

2.02 EMULSION

A. Provide homogeneous material which shall show no separation of asphalt after mixing and shall meet the viscosity requirements at any time within 30 days after delivery.

1. Emulsion material for tack coat: SS-1 and meet following:

PROPERTIES	SS – 1	
	MIN.	MAX.
Furol Viscosity at 77°F, sec.	30	100
Residue by Distillation, %	60	---
Oil Portion of Distillate, %	---	2
Sieve Test, %	---	0.1
Miscibility (Standard Test)	Passing	Passing
Cement Mixing, %	---	2.0
Storage Stability, 1 Day, %	---	1
Test on Residue: Penetration at 77°F, 100g, 5 sec. Solubility in Trichloroethylene, % Ductility at 77°F, 5 cm/min., cms	 120 97.5 100	 160 --- ---

PART 3 E X E C U T I O N

3.01 EXAMINATION

A. Verify compacted base is ready to support imposed loads.

B. Verify lines and grades are correct.

3.02 PREPARATION

A. Thoroughly clean base course or concrete surface of loose material by brooming prior to application of tack coat.

3.03 APPLICATION

A. Apply tack coat uniformly by use of approved distributor at rate not to exceed 0.05 gallons per square yard of surface.

B. Paint contact surfaces of curbs and structures, and joints with thin uniform coat of tack coat.

C. Cutback Asphalt:

1. Do not place tack coat when air temperature is below 50 degrees F and falling. Materials may be placed when air temperature taken in shade and away from artificial heat is above 40 degrees F and rising.

2. Temperature of tack coat shall be between 125 degrees F and 180 degrees F when applied.

3. Do not heat tack coat above 200 degrees F at any time.

3.04 PROTECTION

A. Prevent traffic or placement of subsequent courses over freshly applied tack coat until authorized by Resident Project Representative.

END OF SECTION

Section 02751

CONCRETE PAVING

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Portland cement concrete paving.

1.02 MEASUREMENT AND PAYMENT – NOT USED

1.03 REFERENCES

A. ASTM A 82 - Standard Specification for Steel Wire, Plain, for Concrete Reinforcement.

B. ASTM A 185 - Standard Specifications for Steel Welded Wire Fabric, Plain, for Concrete Reinforcement.

C. ASTM A 615 - Standard Specification for Deformed and Plain Billet - Steel Bars for Concrete Reinforcement.

D. ASTM C 31 - Standard Practice for Making and Curing Concrete Test Specimens in the Field.

E. ASTM C 33 - Standard Specifications for Concrete Aggregates.

F. ASTM C 39 - Standard Test Method for Compressive Strength of Cylindrical Concrete Specimens.

G. ASTM C 40 - Standard Test Method for Organic Impurities in Fine Aggregates for Concrete.

H. ASTM C 42 - Standard Test Method of Obtaining and Testing Drilled Cores and Sawed Beams of Concrete.

I. ASTM C 78 - Standard Test Method for Flexural Strength of Concrete (Using Simple Beam with Third Point Loading).

J. ASTM C 94 - Standard Specification for Ready-Mixed Concrete.

K. ASTM C 131 - Standard Test Method for Resistance to Degradation of Small-Size Coarse Aggregate by Abrasion and Impact in the Los Angeles Machine.

L. ASTM C 136 - Standard Method for Sieve Analysis of Fine and Coarse Aggregates.

M. ASTM C 138 - Standard Test Method for Unit Weight, Yield, and Air Content (Gravimetric) of Concrete.

N. ASTM C 143 - Standard Test Method for Slump of Hydraulic Cement Concrete.

O. ASTM C 150 - Standard Specification for Portland Cement.

P. ASTM C 174 - Standard Test Method for Measuring Thickness of Concrete Elements Using Drilled Concrete Cores.

Q. ASTM C 231 - Standard Test Method for Air Content of Freshly Mixed Concrete by the

Pressure Method.

R. ASTM C 260 - Standard Specification for Air-Entraining Admixtures for Concrete.

S. ASTM C 494 - Standard Specification for Chemical Admixtures for Concrete.

T. ASTM C 618 - Standard Specification for Coal Fly Ash and Raw or Calcined Natural Pozzolan for use as a Mineral Admixture in Portland Cement Concrete.

U. TxDOT Tex-203-F - Sand Equivalent Test.

V. TxDOT Tex-406-A - Material Finer than 75 Fm (No. 200) Sieve In Mineral Aggregates (Decantation Test for Cement Aggregates).

1.04 SUBMITTALS

A. Submit proposed mix design and test data for each type and strength of concrete in Work. Include proportions and actual flexural strength obtained from design mixes at required test ages.

B. Submit for approval manufacturer's description and characteristics for mixing equipment, and for traveling form paver, when proposed for use.

C. Submit manufacturer's certificates giving properties of reinforcing steel. Include certificate of compliance with ASTM A 82. Provide specimens for testing when required by Engineer.

1.05 HANDLING AND STORAGE

A. Do not mix different classes of aggregate without written permission of Engineer.

B. Class of aggregate being used may be changed before or during Work with written permission of Engineer. Comply new class with specifications.

C. Reject segregated aggregate. Before using aggregate whose particles are separated by size, mix them uniformly to grading requirements.

D. Reject aggregates mixed with dirt, weeds, or foreign matter.

E. Do not dump or store aggregate in road bed.

PART 2 P R O D U C T S

2.01 MATERIALS

A. Portland Cement:

1. Sample and test cement to verify compliance with Standards of ASTM C 150, Type I or Type III.

2. Bulk cement which meets referenced standards may be used when method of handling is approved by Engineer. When using bulk cement, provide satisfactory weighing devices.

3. Fly ash, which meets standards of ASTM C 618, may be used as mineral fill when method of handling is approved by Engineer.

B. Water: Conform to requirements for water in ASTM C 94.

C. Coarse Aggregate: Crushed stone, gravel, or combination thereof, which is clean, hard, durable, conforms to requirements of ASTM C 33, and has abrasion loss not more than 45 percent by weight when subjected to Los Angeles Abrasion Test (ASTM C 131).

1. Maximum percentage by weight of deleterious substances shall not exceed following values:

Item	Percent by Weight of Total Sample Maximum
Clay lumps and friable particles	3.0
Material finer than 75-µm (No. 200) sieve:	
Concrete subject to abrasion	3.0*
All Other concrete	5.0*
Coal and lignite:	
Where surface appearance of concrete	0.5
All other concrete	1.0

* In case of manufactured sand, when material finer than 75-µm (No. 200) sieve consists of dust of fracture, essentially free from clay or shale, these limits may be increased to 5 and 7 percent, respectively.

2. Conform coarse aggregate (size 12 inch to No. 4 sieve) to requirements of ASTM C 33. Use gradation within following limits when graded in accordance with ASTM C 136:

Sieve Designation (Square Openings)	Percentage by Weight
Retained on 1:" sieve	0
Retained on 12"sieve	0 to 5
Retained on :" sieve	30 to 65
Retained on d" sieve	70 to 90
Retained on No. 4 sieve	95 to 100
Loss by Decantation Test *Method Tex-406-A	1.0 maximum

* In case of aggregates made primarily from crushing of stone, when material finer than 200 sieve is dust of fracture essentially free from clay or shale as established by Part III of TxDOT Tex-406-A, percent may be increased to 1.5.

D. Fine Aggregate: Sand, manufactured sand, or combination thereof, composed of clean, hard, durable, uncoated grains, free from loams or other injurious foreign matter. Conform fine aggregate for concrete to requirements of ASTM C 33. Use gradation within following limits when graded in accordance with ASTM C 136:

Sieve Designation (Square Openings)	Percentage by Weight

Retained on 3/8" sieve	0
Retained on No. 4 sieve	0 to 5
Retained on No. 8 sieve	0 to 20
Retained on No. 16 sieve	15 to 50
Retained on No. 30 sieve	35 to 75
Retained on No. 50 sieve	65 to 90
Retained on No. 100 sieve	90 to 100
Retained on No. 200 sieve	97 to 100

1. When subjected to color test for organic impurities (ASTM C 40), fine aggregate shall not show color darker than standard color. Fine aggregate shall be subjected to Sand Equivalent Test (Tex-203-F). Sand equivalent value shall not be less than 80, unless higher value is shown on Drawings.

E. Mineral Filler: Class C fly ash of acceptable quality and meeting requirements of ASTM C 618 may be used as mineral admixture in concrete mixture. When fly ash mineral filler is used, store and inspect in accordance with ASTM C 618. Do not use fly ash in amounts to exceed 30 percent by absolute volume of cementitious material in mix design. Cement content may be reduced when strength requirements can be met. Note: When fly ash is used, term "cement" is defined as cement plus fly ash.

F. Air Entraining Agent: Furnish air-entraining agent conforming to requirements of ASTM C 260.

G. Water Reducer: Water reducing admixture conforming to requirements of ASTM C 494 may be used when required to improve workability of concrete. Amount and type of admixture subject to approval by Engineer.

H. Reinforcing Steel:

1. Provide new billet steel manufactured by open hearth process and conforming to ASTM A 615, Grade 60. Store steel to protect it from mechanical injury and rust. At time of placement, steel shall be free from dirt, scale, rust, paint, oil, or other injurious materials.

2. Cold bend reinforcing steel to shapes shown. Once steel has been bent, it may not be rebent.

3. Provide wire fabric conforming to ASTM A 82. Use fabric in which longitudinal and transverse wires have been electrically welded at points of intersection. Welds shall have sufficient strength not to be broken during handling or placing. Conform welding and fabrication of fabric sheets to ASTM A 185.

2.02 EQUIPMENT

A. Conform Equipment to requirements of ASTM C 94.

2.03 MIXING

A. Flexural strength shall be as specified using test specimens prepared in accordance with ASTM C 31 and tested in accordance with ASTM C78 (using simple beam with third-point loading). Compressive strength shall be as specified using test specimens prepared in accordance with ASTM C 31 and tested in accordance with ASTM C 39. Determine and measure batch quantity of each ingredient, including water for batch designs and all concrete produced for Work. Mix shall conform to these specifications and other requirements indicated on Drawings.

B. Mix design to produce concrete, which will have flexural strength of 500 psi at 7 days and 600 psi at 28 days. Slump of concrete shall be at least 2 inches but no more than 4 inches, when tested in accordance with ASTM C 143.

1. Concrete pavement, including curb, curb and gutter, and saw-tooth curb, shall contain at least 52 sacks (94 pounds per sack) of cement per cubic yard, with not more than 6.5 gallons of water, net, per sack of cement (water-cement ratio maximum 0.57). Determine cement content in accordance with ASTM C 138. Addition of mineral filler may be used to improve workability or plasticity of concrete to limits specified.

2. Coarse dry aggregate shall not exceed 85 percent of loose volume of concrete.

3. Add air-entraining admixture to ensure uniform distribution of agent throughout batch. Base air content of freshly mixed air-entrained concrete upon trial mixes with materials to be used in Work, adjusted to produce concrete of required plasticity and workability. Percentage of air entrainment in mix shall be 42 percent plus or minus 12 percent. Determine air content by testing in accordance with ASTM C 231.

4. Use retardant when temperature exceeds 90 degrees F. Proportion as recommended by manufacturer. Use same brand as used for air-entraining agent. Add and batch material using same methods as used for air-entraining agent.

C. Use high early strength concrete pavement to limits shown on Drawings. Design to meet following:

1. Concrete Mix: Flexural strength greater than or equal to 500 psi at 72 hours.

2. Cement: Minimum of 7 sacks of cement per cubic yard of concrete.

3. Water-Cement Ratio: Less than or equal to 5 gallons per sack. Changes in water-cement ratio and mix design including increase in cement factor when necessary, will be made when 72-hour flexural strength does not meet minimum value of 500 psi.

4. Other requirements for proportioning, mixing, execution, testing, etc., shall be in accordance with this Section 02751 - Concrete Paving.

PART 3 E X E C U T I O N

3.01 EXAMINATION

A. Verify compacted base is ready to support imposed loads and meets compaction requirements.

B. Verify lines and grades are correct.

3.02 PREPARATION

A. Properly prepare, shape and compact each section of sub grade before placing forms, reinforcing steel or concrete. After forms have been set to proper grade and alignment, use sub grade planer to shape sub grade to its final cross section. Check contour of sub grade with template.

B. Remove sub grade that will not support loaded form. Replace and compact sub grade to required density.

3.03 EQUIPMENT

A. Alternate equipment and methods, other than those required by this Section, may be used provided equal or better results will be obtained. Maintain equipment for preparing sub grade and for finishing and compacting concrete in good working order.

B. Sub grade Planer and Template:

1. Use sub grade planer with adjustable cutting blades to trim sub grade to exact section shown on Drawings. Select planer mounted on visible rollers, which ride on forms. Planer frame must have sufficient weight so that it will remain on form, and have strength and rigidity that, under tests made by changing support from wheels to center, planer will not develop deflection of more than c inch. Tractors used to pull planer shall not produce ruts or indentations in sub grade. When slip form method of paving is used, operate sub grade planer on prepared track grade or have it controlled by electronic sensor system operated from string line to establish horizontal alignment and elevation of subbase.

2. Provide template for checking contour of sub grade. Template shall be long enough to rest upon side forms and have strength and rigidity that, when supported at center, maximum deflection shall not exceed c inch. Fit template with accurately adjustable rods projecting downward at 1-foot intervals. Adjust these rods to gauge cross sections of slab bottom when template is resting on side forms.

C. Machine Finisher: Provide power-driven, transverse finishing machine designed and operated to strike off and consolidate concrete. Machine shall have two screeds accurately adjusted to crown of pavement and with frame equipped to ride on forms. Use finishing machine with rubber tires when it operates on concrete pavement.

D. Hand Finishing:

1. Provide mechanical strike and tamping template 2 feet longer than width of pavement to be finished. Shape template to pavement section.

2. Provide two bridges to ride on forms and span pavement for finishing expansion and dummy joints. Provide floats and necessary edging and finishing tools.

E. Burlap Drag for Finishing Slab: Furnish four plies of 10-ounce burlap material fastened to bridge to form continuous strip of burlap full width of pavement. Maintain contact 3-foot width of burlap material with pavement surface. Keep burlap drags clean and free of encrusted mortar.

F. Vibrators: Furnish mechanically operated, synchronized vibrators mounted on tamping bar which rides on forms and hand-manipulated mechanical vibrators. Furnish vibrators with frequency of vibration to provide maximum consolidation of concrete without segregation.

G. Traveling Form Paver: Approved traveling form paver may be used in lieu of construction methods employing forms, consolidating, finishing and floating equipment. Meet requirements of this specification for sub grade, pavement tolerances, pavement depth, alignments, consolidation, finishing and workmanship. When traveling form paver does not provide concrete paving that meets compaction, finish, and tolerance requirements of this Specification, immediately discontinue its use and use conventional methods.

1. Equip traveling paver with longitudinal transangular finishing float adjustable to crown

and grade. Use float long enough to extend across pavement to side forms or edge of slab.

2. Ensure that continuous deposit of concrete can be made at paver to minimize starting and stopping. Use conventional means of paving locations inaccessible to traveling paver, or having horizontal or vertical curvature that traveling paver cannot negotiate.

3. Where Drawings require tie bars for adjacent paving, securely tie and support bars to prevent displacement. Tie bars may be installed with approved mechanical bar inserter mounted on traveling-form paver. Replace pavement in which tie bars assume final position other than that shown on Drawings.

3.04 FORMS

A. Side Forms: Use metal forms of approved shape and section. Preferred depth of form equal to required edge thickness of pavement. Forms with depths greater or less than required edge thickness of pavement will be permitted, provided difference between form depth and edge thickness when not greater than 1 inch, and further provided that forms of depth less than pavement edge are brought to required edge thickness by securely attaching wood or metal strips to bottom of form, or by grouting under form. Bottom flange of form shall be same size as thickness of pavement. Aluminum forms are not allowed. Forms shall be approved by Engineer. Length of form sections shall be not less than 10 feet and each section shall provide for staking in position with not less than 3 pins. Flexible or curved forms of wood or metal of proper radius shall be used for curves of 200-foot radius or less. Forms shall have ample strength and shall be provided with adequate devices for secure setting so that when in-place they will withstand, without visible springing or settlement, impact and vibration of finishing machine. In no case shall base width be less than 8 inches for form 8 inches or more in height. Forms shall be free from warp, bends or kinks and shall be sufficiently true to provide straight edge on concrete. Top of each form section, when tested with straight edge, shall conform to requirements specified for surface of completed pavement. Provide sufficient forms for satisfactory placement of concrete. For short radius curves, forms less than 10 feet in length or curved forms may be used. For curb returns at street intersections and driveways, wood forms of good grade and quality may be used.

B. Form Setting:

1. Rest forms directly on sub grade. Do not shim with pebbles or dirt. Accurately set forms to required grade and alignment and, during entire operation of placing, compacting and finishing of concrete, do not deviate from this grade and alignment more than c inch in 10 feet of length. Do not remove forms for at least 8 hours after completion of finishing operations. Provide supply of forms that will be adequate for orderly and continuous placing of concrete. Set forms and check grade for at least 300 feet ahead of mixer or as approved by Engineer.

2. Adjacent slabs may be used instead of forms, provided that concrete is well protected from possible damage by finishing equipment. Do not use adjacent slabs for forms until concrete has aged at least 7 days.

3.05 REINFORCING STEEL AND JOINT ASSEMBLIES

A. Place reinforcing steel and joint assemblies and position securely as indicated on Drawings. Wire reinforcing bars securely together at intersections and splices. Bars and coatings shall be free of rust, dirt or other foreign matter when concrete is placed. Secure reinforcing steel to chairs.

B. Position pavement joint assemblies at required locations and elevations, and rigidly secure in position. Install dowel bars in joint assemblies, each parallel to pavement surface and to centerline of pavement, as shown.

C. Cut header boards, joint filler, and other material used for forming joints to receive each dowel bar.

D. Secure in required position to prevent displacement during placing and finishing of concrete.

E. Drill dowels into existing pavement, secure with epoxy, and provide paving headers as required to provide rigid pavement sections.

F. Use sufficient number of chairs for steel reinforcement bars to maintain position of bars within allowable tolerances. Place reinforcement as shown on Drawings. In plane of steel parallel to nearest surface of concrete, bars shall not vary from plan placement by more than 1/12 of spacing between bars. In plane of steel perpendicular to nearest surface of concrete, bars shall not vary from plan placement by more than 3 inch.

3.06 FIBROUS REINFORCING

A. Do not use fibrous reinforcing to replace structural, load-bearing, or moment-reinforcing steel.

B. Mix and place in accordance with requirements of Section 03240.

3.07 PLACEMENT

A. Place concrete when air temperature taken in shade and away from artificial heat is above 35 degrees F and rising. Do not place concrete when temperature is below 40 degrees F and falling.

B. Place concrete within 90 minutes after initial water had been added. Remove and dispose of concrete not placed within this period.

C. Concrete slump during placement shall be 1 to 4 inches, except when using traveling-form paver, slump shall be maximum of 2 inches.

E. Deposit concrete continuously in successive batches. Distribute concrete in manner that will require as little rehandling as possible. Where hand spreading is necessary, distribute concrete with shovels or by other approved methods. Use only concrete rakes in handling concrete. At placement interruption of more than 30 minutes, place transverse construction joint at stopping point. Remove and replace sections less than 10 feet long.

F. Take special care in placing and spading concrete against forms and at longitudinal and transverse joints to prevent honeycombing. Voids in edge of finished pavement will be cause for rejection.

3.08 COMPACTION

A. Consolidate concrete using mechanical vibrators as specified herein. Extend vibratory unit across pavement, not quite touching side forms. Space individual vibrators at close enough intervals to vibrate and consolidate entire width of pavement uniformly. Mount mechanical vibrators to avoid contact with forms, reinforcement, transverse or longitudinal joints.

B. Furnish enough hand-manipulated mechanical vibrators for proper consolidation of concrete along forms, at joints and in areas not covered by mechanically controlled vibrators.

3.09 FINISHING

A. Finish concrete pavement with power-driven transverse finishing machines or by hand finishing methods.

1. Use transverse finishing machine to make at least two trips over each area. Make last trip continuous run of not less than 40 feet. After transverse screeding, use hand-operated longitudinal float to test and level surface to required grade.

2. Hand finish with mechanical strike and tamping template in same width as pavement to be finished. Shape template to pavement section shown on Drawings. Move strike template forward in direction of placement, maintaining slight excess of material in front of cutting edge. Make minimum of two trips over each area. Screed pavement surface to required section. Work screed with combined transverse and longitudinal motion in direction work is progressing. Maintain screed in contact with forms. Use longitudinal float to level surface.

B. On narrow strips and transitions, finish concrete pavement by hand. Thoroughly work concrete around reinforcement and embedded fixtures. Strike off concrete with strike-off screed. Move strike-off screed forward with combined transverse and longitudinal motion in direction work is progressing, maintaining screed in contact with forms, and maintaining slight excess of materials in front of cutting edge. Tamp concrete with tamping template. Use longitudinal float to level surface.

C. After completion of straightedge operation, make first pass of burlap drag as soon as construction operations permit and before water sheen has disappeared from surface. Follow with as many passes as required to produce desired texture depth. Permit no unnecessary delays between passes. Keep drag wet, clean and free from encrusted mortar during use.

3.10 JOINTS AND JOINT SEALING

A. Conform to requirements of Section 02752 - Concrete Pavement Joints.

3.11 CONCRETE CURING

A. Conform to requirements of Section 02753 - Concrete Pavement Curing.

3.12 TOLERANCES

A. Test entire surface before initial set and correct irregularities or undulations. Bring surface within requirements of following test and then finish. Place 10-foot straightedge parallel to center of roadway to bridge depressions and touch high spots. Do not permit ordinates measured from face of straight edge to surface of pavement to exceed 1/16 inch per foot from nearest point of contact. Maximum ordinate with 10-foot straightedge shall not exceed c inch. Grind spots in excess of required tolerances to meet surface test requirements. Restore texture by grooving concrete to meet surface finishing specifications.

3.13 FIELD QUALITY CONTROL

A. Perform testing by an independent laboratory.

B. Compressive Strength Test Specimens: Make four test specimens for compressive strength test in accordance with ASTM C 31 for each 150 cubic yards or less of pavement that is placed in one day. Test two specimens at 7 days. Test remaining two specimens at 28 days.

Test specimens in accordance with ASTM C 39. Minimum compressive strength shall be 3000 pounds per square inch at 7 days and 3500 pounds per square inch at 28 days.

C. When compressive test indicates failure, make yield test in accordance with ASTM C 138 for cement content per cubic yard of concrete. When cement content is found to be less than that specified per cubic yard, increase batch weights until amount of cement per cubic yard of concrete conforms to requirements.

D. Minimum of one 4-inch core will be taken at random locations per 375 feet per 12 feet lane or 500 square yards of pavement to measure in-place depth. Measure depth in accordance with ASTM C 174. Each core may be tested for 28-day compressive strength according to methods of ASTM C 42. 28-day compressive strength of each core tested shall be minimum of 3000 pounds per square inch.

E. Request, at option, three additional cores in vicinity of cores indicating nonconforming in-place depths at no cost to City. In-place depth at these locations shall be average depth of four cores.

F. Fill cores and density test sections with new concrete paving or non-shrink grout.

3.14 NONCONFORMING PAVEMENT

A. Remove and replace areas of pavement found deficient in thickness by more than 10 percent, or that fail compressive strength tests, with concrete of thickness shown on Drawings.

B. When measurement of any core is less than specified thickness by more than 10 percent, actual thickness of pavement in this area will be determined by taking additional cores at 10-foot intervals parallel to centerline in each direction from deficient core until, in each direction, core is taken which is not deficient by more than 10 percent. Exploratory cores for deficient thickness will not be used in averages for adjusted unit price. Exploratory cores are to be used only to determine length of pavement in unit that is to be removed and replaced. Replace nonconforming pavement sections at no additional cost to City.

3.15 UNIT PRICE ADJUSTMENT – NOT USED

3.16 PAVEMENT MARKINGS

A. Restore pavement markings to match those existing in accordance with standard specifications and details and Engineer's requirements.

3.17 PROTECTION

A. Barricade pavement section to prevent use until concrete has attained minimum design strength. Cure barricade pavement section for minimum 72 hours before use. Do not open pavement to traffic until concrete is at least 10 days old. Pavement may be open to traffic earlier provided Contractor pays for testing and additional beam once 7 day specified flexural strength is obtained. Pavement may be opened when high early strength concrete is used meeting specified 72-hour strength.

B. High early strength concrete may be used to provide access at driveways, street intersections, esplanades and other locations approved by Engineer.

C. On those sections of pavement to be opened to traffic, seal joints, clean pavement, and place earth against pavement edges before permitting use by traffic. Opening of pavement to traffic

shall not relieve responsibility for Work.

D. Maintain concrete paving in good condition until completion of Work.

E. Repair defects by replacing concrete to full depth.

END OF SECTION

Section 02752

CONCRETE PAVEMENT JOINTS

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Joints for concrete paving; concrete sidewalks; concrete driveways, curbs, and curb and gutters.

B. Saw-cutting existing concrete or asphalt pavements for new joints.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 REFERENCES

A. ASTM A 615 - Standard Specification for Deformed and Plain Billet-Steel Bars for Concrete Reinforcement.

B. ASTM D 994 - Standard Specification for Preformed Expansion Joint Filler for Concrete (Bituminous Type).

C. ASTM D 1751 - Standard Specification for Preformed Expansion Joint Filler for Concrete Paving and Structural Construction (Nonextruding and Resilient Bituminous Types).

D. ASTM D 3405 - Standard Specification for Joint Sealants, Hot-Poured, for Concrete and Asphalt Pavements.

1.04 SUBMITTALS

A. Submit product data for joint sealing compound and proposed sealing equipment for approval.

B. Submit samples of dowel cup, metal supports, and deformed metal strip for approval.

PART 2 P R O D U C T S

2.01 MATERIALS

A. Board Expansion Joint Material: Filler board of selected stock. Use wood of density and type as follows:

1. Clear, all-heart cypress weighing no more than 40 pounds per cubic foot, after being oven dried to constant weight.

2. Clear, all-heart redwood weighing no more than 30 pounds per cubic foot, after being oven dried to constant weight.

B. Preformed Expansion Joint Material: Bituminous fiber and bituminous mastic composition material conforming to ASTM D 994 and ASTM D 1751.

C. Joint Sealing Compound: Hot-poured rubber-asphalt compound conforming to ASTM D 3405.

D. Load Transmission Devices:

1. Smooth, steel dowel bars conforming to ASTM A 615, Grade 60. When indicated on Drawings, encase one end of dowel bar in approved cap having inside diameter 1/16 inch greater than diameter of dowel bar.

2. Deformed steel tie bars conforming to ASTM A 615, Grade 60.

E. Metal Supports for Reinforcing Steel and Joint Assembly: Employ metal supports of approved shape and size that will secure reinforcing steel and joint assembly in correct position during placing and finishing of concrete.

PART 3 E X E C U T I O N

3.01 PLACEMENT

A. When new work is adjacent to existing concrete, place joints at same location as existing joints in adjacent pavement.

B. If the limit of removal of existing concrete or asphaltic pavement does not fall on existing joint, saw cut existing pavement minimum of 2 inches deep to provide straight, smooth joint surface without chipping, spalling or cracks.

3.02 CONSTRUCTION JOINTS

A. Place transverse construction joint wherever concrete placement must be stopped for more than 30 minutes. Place longitudinal construction joints at interior edges of pavement lanes using No. 6 deformed tie bars, 30 inches long and spaced 18 inches on centers.

3.03 EXPANSION JOINTS

A. Place 3/4-inch expansion joints at radius points of curb returns for cross street intersections, or as located in adjacent pavement but no further than 80 feet apart. Use no boards shorter than 6 feet. When pavement is 24 feet or narrower, use not more than 2 lengths of board. Secure pieces to form straight joint. Shape board filler accurately to cross section of concrete slab. Use load transmission devices of type and size shown on Drawings unless otherwise specified or shown as “No Load Transfer Device”. Seal with joint sealing compound.

3.04 CONTRACTION JOINTS

A. Place contraction joints at same locations as in adjacent pavement or at spaces indicated on Drawings. Place smoothed, painted and oiled dowels accurately and normal to joint. Seal groove with joint sealing compound.

3.05 LONGITUDINAL WEAKENED PLANE JOINTS

A. Place longitudinal weakened plane joints at spaces indicated on Drawings. Seal groove with joint sealing compound.

3.06 SAWED JOINTS

A. Use sawed joints as an alternate to contraction and weakened plane joints. Circular cutter shall be capable of cutting straight line groove minimum of 1/2 inch wide. Depth shall be one quarter of pavement thickness plus 1/2 inch. Commence sawing as soon as concrete has hardened sufficiently to permit cutting without chipping, spalling or tearing and prior to initiation of cracks.

Once sawing has commenced, it shall be continued until completed. Make saw cut with one pass. Complete sawing within 24 hours of concrete placement. Saw joints at required spacing consecutively in sequence of concrete placement.

B. Concrete Saw: Provide sawing equipment adequate in power to complete sawing to required dimensions and within required time. Provide at least one standby saw in good working order. Maintain an ample supply of saw blades at work site at all times during sawing operations. Sawing equipment shall be on job at all times during concrete placement.

3.07 JOINTS FOR CURB, CURB AND GUTTER

A. Place 3/4-inch preformed expansion joints through curb and gutters at locations of expansion and contraction joints in pavement; at end of radius returns at street intersections and driveways; and at curb inlets. Maximum spacing shall be 120-foot centers.

3.08 JOINTS FOR CONCRETE SIDEWALKS

A. Provide 3/4-inch expansion joints conforming to ASTM A 1751 along and across sidewalk at back of curbs, at intersections with driveways, steps, and walls; and across walk at intervals not to exceed 36 feet. Provide expansion joint material conforming to ASTM D 994 for small radius curves and around fire hydrants and utility poles. Extend the expansion joint material full depth of the slab.

3.09 JOINTS FOR CONCRETE DRIVEWAYS

A. Provide 3/4-inch expansion joints conforming to ASTM D 1751 across driveway in line with street face of sidewalks, at existing concrete driveways, and along intersections with sidewalks and other structures. Extend expansion joint material full depth of slab.

3.10 JOINT SEALING

A. Seal joints only when surface and joints are dry, ambient temperature is above 50 degrees F and less than 85 degrees F, and weather is not foggy or rainy.

B. Joint sealing equipment shall be in like new working condition throughout the joint sealing operation, and be approved by Resident Project Representative. Use concrete grooving machine or power-operated wire brush and other equipment such as plow, brooms, brushes, blowers or hydro or abrasive cleaning as required to produce satisfactory joints.

C. Clean joints of loose scale, dirt, dust and curing compound. The term joint includes wide joint spaces, expansion joints, dummy groove joints or cracks, either preformed or natural. Remove loose material from concrete surfaces adjacent to joints.

D. Fill joints neatly with joint sealer to depth shown. Pour sufficient joint sealer into joints so that, upon completion, surface of sealer within joint will be 1/4 inch above level of adjacent surface or at elevation as directed.

3.11 PROTECTION

A. Maintain joints in good condition until completion of Work.

B. Replace damaged joints material with new material as required by this Section.

END OF SECTION

Section 02753

CONCRETE PAVEMENT CURING

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Curing of Portland cement concrete paving.

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 REFERENCES

A. ASTM C 171 - Standard Specifications for Sheet Materials for Curing Concrete.

B. ASTM C 309 - Standard Specifications for Liquid Membrane-Forming Compounds for Curing Concrete.

1.04 SUBMITTALS

A. Submit manufacturer's product data for cover materials and liquid membrane-forming compounds.

PART 2 P R O D U C T S

2.01 COVER MATERIALS FOR CURING

A. Curing materials shall conform to one of the following:

1. Polyethylene Film: Opaque pigmented white film conforming to requirements of ASTM C 171.

2. Waterproofed Paper: Paper conforming to requirements of ASTM C 171.

3. Cotton Mats: Single layer of cotton filler completely enclosed in cover of cotton cloth. Mats shall contain not less than 3/4 of a pound of uniformly distributed cotton filler per square yard of mat. Cotton cloth used for covering materials shall weigh not less than 6 ounces per square yard. Mats shall be stitched so that mat will contact surface of pavement at all points when saturated with water.

2.02 LIQUID MEMBRANE-FORMING COMPOUNDS

A. Liquid membrane-forming compounds shall conform to ASTM C 309. Membrane shall restrict loss of water to not more than 0.55 kg/m^2 of surface in 72 hours.

PART 3 E X E C U T I O N

3.01 CURING REQUIREMENT

A. Concrete pavement shall be cured by protecting it against loss of moisture for period of not less than 72 hours immediately upon completion of finishing operations. Do not use membrane curing for concrete pavement to be overlaid by asphaltic concrete.

B. Failure to provide sufficient cover material shall be cause for immediate suspension of concreting operations.

3.02 POLYETHYLENE FILM CURING

A. Immediately after finishing surface, and after concrete has taken its initial set, apply water in the form of a fine spray. Cover surface with polyethylene film so film will remain in direct contact with surface during specified curing period.

B. Cover entire surface and both edges of pavement slab. Joints in film sheets shall overlap minimum of 12 inches. Immediately repair tears or holes occurring during curing period by placing acceptable moisture-proof patches or by replacing.

3.03 WATERPROOFED PAPER CURING

A. Immediately after finishing surface, and after concrete has taken its initial set, apply water in form of fine spray. Cover surface with waterproofed paper so paper will remain in direct contact with surface during specified curing period.

B. Prepare waterproofed paper to form blankets of sufficient width to cover entire surface and both edges of pavement slab, and not be more than 60 feet in length. Joints in blankets caused by joining paper sheets shall lap not less than 5 inches and shall be securely sealed with asphalt cement having melting point of approximately 180 degrees F. Place blankets to secure an overlap of at least 12 inches. Tears or holes appearing in paper during curing period shall be immediately repaired by cementing patches over defects.

3.04 COTTON MAT CURING

A. Immediately after finishing surface, and after concrete has taken its initial set, completely cover surface with cotton mats, thoroughly saturated before application, in such manner that they will contact surface of pavement equally at all points.

B. Mats shall remain on pavement for specified curing period. Keep mats saturated so that, when lightly compressed, water will drip freely from them. Keep banked earth or cotton mat covering edges saturated.

3.05 LIQUID MEMBRANE-FORMING COMPOUNDS

A. Immediately after finishing surface, and after concrete has taken its initial set, apply liquid membrane-forming compound in accordance with manufacturer's instructions.

END OF SECTION

Section 02754

CONCRETE DRIVEWAYS

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Portland cement concrete driveways.

1.02 MEASUREMENT AND PAYMENT

A. Unit Prices.

1. Payment for concrete driveways is on square yard basis.

2. Refer to Section 01270 - Measurement and Payment for unit price procedures.

B. Stipulated Price (Lump Sum). If the Contract is a Stipulated Price Contract, payment for work in this Section is included in the total Stipulated Price.

PART 2 P R O D U C T S

2.01 MATERIALS

A. Concrete: Conform to material and proportion requirements for concrete of Section 02751 - Concrete Paving.

B. Reinforcing Steel: Conform to material requirements for welded wire fabric of Section 02751 - Concrete Paving.

C. Preformed Expansion Joint Material: Conform to material requirements for preformed expansion joint material of Section 02752 - Concrete Pavement Joints.

D. Expansion Joint Filler: Conform to material requirements for expansion joint material of Section 02752 - Concrete Pavement Joints.

E. Subgrade Materials: Conform to subgrade material requirements of Section 02336 - Lime Stabilized Subgrade, Section 02337 - Lime/Fly-Ash Stabilized Subgrade, or Section 02338 - Portland Cement Stabilized Subgrade.

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Prepare subgrade in accordance with applicable portions of Section 02336 - Lime Stabilized Subgrade, Section 02337 - Lime/Fly-Ash Stabilized Subgrade, and Section 02338 - Portland Cement Stabilized Subgrade.

3.02 PLACEMENT

A. Place and finish concrete in accordance with applicable portions of Section 02751 - Concrete Paving.

3.03 JOINTS

A. Install joints in concrete driveway in accordance with Section 02752 - Concrete Pavement Joints.

3.04 CONCRETE CURING

A. Cure concrete driveway in accordance with Section 02753 - Concrete Pavement Curing.

3.05 PROTECTION

A. Conform to applicable requirements of Section 02753 - Concrete Pavement Curing.

END OF SECTION

Section 02756

COLD MILLING

PART 1 G E N E R A L

1.01 SECTION INCLUDES

A. Section Includes: Process of removing all or portions of existing asphalt pavement to remove distressed pavement, restore cross-section, improve profile, restore clearances, or improve drainage.

B. Related Sections: Refer to following sections for related work:

1. Section 02221 “Removing Existing Pavements and Structures.”

2. Section 02741 “Asphalt Concrete Pavement.”

3. Section 02740 “Asphalt Overlay and Base Repair”

1.02 MEASUREMENT AND PAYMENT – Not Used

1.03 DEFINITIONS

A. Excessive Grooving: Variation in milled surface in excess of 1 inch (25 mm) from high point to low point across width of surface milled by each pass of milling machine

PART 2 P R O D U C T S

2.01 EQUIPMENT

A. Milling Machine: Specially designed and built for milling of bituminous pavements without addition of heat, and ability to plane Portland cement concrete patches in bituminous pavements.

a. Cutting Drum: Minimum 60 inches (1.5 m) wide, and equipped with carbide-tipped butting teeth placed in variable lacing pattern to produce desired finish.

b. Capable of being operated at speeds from 0 to 40 feet (0 to 12 m) per minute, self-propelled, and capable of spraying water at cutting drum to minimize dust while maintaining enclosed cutting area.

c. Capable of removing material next to gutter of pavement being reconditioned, and designed to enable operator at all times to observe milling operation without leaving controls.

d. Adjustable for slope and depth, capable of accurately controlling profile grades and cross slopes within tolerance of plus or minus one inch (25 mm). Equipment shall control profile grades by using either independent grade control or minimum 40 foot (12 m) external reference, and shall also have cross slope elevation controls.

e. Provide smaller machine if required to trim areas inaccessible to larger machine at manholes, gate valve covers, curb returns, and intersections.

i. Cutting Drum: Minimum 12-inch (305 mm) width, mounted on chassis, and ability to be positioned without interrupting traffic or pedestrian flow.

ii. Additional equipment may be necessary to remove pavement if areas listed above are inaccessible with 12-inch (305 mm) cutting drum.

f. Milling equipment shall be equipped with means to effectively limit amount of dust escaping from milling operation.

PART 3 E X E C U T I O N

3.01 PREPARATION

A. Traffic Signal Loop Detectors: Before cold milling pavement within 300 feet (90 m) of traffic signal, notify Sandia Delegated Representative (SDR) at least 3 working days prior to commencing Work within area.

a. Upon notification, SDR will coordinate marking location of existing loop detectors.

b. Do not cold mill within 12 inches (305 mm) of loop detector conductors.

c. Damage to existing loop caused by milling operation will require replacement of loops in their entirety at Contractor's expense.

3.02 PROCEDURE

A. General: Cold mill existing pavement surface to depth, width, and grade as indicated in Contract documents, or as directed by SDR. Surface of pavement after milling shall be uniformly rough grooved or ridged as directed by SDR.

B. Cold Milling of Pavement surfaces: Thickness of pavement removal shall be described as nominal thickness, with ranges as follows:

a. Nominal 3/4-inch (19.1 mm) Cut: 3/4 inch (19.1 mm) average of cuts ranging from 0 to 1-1/2 inches (0 to 38.1 mm).

b. Nominal 1-inch (25 mm) Cut: 1 inch (25 mm) average of cuts ranging from 0 to 2 inches (0 to 51 mm).

c. Nominal 1-1/2-inch (38.1 mm) Cut: 1-1/2 inch (38.1 mm) average of cuts ranging from 0 to 3 inches (0 to 76 mm)

d. Nominal 2-inch (51 mm) Cut: 2 inch (51 mm) average of cuts ranging from 0 to 4 inches (0 to 102 mm).

C. Loosened Material: During milling operation, sweep street with mechanical equipment and remove loosened material from site until completion of removal work.

a. Follow no closer than 50 feet (15 m) behind milling machine, unless otherwise directed by SDR, to remove millings or sweep loosened material.

D. Pavement Transitions: In areas where cold milling is done, but will not be paved within 1 week, overlay with 2-foot (610-mm) minimum width of asphalt concrete pavement transition adjacent to gutters, cross gutters, and structures, and at existing transverse joint lines.

E. Pavement transition may be omitted when vertical offset between milled surface and adjacent riding asphalt surface is less than 3/8 inch (9.5 mm).

F. Tolerances: When 10 foot (3 m) straight edge is laid on finished surface parallel to centerline of roadway, surface shall not vary from edge of straightedge more than 3/8 inch (9.5 mm), except at intersections or any changes of grade.

a. Adjust to established depth in increments of 1 inch (25 mm) or less.

b. Excessive grooving by cold milling will not be permitted.

3.03 CLEANING

A. Keep premises free from accumulations of waste materials, rubbish, and other debris resulting from work. Remove cold milled material from pavement surface, and transport to salvage or disposal areas provided by SDR.

a. Remove and transport demolished material to comply with requirements of Section 02221 “Removing Existing Pavements and Structures”.

b. Remove tools, construction equipment and machinery, and surplus materials.

c. Restore to their original condition portions of site not designated for alteration by Contract documents, unless completion of Work is directly affected. of work.

END OF SECTION

EXHIBIT "B"

BID PAGE

Hidalgo County
Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements
Bid No.: 2016-277-XX-XX-YSS

SCOPE OF WORK DESCRIPTION:
Paving and Drainage Improvements

BID PRICE: **$**_____

BIDDER/COMPANY NAME: _____

ADDRESS:_____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO.'S:_____

CELLULAR #: _____

AUTHORIZED SIGNATURE:_____

PRINTED NAME: _____

TITLE:_____

BID FOR UNIT PRICE CONTRACTS

PLACE _____
DATE_____
PROJECT NO. 2016-277-XX-XX-YSS

Proposal of _____(hereinafter called "Bidder") a corporation/ a partnership, or an individual doing business as: _____.

TO the **Hidalgo County – Precinct No. 1** (hereinafter called "Owner")

Gentlemen:

The Bidder, in compliance with your invitation for bids for the construction of _____ having examined the plans and specifications with related documents and the site of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project including the availability of materials and labor, hereby proposes to furnish all labor, materials, and supplies; and to construct the project in accordance with the Contract Documents, within the time set forth therein, and at the prices stated below. These prices are to cover all expenses incurred in performing the work required under the Contract Documents, of which this proposal is part.

Bidder hereby agrees to commence work under this contract on or about date to be specified in written "Notice to Proceed" of the owner and to fully complete the project within 145 consecutive calendar days thereafter as stipulated in the specifications. Bidder further agrees to pay as liquidated damages the sum of $500.00 for each consecutive calendar day thereafter as herein after provided in Paragraph 19 of the General Conditions.

BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM:

_____

_____

EXHIBIT "C"
Insurance Requirements

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners Court; currently carry the following:

Automobile Liability: $_____ General Liability: $

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

Notice to Bidder:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company=s obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bonds: _____.
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE
INSURED	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNER'S & CONT. PROT ☐ OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERS & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT	$
					OTHER THAN AUTO ONLY EA ACC	$
					AGG	$
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURENCE	$
					AGGREGATE	$
						$
						$
						$
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				☐ WC STATU-TORY LIMITS ☐ OTHER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE-EA EMPLOYEE	$
					E.L. DISEASE-POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION
Hidalgo County Pct No. 1 **1902 Joe Stephens Ave.** **Weslaco, TX. 78599**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ***30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

SAMPLE

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

_____

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

_____ _____

Signature of vendor doing business with the governmental entity Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

PROPOSER'S AFFIDAVIT
Exhibit "E"

PROPOSER'S AFFIDAVIT OF NON-COLLUSION
NON-CONFILICT OF INTERST, AND ANTI-LOBBYING

STATE OF TEXAS
COUNTY OF HIDALGO

Affiant, _____, being first duly sworn, deposes that:

(1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.

(2) Affiant further states they have neither recommended or suggested to Hidalgo County or any of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.

(3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County Commissioner's Court.

(4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

Signature/Title: _____

Subscribed and sworn to before me this _____day of _____, 20___.

_____

Notary Public

My commission expires:_____, 20___

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department thru Facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539 or email: purchasing@co.hidalgo.tx.us

Company Name: **Telephone No. ( )**
dba Name:
Legal Name:
Mailing Address : **Fax No. ( )**
Physical Address:
City, State, Zip **Tax I.D. No.**
Remit to Address : **City, State, Zip**
E-Mail Address:
Representative(s) Name(s) & Title(s)
Type of Organization (check one): _____ Individual _____ Partnership _____ Corporation _____Non-Profit _____ LLC _____ Sole Proprietor _____ Other, Specify **State Identification No._____ (Please attached completed W-9 form with this application)** **Federal Identification No. or (if individual) SS No.**
State of Incorporation: _____ Date:_____ Other:
Type of Business (check one): _____ Manufacturer _____ Wholesaler _____ Retailer _____ Broker _____ Distributor _____ Service Organization _____ Other, Specify
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:
Small and/or Disadvantaged Business Information (check application criteria) **Small Business:** **Disadvantaged Business (At Least 51% Ownership)** ☐ Less than 125,000 annual gross receipt ☐ Black American ☐ Native American ☐ Less than 250,000 annual gross receipt ☐ Hispanic American ☐ Women ☐ Less than 499,000 annual gross receipt ☐ Asian Pacific American ☐ Other ☐ More than 500,000 annual gross receipt **Have you been certified as a HUB or an MBE/WBE source?:** ☐ Yes ☐ No **Indicate Certification No.(s):_____ or are Certificate(s) attached?:** ☐ Yes ☐ No
What type of product(s) is/are solicited by your company?: **Would you like to be provided with specifications for procurements of such products?:** ☐ Yes ☐ No
To Be Completed by the County: Rec'd by (Purchasing):_____ Date Rec'd by (Purchasing): **Date Forwarded Information to Auditor's Office:_____Entry Date: _____ Vendor No.:**

Revised12/14/06

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ☐Yes ☐ No

If yes, by whom?: ☐ Texas Building & Procurement Commission ☐ Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: ☐ Yes ☐ No

---

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

CONSTRUCTION CONTRACT
C-16-XXX-XX-XX

This Agreement, entered into this _____day of _____, 2016_ by and between Hidalgo County (hereinafter called the "OWNER," and, _____ (a limited liability company) (a corporation) (a partnership), of County of Hidalgo, and State of Texas, hereinafter called "CONTRACTOR".

WITNESSETH

That for and in consideration of the payments and agreement hereinafter mentioned, to be made and performed by the OWNER, the CONTRACTOR hereby agrees with the OWNER to commence and complete the construction described as follows:

Hidalgo County Precinct No. 1 – Goolie Road Paving Improvements

Hereinafter called the project, for the sum of _____ and all extra work in connection therewith, under the terms and stated in the General and Special Conditions of the Contract; and at his (its or their) own proper cost and expense to furnish all the materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said project in accordance with the conditions and prices stated in the Proposal, the General Conditions and Special Conditions printed or written explanatory matter thereof, the specifications and contract documents therefore as prepared by LeFevre Engineering & Management Consulting, LLC, entitled the Engineer, and as enumerated in Paragraph 1.01.A.12 of the General Conditions, all of which are made a part hereof and collectively evidence and constitute the contract.

The CONTRACTOR hereby agrees to commence work under this contract on or after a date to be specified in written "Notice to Proceed" of the OWNER and to fully complete the project within 145 consecutive calendar days thereafter. The CONTRACTOR further agrees to pay, as liquidated damages, the sum of $500 for each consecutive calendar day thereafter.

The OWNER agrees to pay the CONTRACTOR in current funds for the performance of the contract, subject to additions and deductions, as provided in the General Conditions of the contract, and to make payments on account thereof as provided in Paragraphs 14.02.C and 14.07.C of the General Conditions.

IN WITNESS WHREOF, the parties to these present have executed this contract in four (4) counterparts, each of which shall be deemed an original, in year and day first above mentioned.

APPROVED BY COMMISIONERS COURT ON, _______.

CONTRACTOR:_____
Print Name & Title: _____
Name of Firm: _____
_____
Address: _____
_____
Fed I.D. #/SS #: _____

STATE OF TEXAS

COUNTY OF HIDALGO

This instrument was acknowledged before me on this the _____day of _____,

2016_, by _____Of and on behalf of _____
(Title) (a limited liability company) (a partnership) (a corporation)

_____
Notary Public-Signature

APPROVED AS TO FORM:
Office of Criminal District Attorney
Ricardo Rodriguez, Jr.
Civil Division

BY: _____

ATTEST:

_____
Arturo Guajardo, Jr., County Clerk

COUNTY OF HIDALGO:

_____
Ramon Garcia, County Judge

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____ , to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

Must file online at www.ethics.state.tx.us/File

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ► ---------- ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | | | - | | - | | | | |

or

Employer identification number
| | | - | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here **Signature of U.S. person** ► **Date** ►

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt recipients 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.socialsecurity.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or single-owner LLC	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship or single-owner LLC	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

STATEMENT OF CREDENTIALS

1. **GENERAL:** In order to assist the Owner in determining the ability of each Bidder to properly fulfill the requirements of this proposed contract, the Bidder will complete the following items. All questions must be answered and the data given must be clear and comprehensive. **This statement must be notarized.** If necessary, questions may be answered on separate attached sheets. The Bidder may submit any additional information he/she desires.

Name of Bidder: _____

Address: _____

_____

Date Organized: _____ Date Incorporated: _____

Office Number: _____ Fax Number: _____

Number of years in business under present name: _____

Type of work performed by your company: _____

_____

Have you ever failed to complete any work awarded to you? _____

Have you ever defaulted on a contract? _____

2. **EXPERIENCE:** The Bidder will give below a list of similar projects which he/she has completed within the last five (5) years.

1. Owner: _____

Address: _____

Ph/Fx Number: _____ Email: _____

Scope of Work Description: _____

Date Completed: _____Total Cost: _____

****

2. Owner: _____

Address: _____

Ph/Fx Number: _____ Email: _____

Scope of Work Description: _____

Date Completed: _____ Total Cost: _____

****

3. Owner: _____

Address: _____

Ph/Fx Number: _____ Email: _____

Scope of Work Description: _____

Date Completed: _____ Total Cost: _____

****

4. Owner: _____

Address: _____

Ph/Fx Number: _____ Email: _____

Scope of Work Description: _____

Date Completed: _____ Total Cost: _____

****

5. Owner: _____

Address: _____

Ph/Fx Number: _____ Email: _____

Scope of Work Description: _____

Date Completed: _____ Total Cost: _____

****

3. **CONTRACTS ON HAND:** The Bidder shall provide below a list of any contracts/projects he/she currently has on hand:

_____

4. **SUBCONTRACTORS:** List any subcontractors you propose to use on the Hidalgo County's project that will comprise at least 20% of the total project cost. Use additional page if necessary. This information is considered preliminary and may be revised prior if bid is awarded and re-submitted during the pre-construction phase. However, it is expressly understood that the use of any subcontractor other than those listed with bid shall require written approval from Hidalgo County.

   Failure to submit the information as required may result in a disqualification of your bid.

6. **PERFORMANCE OF WORK BY BIDDER:** Except as otherwise provided, the bidder shall perform no less than eighty percent (80%) of the work with his own organization, only twenty percent (20%) of the work may be subcontracted.

   The organization of the specifications into divisions, sections, articles, etc., and the arrangement and titles of project drawings shall not control the Bidder in dividing the work among subcontractors or in establishing the extent of work to be performed by any trade.

   Awarded bidder shall assign a project superintendent who is directly employed by the Bidder, that superintendent will be required to be on the job on a daily basis. No subcontractors will be allowed to act as project superintendents at any point during the construction of said project.

Bidder shall have a significant business presence with the Rio Grande Valley Area, the business must be headquartered in either Hidalgo, Cameron, or Starr County or a local office must be located in either of the three counties (Hidalgo, Cameron, Starr) with at least thirty percent (30%) of the total company workforce employed at the local office. County reserves the right to request payrolls and any necessary documentation to confirm that the local office meets these requirements.

Bidders shall carefully examine the plans, specifications and other documents, visit the site of the work, and fully inform themselves as to all conditions and matters which can affect the work or cost thereof. Should the bidder find discrepancies in, or omissions from the plans, specifications or other documents, or should he/she be in doubt as their meaning, he/she should at once notify the Engineer and obtain clarification by addendum prior to submitting any bid.

Bidder herby certifies that said company carried liability coverage and workers compensation insurance coverage that meets the requirements set forth in this Request for Bids/Proposals when performing work on this project for Hidalgo County.

Furthermore, bidder certifies that any subcontractor on the project shall provide the said company with a certificate relating that all employees of the subcontractor also are provided with workers' compensation insurance coverage. Bidder will provide copies of all of these certificates to Hidalgo County during the course of the project for all subcontractors working on the project.

All subcontractors must comply with federally determined prevailing Davis-Bacon and Related Acts wage rate.

Hidalgo County encourages the hiring of minority women subcontractors and/or suppliers whenever and wherever feasible.

The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by the owner in verification of the recitals comprising this Statement of Credentials.

Executed this _____ day of _____, 20_____.

_____

By_____

Title_____

Subscribed and sworn to me this _____ day of _____, 20___.

By:_____

Notary Public in and for _____County, Texas

My commission expires _____

REQUEST FOR BIDS

HIDALGO COUNTY PRECINCT NO. 1
"Goolie Road Paving Improvements"

RFB PROJECT NO. 2016-277-XX-XX-YSS

RFB SUBMITTAL CHECK LIST

All forms listed below must be submitted in the RFB response. If forms are not submitted, your response may be considered as non responsive.

Indicate with a check mark (✓) the Forms completed and included in this response:

_____ Page 9 of Legal Notice

_____ Exhibit "C" – Acknowledgement forms (pages 3 and 4)

_____ Exhibit "D1 CIQ Form – Copy of County Clerk File Recording fee receipt

_____ Exhibit "E" Proposers Affidavit

_____ Vendor Bidder Application and IRS form W-9

_____ Certification Regarding Debarment

_____ Statement of Credentials

_____ Submittal Check List

_____ One (1) Original, three (3) Copies of Response.

Signature	Printed Name	Date

PAYMENT BOND

A payment bond as described by Texas Government Code, Section 2253.021 (c) for the beneficiaries described by such sub section.

KNOW ALL MEN BY THESE PRESENTS, that _____ (hereinafter called the Principal(s)), as Principal(s), and _____ (hereafter called the Surety(s)), as Surety(s), are held and firmly bound unto _____ (hereinafter called the Oblige), in the amount of _____Dollars ($_____) for the payment whereof, the said Payment and Surety bind themselves, and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written contract with the Oblige, dated the ___day of _____, 20___, for the _____which contract is hereby referred to and made a part hereof as fully and to the same extent as if copies at length herein.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall pay all claimants supplying labor and material to him or a subcontractor in the prosecution of the work provided for in said contract, then, this, obligation shall be void; otherwise to remain in full force and effect.

PAYMENT BOND CONTINUED:

IN WITNESS WHEREOF, this instrument is executed in four counter parts, each one of which shall be deemed an original, this the _____day of _____, A.D., 20___.

ATTEST:	_____ PRINCIPAL
_____ (Principal) Secretary (Seal)	_____ Signature
_____ Witness as to Principal	_____ Print/Type Name
_____ Address	_____ Address
ATTEST:	_____ Surety
_____ (Surety) Secretary (Seal)	_____ Attorney-in-Fact (Signature)
_____ Witness as to Surety	_____ Print/Type Name
_____ Address	_____ Address

Note: Date of Bond must be prior to date of Contract
(1)Correct Name of Contractor; (2) A Corporation, A Partnership or an individual, as case may be; (3) Correct Name of Surety; (4) Correct name of Owner; (5) County or Parish and State; (6) Owner; (7) if Contractor is Partnership, all partners should execute Bond.

PERFORMANCE BOND

A performance bond as described by Texas Government Code, Section 2253.021 (b) for the benefit of Hidalgo County-Urban County Program:

KNOW ALL MEN BY THESE PRESENTS, that _____ _____ (hereinafter called the Principal(s), as Principal (s), and _____ hereinafter call the Surety(s), as Surety(s), are held and firmly bound unto _____(hereinafter called the Oblige), in the amount of _____ Dollars ($_____) for the payment whereof, the said Principal and Surety bind themselves, and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has entered into a certain written contract with the Oblige, dated the ____ day of _____, 20__, for the _____ _____ which contract is hereby referred to and made a part hereof as fully and to the same extent as if copies at length herein.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shall faithfully perform the work in accordance with the plans, specifications and contract documents, then this obligation shall be void; otherwise to remain in full force and effect.

IN WITNESS WHEREOF, this instrument is executed in four counter parts, each one of which shall be deemed an original, this the _____ day of _____, A.D., 20____.

_____
PRINCIPAL

ATTEST:

_____ _____
(Principal) Secretary Signature
(Seal)

PERFORMANCE BOND CONTINUED:

Witness as to Principal	Print/Type Name
Address	Address
ATTEST:	Surety
(Surety Secretary	Attorney-in-Fact (Signature)
Witness as to Surety	Print/Type Name
Address	Address

Note: Date of Bond must be prior to date of Contract
(1) Correct Name of Contractor; (2) A Corporation, A Partnership or an individual, as case may be; (3) Correct Name of Surety; (4) Correct name of Owner; (5) County or Parish and State; (6) Owner; (7) if Contractor is Partnership, all partners should execute Bond.

This document has important legal consequences; consultation with an attorney is encouraged with respect to its use or modification. This document should be adapted to the particular circumstances of the contemplated Project and the Controlling Law.

STANDARD GENERAL CONDITIONS OF THE CONSTRUCTION CONTRACT

Prepared by

ENGINEERS JOINT CONTRACT DOCUMENTS COMMITTEE

and

Issued and Published Jointly By

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Professional Engineers in Private Practice

ASCE American Society of Civil Engineers

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AMERICAN COUNCIL OF ENGINEERING COMPANIES

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Knowledge for Creating and Sustaining the Built Environment

Construction Specifications Institute

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National Society of Professional Engineers
1420 King Street, Alexandria, VA 22314

American Council of Engineering Companies
1015 15th Street, N.W., Washington, DC 20005

American Society of Civil Engineers
1801 Alexander Bell Drive, Reston, VA 20191-4400

These General Conditions have been prepared for use with the Suggested Forms of Agreement Between Owner and Contractor Nos. C-520 or C-525 (2002 Editions). Their provisions are interrelated and a change in one may necessitate a change in the other. Comments concerning their usage are contained in the EJCDC Construction Documents, General and Instructions (No. C-001) (2002 Edition). For guidance in the preparation of Supplementary Conditions, see Guide to the Preparation of Supplementary Conditions (No. C-800) (2002 Edition).

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GENERAL CONDITIONS

ARTICLE 1 - DEFINITIONS AND TERMINOLOGY

1.01 *Defined Terms*

A. Wherever used in the Bidding Requirements or Contract Documents and printed with initial capital letters, the terms listed below will have the meanings indicated which are applicable to both the singular and plural thereof. In addition to terms specifically defined, terms with initial capital letters in the Contract Documents include references to identified articles and paragraphs, and the titles of other documents or forms.

1. *Addenda*--Written or graphic instruments issued prior to the opening of Bids which clarify, correct, or change the Bidding Requirements or the proposed Contract Documents.

2. *Agreement*--The written instrument which is evidence of the agreement between Owner and Contractor covering the Work.

3. *Application for Payment*--The form acceptable to Engineer which is to be used by Contractor during the course of the Work in requesting progress or final payments and which is to be accompanied by such supporting documentation as is required by the Contract Documents.

4. *Asbestos*--Any material that contains more than one percent asbestos and is friable or is releasing asbestos fibers into the air above current action levels established by the United States Occupational Safety and Health Administration.

5. *Bid*--The offer or proposal of a Bidder submitted on the prescribed form setting forth the prices for the Work to be performed.

6. *Bidder*--The individual or entity who submits a Bid directly to Owner.

7. *Bidding Documents*--The Bidding Requirements and the proposed Contract Documents (including all Addenda).

8. *Bidding Requirements*--The Advertisement or Invitation to Bid, Instructions to Bidders, bid security of acceptable form, if any, and the Bid Form with any supplements.

9. *Change Order*--A document recommended by Engineer which is signed by Contractor and Owner and authorizes an addition, deletion, or revision in the Work or an adjustment in the Contract Price or the Contract Times, issued on or after the Effective Date of the Agreement.

10. *Claim*--A demand or assertion by Owner or Contractor seeking an adjustment of Contract Price or Contract Times, or both, or other relief with respect to the terms of the Contract. A demand for money or services by a third party is not a Claim.

11. *Contract*--The entire and integrated written agreement between the Owner and Contractor concerning the Work. The Contract supersedes prior negotiations, representations, or agreements, whether written or oral.

12. *Contract Documents*-- Those items so designated in the Agreement. Only printed or hard copies of the items listed in the Agreement are Contract Documents. Approved Shop Drawings, other Contractor's submittals, and the reports and drawings of subsurface and physical conditions are not Contract Documents.

13. *Contract Price*--The moneys payable by Owner to Contractor for completion of the Work in accordance with the Contract Documents as stated in the Agreement (subject to the provisions of Paragraph 11.03 in the case of Unit Price Work).

14. *Contract Times*--The number of days or the dates stated in the Agreement to: (i) achieve Milestones, if any, (ii) achieve Substantial Completion; and (iii) complete the Work so that it is ready for final payment as evidenced by Engineer's written recommendation of final payment.

15. *Contractor*--The individual or entity with whom Owner has entered into the Agreement.

16. *Cost of the Work*--See Paragraph 11.01.A for definition.

17. *Drawings*--That part of the Contract Documents prepared or approved by Engineer which graphically shows the scope, extent, and character of the Work to be performed by Contractor. Shop Drawings and other Contractor submittals are not Drawings as so defined.

18. *Effective Date of the Agreement*--The date indicated in the Agreement on which it becomes effective, but if no such date is indicated, it means the date on which the Agreement is signed and delivered by the last of the two parties to sign and deliver.

19. *Engineer*--The individual or entity named as such in the Agreement.

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20. *Field Order*--A written order issued by Engineer which requires minor changes in the Work but which does not involve a change in the Contract Price or the Contract Times.

21. *General Requirements*--Sections of Division 1 of the Specifications. The General Requirements pertain to all sections of the Specifications.

22. *Hazardous Environmental Condition*--The presence at the Site of Asbestos, PCBs, Petroleum, Hazardous Waste, or Radioactive Material in such quantities or circumstances that may present a substantial danger to persons or property exposed thereto in connection with the Work.

23. *Hazardous Waste*--The term Hazardous Waste shall have the meaning provided in Section 1004 of the Solid Waste Disposal Act (42 USC Section 6903) as amended from time to time.

24. *Laws and Regulations; Laws or Regulations*--Any and all applicable laws, rules, regulations, ordinances, codes, and orders of any and all governmental bodies, agencies, authorities, and courts having jurisdiction.

25. *Liens*--Charges, security interests, or encumbrances upon Project funds, real property, or personal property.

26. *Milestone*--A principal event specified in the Contract Documents relating to an intermediate completion date or time prior to Substantial Completion of all the Work.

27. *Notice of Award*--The written notice by Owner to the Successful Bidder stating that upon timely compliance by the Successful Bidder with the conditions precedent listed therein, Owner will sign and deliver the Agreement.

28. *Notice to Proceed*--A written notice given by Owner to Contractor fixing the date on which the Contract Times will commence to run and on which Contractor shall start to perform the Work under the Contract Documents.

29. *Owner*--The individual or entity with whom Contractor has entered into the Agreement and for whom the Work is to be performed.

30. *PCBs*--Polychlorinated biphenyls.

31. *Petroleum*--Petroleum, including crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute), such as oil, petroleum, fuel oil, oil sludge, oil refuse, gasoline, kerosene, and oil mixed with other non-Hazardous Waste and crude oils.

32. *Progress Schedule*--A schedule, prepared and maintained by Contractor, describing the sequence and duration of the activities comprising the Contractor's plan to accomplish the Work within the Contract Times.

33. *Project*--The total construction of which the Work to be performed under the Contract Documents may be the whole, or a part.

34. *Project Manual*--The bound documentary information prepared for bidding and constructing the Work. A listing of the contents of the Project Manual, which may be bound in one or more volumes, is contained in the table(s) of contents.

35. *Radioactive Material*--Source, special nuclear, or byproduct material as defined by the Atomic Energy Act of 1954 (42 USC Section 2011 et seq.) as amended from time to time.

36. *Related Entity* -- An officer, director, partner, employee, agent, consultant, or subcontractor.

37. *Resident Project Representative*--The authorized representative of Engineer who may be assigned to the Site or any part thereof.

38. *Samples*--Physical examples of materials, equipment, or workmanship that are representative of some portion of the Work and which establish the standards by which such portion of the Work will be judged.

39. *Schedule of Submittals*--A schedule, prepared and maintained by Contractor, of required submittals and the time requirements to support scheduled performance of related construction activities.

40. *Schedule of Values*--A schedule, prepared and maintained by Contractor, allocating portions of the Contract Price to various portions of the Work and used as the basis for reviewing Contractor's Applications for Payment.

41. *Shop Drawings*--All drawings, diagrams, illustrations, schedules, and other data or information which are specifically prepared or assembled by or for Contractor and submitted by Contractor to illustrate some portion of the Work.

42. *Site*--Lands or areas indicated in the Contract Documents as being furnished by Owner upon which the Work is to be performed, including rights-of-way and easements for access thereto, and such other lands furnished by Owner which are designated for the use of Contractor.

43. *Specifications*--That part of the Contract Documents consisting of written requirements for materials, equipment, systems, standards and workmanship as applied to the Work, and certain

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administrative requirements and procedural matters applicable thereto.

44. *Subcontractor*--An individual or entity having a direct contract with Contractor or with any other Subcontractor for the performance of a part of the Work at the Site.

45. *Substantial Completion*--The time at which the Work (or a specified part thereof) has progressed to the point where, in the opinion of Engineer, the Work (or a specified part thereof) is sufficiently complete, in accordance with the Contract Documents, so that the Work (or a specified part thereof) can be utilized for the purposes for which it is intended. The terms "substantially complete" and "substantially completed" as applied to all or part of the Work refer to Substantial Completion thereof.

46. *Successful Bidder*--The Bidder submitting a responsive Bid to whom Owner makes an award.

47. *Supplementary Conditions*--That part of the Contract Documents which amends or supplements these General Conditions.

48. *Supplier*--A manufacturer, fabricator, supplier, distributor, materialman, or vendor having a direct contract with Contractor or with any Subcontractor to furnish materials or equipment to be incorporated in the Work by Contractor or any Subcontractor.

49. *Underground Facilities*--All underground pipelines, conduits, ducts, cables, wires, manholes, vaults, tanks, tunnels, or other such facilities or attachments, and any encasements containing such facilities, including those that convey electricity, gases, steam, liquid petroleum products, telephone or other communications, cable television, water, wastewater, storm water, other liquids or chemicals, or traffic or other control systems.

50. *Unit Price Work*--Work to be paid for on the basis of unit prices.

51. *Work*--The entire construction or the various separately identifiable parts thereof required to be provided under the Contract Documents. Work includes and is the result of performing or providing all labor, services, and documentation necessary to produce such construction, and furnishing, installing, and incorporating all materials and equipment into such construction, all as required by the Contract Documents.

52. *Work Change Directive*--A written statement to Contractor issued on or after the Effective Date of the Agreement and signed by Owner and recommended by Engineer ordering an addition, deletion, or revision in the Work, or responding to differing or unforeseen subsurface or physical conditions under which the Work is to be performed or to emergencies. A Work Change Directive will not change the Contract Price or the Contract Times but is evidence that the parties expect that the change ordered or documented by a Work Change Directive will be incorporated in a subsequently issued Change Order following negotiations by the parties as to its effect, if any, on the Contract Price or Contract Times.

1.02 *Terminology*

A. The following words or terms are not defined but, when used in the Bidding Requirements or Contract Documents, have the following meaning.

B. *Intent of Certain Terms or Adjectives*

1. The Contract Documents include the terms "as allowed," "as approved," "as ordered", "as directed" or terms of like effect or import to authorize an exercise of professional judgment by Engineer. In addition, the adjectives "reasonable," "suitable," "acceptable," "proper," "satisfactory," or adjectives of like effect or import are used to describe an action or determination of Engineer as to the Work. It is intended that such exercise of professional judgment, action or determination will be solely to evaluate, in general, the Work for compliance with the requirements of and information in the Contract Documents and conformance with the design concept of the completed Project as a functioning whole as shown or indicated in the Contract Documents (unless there is a specific statement indicating otherwise). The use of any such term or adjective is not intended to and shall not be effective to assign to Engineer any duty or authority to supervise or direct the performance of the Work or any duty or authority to undertake responsibility contrary to the provisions of Paragraph 9.09 or any other provision of the Contract Documents.

C. *Day*

1. The word "day" means a calendar day of 24 hours measured from midnight to the next midnight.

D. *Defective*

1. The word "defective," when modifying the word "Work," refers to Work that is unsatisfactory, faulty, or deficient in that it:

a. does not conform to the Contract Documents, or

b. does not meet the requirements of any applicable inspection, reference standard, test, or approval referred to in the Contract Documents, or

c. has been damaged prior to Engineer's - recommendation of final payment (unless responsibility for the protection thereof has been assumed by Owner at Substantial Completion in accordance with Paragraph 14.04 or 14.05).

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E. *Furnish, Install, Perform, Provide*

1. The word "furnish," when used in connection with services, materials, or equipment, shall mean to supply and deliver said services, materials, or equipment to the Site (or some other specified location) ready for use or installation and in usable or operable condition.

2. The word "install," when used in connection with services, materials, or equipment, shall mean to put into use or place in final position said services, materials, or equipment complete and ready for intended use.

3. The words "perform" or "provide," when used in connection with services, materials, or equipment, shall mean to furnish and install said services, materials, or equipment complete and ready for intended use.

4. When "furnish," "install," "perform," or "provide" is not used in connection with services, materials, or equipment in a context clearly requiring an obligation of Contractor, "provide" is implied.

F. Unless stated otherwise in the Contract Documents, words or phrases which have a well-known technical or construction industry or trade meaning are used in the Contract Documents in accordance with such recognized meaning.

ARTICLE 2 - PRELIMINARY MATTERS

2.01 *Delivery of Bonds and Evidence of Insurance*

A. When Contractor delivers the executed counterparts of the Agreement to Owner, Contractor shall also deliver to Owner such bonds as Contractor may be required to furnish.

B. *Evidence of Insurance:* Before any Work at the Site is started, Contractor and Owner shall each deliver to the other, with copies to each additional insured identified in the Supplementary Conditions, certificates of insurance (and other evidence of insurance which either of them or any additional insured may reasonably request) which Contractor and Owner respectively are required to purchase and maintain in accordance with Article 5.

2.02 *Copies of Documents*

A. Owner shall furnish to Contractor up to ten printed or hard copies of the Drawings and Project Manual. Additional copies will be furnished upon request at the cost of reproduction.

2.03 *Commencement of Contract Times; Notice to Proceed*

A. The Contract Times will commence to run on the thirtieth day after the Effective Date of the Agreement or, if a Notice to Proceed is given, on the day indicated in the Notice to Proceed. A Notice to Proceed may be given at any time within 30 days after the Effective Date of the Agreement. In no event will the Contract Times commence to run later than the sixtieth day after the day of Bid opening or the thirtieth day after the Effective Date of the Agreement, whichever date is earlier.

2.04 *Starting the Work*

A. Contractor shall start to perform the Work on the date when the Contract Times commence to run. No Work shall be done at the Site prior to the date on which the Contract Times commence to run.

2.05 *Before Starting Construction*

A. *Preliminary Schedules:* Within 10 days after the Effective Date of the Agreement (unless otherwise specified in the General Requirements), Contractor shall submit to Engineer for timely review**:**

1. a preliminary Progress Schedule; indicating the times (numbers of days or dates) for starting and completing the various stages of the Work, including any Milestones specified in the Contract Documents;

2. a preliminary Schedule of Submittals; and

3. a preliminary Schedule of Values for all of the Work which includes quantities and prices of items which when added together equal the Contract Price and subdivides the Work into component parts in sufficient detail to serve as the basis for progress payments during performance of the Work. Such prices will include an appropriate amount of overhead and profit applicable to each item of Work.

2.06 *Preconstruction Conference*

A. Before any Work at the Site is started, a conference attended by Owner, Contractor, Engineer, and others as appropriate will be held to establish a working understanding among the parties as to the Work and to discuss the schedules referred to in Paragraph 2.05.A, procedures for handling Shop Drawings and other submittals, processing Applications for Payment, and maintaining required records.

2.07 *Initial Acceptance of Schedules*

A. At least 10 days before submission of the first Application for Payment a conference attended by Contractor, Engineer, and others as appropriate will be held to review for acceptability to Engineer as provided below the schedules submitted in accordance with Paragraph 2.05.A. Contractor shall have an additional 10 days to make corrections and adjustments and to complete and resubmit the schedules. No progress payment shall be made to Contractor until acceptable schedules are submitted to Engineer.

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1. The Progress Schedule will be acceptable to Engineer if it provides an orderly progression of the Work to completion within the Contract Times. Such acceptance will not impose on Engineer responsibility for the Progress Schedule, for sequencing, scheduling, or progress of the Work nor interfere with or relieve Contractor from Contractor's full responsibility therefor.

2. Contractor's Schedule of Submittals will be acceptable to Engineer if it provides a workable arrangement for reviewing and processing the required submittals.

3. Contractor's Schedule of Values will be acceptable to Engineer as to form and substance if it provides a reasonable allocation of the Contract Price to component parts of the Work.

ARTICLE 3 - CONTRACT DOCUMENTS: INTENT, AMENDING, REUSE

3.01 *Intent*

A. The Contract Documents are complementary; what is required by one is as binding as if required by all.

B. It is the intent of the Contract Documents to describe a functionally complete Project (or part thereof) to be constructed in accordance with the Contract Documents. Any labor, documentation, services, materials, or equipment that may reasonably be inferred from the Contract Documents or from prevailing custom or trade usage as being required to produce the intended result will be provided whether or not specifically called for at no additional cost to Owner.

C. Clarifications and interpretations of the Contract Documents shall be issued by Engineer as provided in Article 9.

3.02 *Reference Standards*

A. Standards, Specifications, Codes, Laws, and Regulations

1. Reference to standards, specifications, manuals, or codes of any technical society, organization, or association, or to Laws or Regulations, whether such reference be specific or by implication, shall mean the standard, specification, manual, code, or Laws or Regulations in effect at the time of opening of Bids (or on the Effective Date of the Agreement if there were no Bids), except as may be otherwise specifically stated in the Contract Documents.

2. No provision of any such standard, specification, manual or code, or any instruction of a Supplier shall be effective to change the duties or responsibilities of Owner, Contractor, or Engineer, or any of their subcontractors, consultants, agents, or employees from those set forth in the Contract Documents. No such provision or instruction shall be effective to assign to Owner, or Engineer, or any of, their Related Entities, any duty or authority to supervise or direct the performance of the Work or any duty or authority to undertake responsibility inconsistent with the provisions of the Contract Documents.

3.03 *Reporting and Resolving Discrepancies*

A. Reporting Discrepancies

1. *Contractor's Review of Contract Documents Before Starting Work*: Before undertaking each part of the Work, Contractor shall carefully study and compare the Contract Documents and check and verify pertinent figures therein and all applicable field measurements. Contractor shall promptly report in writing to Engineer any conflict, error, ambiguity, or discrepancy which Contractor may discover and shall obtain a written interpretation or clarification from Engineer before proceeding with any Work affected thereby.

2. *Contractor's Review of Contract Documents During Performance of Work*: If, during the performance of the Work, Contractor discovers any conflict, error, ambiguity, or discrepancy within the Contract Documents or between the Contract Documents and any provision of any Law or Regulation applicable to the performance of the Work or of any standard, specification, manual or code, or of any instruction of any Supplier, Contractor shall promptly report it to Engineer in writing. Contractor shall not proceed with the Work affected thereby (except in an emergency as required by Paragraph 6.16.A) until an amendment or supplement to the Contract Documents has been issued by one of the methods indicated in Paragraph 3.04.

3. Contractor shall not be liable to Owner or Engineer for failure to report any conflict, error, ambiguity, or discrepancy in the Contract Documents unless Contractor knew or reasonably should have known thereof.

B. Resolving Discrepancies

1. Except as may be otherwise specifically stated in the Contract Documents, the provisions of the Contract Documents shall take precedence in resolving any conflict, error, ambiguity, or discrepancy between the provisions of the Contract Documents and:

a. the provisions of any standard, specification, manual, code, or instruction (whether or not specifically incorporated by reference in the Contract Documents); or

b. the provisions of any Laws or Regulations applicable to the performance of the Work

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(unless such an interpretation of the provisions of the Contract Documents would result in violation of such Law or Regulation).

3.04 *Amending and Supplementing Contract Documents*

A. The Contract Documents may be amended to provide for additions, deletions, and revisions in the Work or to modify the terms and conditions thereof by either a Change Order or a Work Change Directive.

B. The requirements of the Contract Documents may be supplemented, and minor variations and deviations in the Work may be authorized, by one or more of the following ways:

1. A Field Order;

2. Engineer's approval of a Shop Drawing or Sample; (Subject to the provisions of Paragraph 6.17.D.3); or

3. Engineer's written interpretation or clarification.

3.05 *Reuse of Documents*

A. Contractor and any Subcontractor or Supplier or other individual or entity performing or furnishing all of the Work under a direct or indirect contract with Contractor, shall not:

1. have or acquire any title to or ownership rights in any of the Drawings, Specifications, or other documents (or copies of any thereof) prepared by or bearing the seal of Engineer or Engineer's consultants, including electronic media editions; or

2. reuse any of such Drawings, Specifications, other documents, or copies thereof on extensions of the Project or any other project without written consent of Owner and Engineer and specific written verification or adaption by Engineer.

B. The prohibition of this Paragraph 3.05 will survive final payment, or termination of the Contract. Nothing herein shall preclude Contractor from retaining copies of the Contract Documents for record purposes.

3.06 *Electronic Data*

A. Copies of data furnished by Owner or Engineer to Contractor or Contractor to Owner or Engineer that may be relied upon are limited to the printed copies (also known as hard copies). Files in electronic media format of text, data, graphics, or other types are furnished only for the convenience of the receiving party. Any conclusion or information obtained or derived from such electronic files will be at the user's sole risk. If there is a discrepancy between the electronic files and the hard copies, the hard copies govern.

B. Because data stored in electronic media format can deteriorate or be modified inadvertently or otherwise without authorization of the data's creator, the party receiving electronic files agrees that it will perform acceptance tests or procedures within 60 days, after which the receiving party shall be deemed to have accepted the data thus transferred. Any errors detected within the 60-day acceptance period will be corrected by the transferring party..

C. When transferring documents in electronic media format, the transferring party makes no representations as to long term compatibility, usability, or readability of documents resulting from the use of software application packages, operating systems, or computer hardware differing from those used by the data's creator.

ARTICLE 4 - AVAILABILITY OF LANDS; SUBSURFACE AND PHYSICAL CONDITIONS; HAZARDOUS ENVIRONMENTAL CONDITIONS; REFERENCE POINTS

4.01 *Availability of Lands*

A. Owner shall furnish the Site. Owner shall notify Contractor of any encumbrances or restrictions not of general application but specifically related to use of the Site with which Contractor must comply in performing the Work. Owner will obtain in a timely manner and pay for easements for permanent structures or permanent changes in existing facilities. If Contractor and Owner are unable to agree on entitlement to or on the amount or extent, if any, of any adjustment in the Contract Price or Contract Times, or both, as a result of any delay in Owner's furnishing the Site or a part thereof, Contractor may make a Claim therefor as provided in Paragraph 10.05.

B. Upon reasonable written request, Owner shall furnish Contractor with a current statement of record legal title and legal description of the lands upon which the Work is to be performed and Owner's interest therein as necessary for giving notice of or filing a mechanic's or construction lien against such lands in accordance with applicable Laws and Regulations.

C. Contractor shall provide for all additional lands and access thereto that may be required for temporary construction facilities or storage of materials and equipment.

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4.02 *Subsurface and Physical Conditions*

A. *Reports and Drawings:* The Supplementary Conditions identify:

1. those reports of explorations and tests of subsurface conditions at or contiguous to the Site that Engineer has used in preparing the Contract Documents; and

2. those drawings of physical conditions in or relating to existing surface or subsurface structures at or contiguous to the Site (except Underground Facilities) that Engineer has used in preparing the Contract Documents.

B. *Limited Reliance by Contractor on Technical Data Authorized:* Contractor may rely upon the general accuracy of the "technical data" contained in such reports and drawings, but such reports and drawings are not Contract Documents. Such "technical data" is identified in the Supplementary Conditions. Except for such reliance on such "technical data," Contractor may not rely upon or make any claim against Owner or Engineer, or any of their Related Entities with respect to:

1. the completeness of such reports and drawings for Contractor's purposes, including, but not limited to, any aspects of the means, methods, techniques, sequences, and procedures of construction to be employed by Contractor, and safety precautions and programs incident thereto; or

2. other data, interpretations, opinions, and information contained in such reports or shown or indicated in such drawings; or

3. any Contractor interpretation of or conclusion drawn from any "technical data" or any such other data, interpretations, opinions, or information.

4.03 *Differing Subsurface or Physical Conditions*

A. *Notice:* If Contractor believes that any subsurface or physical condition at or contiguous to the Site that is uncovered or revealed either:

1. is of such a nature as to establish that any "technical data" on which Contractor is entitled to rely as provided in Paragraph 4.02 is materially inaccurate; or

2. is of such a nature as to require a change in the Contract Documents; or

3. differs materially from that shown or indicated in the Contract Documents; or

4. is of an unusual nature, and differs materially from conditions ordinarily encountered and generally recognized as inherent in work of the character provided for in the Contract Documents;

then Contractor shall, promptly after becoming aware thereof and before further disturbing the subsurface or physical conditions or performing any Work in connection therewith (except in an emergency as required by Paragraph 6.16.A), notify Owner and Engineer in writing about such condition. Contractor shall not further disturb such condition or perform any Work in connection therewith (except as aforesaid) until receipt of written order to do so.

B. *Engineer's Review*: After receipt of written notice as required by Paragraph 4.03.A, Engineer will promptly review the pertinent condition, determine the necessity of Owner's obtaining additional exploration or tests with respect thereto, and advise Owner in writing (with a copy to Contractor) of Engineer's findings and conclusions.

C. Possible Price and Times Adjustments

1. The Contract Price or the Contract Times, or both, will be equitably adjusted to the extent that the existence of such differing subsurface or physical condition causes an increase or decrease in Contractor's cost of, or time required for, performance of the Work; subject, however, to the following:

a. such condition must meet any one or more of the categories described in Paragraph 4.03.A; and

b. with respect to Work that is paid for on a Unit Price Basis, any adjustment in Contract Price will be subject to the provisions of Paragraphs 9.07 and 11.03.

2. Contractor shall not be entitled to any adjustment in the Contract Price or Contract Times if:

a. Contractor knew of the existence of such conditions at the time Contractor made a final commitment to Owner with respect to Contract Price and Contract Times by the submission of a Bid or becoming bound under a negotiated contract; or

b. the existence of such condition could reasonably have been discovered or revealed as a result of any examination, investigation, exploration, test, or study of the Site and contiguous areas required by the Bidding Requirements or Contract Documents to be conducted by or for Contractor prior to Contractor's making such final commitment; or

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c. Contractor failed to give the written notice as required by Paragraph 4.03.A.

3. If Owner and Contractor are unable to agree on entitlement to or on the amount or extent, if any, of any adjustment in the Contract Price or Contract Times, or both, a Claim may be made therefor as provided in Paragraph 10.05. However, Owner and Engineer, and any of their Related Entities shall not be liable to Contractor for any claims, costs, losses, or damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) sustained by Contractor on or in connection with any other project or anticipated project.

4.04 *Underground Facilities*

A. *Shown or Indicated:* The information and data shown or indicated in the Contract Documents with respect to existing Underground Facilities at or contiguous to the Site is based on information and data furnished to Owner or Engineer by the owners of such Underground Facilities, including Owner, or by others. Unless it is otherwise expressly provided in the Supplementary Conditions:

1. Owner and Engineer shall not be responsible for the accuracy or completeness of any such information or data; and

2. the cost of all of the following will be included in the Contract Price, and Contractor shall have full responsibility for:

a. reviewing and checking all such information and data,

b. locating all Underground Facilities shown or indicated in the Contract Documents,

c. coordination of the Work with the owners of such Underground Facilities, including Owner, during construction, and

d. the safety and protection of all such Underground Facilities and repairing any damage thereto resulting from the Work.

B. *Not Shown or Indicated*

1. If an Underground Facility is uncovered or revealed at or contiguous to the Site which was not shown or indicated, or not shown or indicated with reasonable accuracy in the Contract Documents, Contractor shall, promptly after becoming aware thereof and before further disturbing conditions affected thereby or performing any Work in connection therewith (except in an emergency as required by Paragraph 6.16.A), identify the owner of such Underground Facility and give written notice to that owner and to Owner and Engineer. Engineer will promptly review the Underground Facility and determine the extent, if any, to which a change is required in the Contract Documents to reflect and document the consequences of the existence or location of the Underground Facility. During such time, Contractor shall be responsible for the safety and protection of such Underground Facility.

2. If Engineer concludes that a change in the Contract Documents is required, a Work Change Directive or a Change Order will be issued to reflect and document such consequences. An equitable adjustment shall be made in the Contract Price or Contract Times, or both, to the extent that they are attributable to the existence or location of any Underground Facility that was not shown or indicated or not shown or indicated with reasonable accuracy in the Contract Documents and that Contractor did not know of and could not reasonably have been expected to be aware of or to have anticipated. If Owner and Contractor are unable to agree on entitlement to or on the amount or extent, if any, of any such adjustment in Contract Price or Contract Times, Owner or Contractor may make a Claim therefor as provided in Paragraph 10.05.

4.05 *Reference Points*

A. Owner shall provide engineering surveys to establish reference points for construction which in Engineer's judgment are necessary to enable Contractor to proceed with the Work. Contractor shall be responsible for laying out the Work, shall protect and preserve the established reference points and property monuments, and shall make no changes or relocations without the prior written approval of Owner. Contractor shall report to Engineer whenever any reference point or property monument is lost or destroyed or requires relocation because of necessary changes in grades or locations, and shall be responsible for the accurate replacement or relocation of such reference points or property monuments by professionally qualified personnel.

4.06 *Hazardous Environmental Condition at Site*

A. *Reports and Drawings:* Reference is made to the Supplementary Conditions for the identification of those reports and drawings relating to a Hazardous Environmental Condition identified at the Site, if any, that have been utilized by the Engineer in the preparation of the Contract Documents.

B. *Limited Reliance by Contractor on Technical Data Authorized:* Contractor may rely upon the general accuracy of the "technical data" contained in such reports and drawings, but such reports and drawings are not Contract Documents. Such "technical data" is identified in the Supplementary Conditions. Except for such reliance on such "technical data," Contractor may not rely upon or make any claim against Owner or Engineer, or any of their Related Entities with respect to:

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1. the completeness of such reports and drawings for Contractor's purposes, including, but not limited to, any aspects of the means, methods, techniques, sequences and procedures of construction to be employed by Contractor and safety precautions and programs incident thereto; or

2. other data, interpretations, opinions and information contained in such reports or shown or indicated in such drawings; or

3. any Contractor interpretation of or conclusion drawn from any "technical data" or any such other data, interpretations, opinions or information.

C. Contractor shall not be responsible for any Hazardous Environmental Condition uncovered or revealed at the Site which was not shown or indicated in Drawings or Specifications or identified in the Contract Documents to be within the scope of the Work. Contractor shall be responsible for a Hazardous Environmental Condition created with any materials brought to the Site by Contractor, Subcontractors, Suppliers, or anyone else for whom Contractor is responsible.

D. If Contractor encounters a Hazardous Environmental Condition or if Contractor or anyone for whom Contractor is responsible creates a Hazardous Environmental Condition, Contractor shall immediately: (i) secure or otherwise isolate such condition; (ii) stop all Work in connection with such condition and in any area affected thereby (except in an emergency as required by Paragraph 6.16.A); and (iii) notify Owner and Engineer (and promptly thereafter confirm such notice in writing). Owner shall promptly consult with Engineer concerning the necessity for Owner to retain a qualified expert to evaluate such condition or take corrective action, if any.

E. Contractor shall not be required to resume Work in connection with such condition or in any affected area until after Owner has obtained any required permits related thereto and delivered to Contractor written notice: (i) specifying that such condition and any affected area is or has been rendered safe for the resumption of Work; or (ii) specifying any special conditions under which such Work may be resumed safely. If Owner and Contractor cannot agree as to entitlement to or on the amount or extent, if any, of any adjustment in Contract Price or Contract Times, or both, as a result of such Work stoppage or such special conditions under which Work is agreed to be resumed by Contractor, either party may make a Claim therefor as provided in Paragraph 10.05.

F. If after receipt of such written notice Contractor does not agree to resume such Work based on a reasonable belief it is unsafe, or does not agree to resume such Work under such special conditions, then Owner may order the portion of the Work that is in the area affected by such condition to be deleted from the Work. If Owner and Contractor cannot agree as to entitlement to or on the amount or extent, if any, of an adjustment in Contract Price or Contract Times as a result of deleting such portion of the Work, then either party may make a Claim therefor as provided in Paragraph 10.05. Owner may have such deleted portion of the Work performed by Owner's own forces or others in accordance with Article 7.

G. To the fullest extent permitted by Laws and Regulations, Owner shall indemnify and hold harmless Contractor, Subcontractors, and Engineer, and the officers, directors, partners, employees, agents, consultants, and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to a Hazardous Environmental Condition, provided that such Hazardous Environmental Condition: (i) was not shown or indicated in the Drawings or Specifications or identified in the Contract Documents to be included within the scope of the Work, and (ii) was not created by Contractor or by anyone for whom Contractor is responsible. Nothing in this Paragraph 4.06. G shall obligate Owner to indemnify any individual or entity from and against the consequences of that individual's or entity's own negligence.

H. To the fullest extent permitted by Laws and Regulations, Contractor shall indemnify and hold harmless Owner and Engineer, and the officers, directors, partners, employees, agents, consultants, and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to a Hazardous Environmental Condition created by Contractor or by anyone for whom Contractor is responsible. Nothing in this Paragraph 4.06.H shall obligate Contractor to indemnify any individual or entity from and against the consequences of that individual's or entity's own negligence.

I. The provisions of Paragraphs 4.02, 4.03, and 4.04 do not apply to a Hazardous Environmental Condition uncovered or revealed at the Site.

ARTICLE 5 - BONDS AND INSURANCE

5.01 *Performance, Payment, and Other Bonds*

A. Contractor shall furnish performance and payment bonds, each in an amount at least equal to the Contract Price as security for the faithful performance and payment of all of Contractor's obligations under the Contract Documents. These bonds shall remain in effect until one year after the date when final payment becomes due or until completion of the correction period specified

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in Paragraph 13.07, whichever is later, except as provided otherwise by Laws or Regulations or by the Contract Documents. Contractor shall also furnish such other bonds as are required by the Contract Documents.

B. All bonds shall be in the form prescribed by the Contract Documents except as provided otherwise by Laws or Regulations, and shall be executed by such sureties as are named in the current list of "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies" as published in Circular 570 (amended) by the Financial Management Service, Surety Bond Branch, U.S. Department of the Treasury. All bonds signed by an agent must be accompanied by a certified copy of the agent's authority to act.

C. If the surety on any bond furnished by Contractor is declared bankrupt or becomes insolvent or its right to do business is terminated in any state where any part of the Project is located or it ceases to meet the requirements of Paragraph 5.01.B, Contractor shall promptly notify Owner and Engineer and shall, within 20 days after the event giving rise to such notification, provide another bond and surety, both of which shall comply with the requirements of Paragraphs 5.01.B and 5.02.

5.02 *Licensed Sureties and Insurers*

A. All bonds and insurance required by the Contract Documents to be purchased and maintained by Owner or Contractor shall be obtained from surety or insurance companies that are duly licensed or authorized in the jurisdiction in which the Project is located to issue bonds or insurance policies for the limits and coverages so required. Such surety and insurance companies shall also meet such additional requirements and qualifications as may be provided in the Supplementary Conditions.

5.03 *Certificates of Insurance*

A. Contractor shall deliver to Owner, with copies to each additional insured identified in the Supplementary Conditions, certificates of insurance (and other evidence of insurance requested by Owner or any other additional insured) which Contractor is required to purchase and maintain.

B. Owner shall deliver to Contractor, with copies to each additional insured identified in the Supplementary Conditions, certificates of insurance (and other evidence of insurance requested by Contractor or any other additional insured) which Owner is required to purchase and maintain.

5.04 *Contractor's Liability Insurance*

A. Contractor shall purchase and maintain such liability and other insurance as is appropriate for the Work being performed and as will provide protection from claims set forth below which may arise out of or result from Contractor's performance of the Work and Contractor's other obligations under the Contract Documents, whether it is to be performed by Contractor, any Subcontractor or Supplier, or by anyone directly or indirectly employed by any of them to perform any of the Work, or by anyone for whose acts any of them may be liable:

1. claims under workers' compensation, disability benefits, and other similar employee benefit acts;

2. claims for damages because of bodily injury, occupational sickness or disease, or death of Contractor's employees;

3. claims for damages because of bodily injury, sickness or disease, or death of any person other than Contractor's employees;

4. claims for damages insured by reasonably available personal injury liability coverage which are sustained:

a. by any person as a result of an offense directly or indirectly related to the employment of such person by Contractor, or

b. by any other person for any other reason;

5. claims for damages, other than to the Work itself, because of injury to or destruction of tangible property wherever located, including loss of use resulting therefrom; and

6. claims for damages because of bodily injury or death of any person or property damage arising out of the ownership, maintenance or use of any motor vehicle.

B. The policies of insurance required by this Paragraph 5.04 shall:

1. with respect to insurance required by Paragraphs 5.04.A.3 through 5.04.A.6 inclusive, include as additional insured (subject to any customary exclusion regarding professional liability) Owner and Engineer, and any other individuals or entities identified in the Supplementary Conditions, all of whom shall be listed as additional insureds, and include coverage for the respective officers, directors, partners, employees, agents, consultants and subcontractors of each and any of all such additional insureds, and the insurance afforded to these additional insureds shall provide primary coverage for all claims covered thereby;

2. include at least the specific coverages and be written for not less than the limits of liability provided in the Supplementary Conditions or required by Laws or Regulations, whichever is greater;

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3. include completed operations insurance;

4. include contractual liability insurance covering Contractor's indemnity obligations under Paragraphs 6.11 and 6.20;

5. contain a provision or endorsement that the coverage afforded will not be canceled, materially changed or renewal refused until at least 30 days prior written notice has been given to Owner and Contractor and to each other additional insured identified in the Supplementary Conditions to whom a certificate of insurance has been issued (and the certificates of insurance furnished by the Contractor pursuant to Paragraph 5.03 will so provide);

6. remain in effect at least until final payment and at all times thereafter when Contractor may be correcting, removing, or replacing defective Work in accordance with Paragraph 13.07; and

7. with respect to completed operations insurance, and any insurance coverage written on a claims-made basis, remain in effect for at least two years after final payment.

a. Contractor shall furnish Owner and each other additional insured identified in the Supplementary Conditions, to whom a certificate of insurance has been issued, evidence satisfactory to Owner and any such additional insured of continuation of such insurance at final payment and one year thereafter.

5.05 *Owner's Liability Insurance*

A. In addition to the insurance required to be provided by Contractor under Paragraph 5.04, Owner, at Owner's option, may purchase and maintain at Owner's expense Owner's own liability insurance as will protect Owner against claims which may arise from operations under the Contract Documents.

5.06 *Property Insurance*

A. Unless otherwise provided in the Supplementary Conditions, Owner shall purchase and maintain property insurance upon the Work at the Site in the amount of the full replacement cost thereof (subject to such deductible amounts as may be provided in the Supplementary Conditions or required by Laws and Regulations). This insurance shall:

1. include the interests of Owner, Contractor, Subcontractors, and Engineer, and any other individuals or entities identified in the Supplementary Conditions, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them, each of whom is deemed to have an insurable interest and shall be listed as an insured or additional insured;

2. be written on a Builder's Risk "all-risk" or open peril or special causes of loss policy form that shall at least include insurance for physical loss or damage to the Work, temporary buildings, false work, and materials and equipment in transit, and shall insure against at least the following perils or causes of loss: fire, lightning, extended coverage, theft, vandalism and malicious mischief, earthquake, collapse, debris removal, demolition occasioned by enforcement of Laws and Regulations, water damage, (other than caused by flood) and such other perils or causes of loss as may be specifically required by the Supplementary Conditions;

3. include expenses incurred in the repair or replacement of any insured property (including but not limited to fees and charges of engineers and architects);

4. cover materials and equipment stored at the Site or at another location that was agreed to in writing by Owner prior to being incorporated in the Work, provided that such materials and equipment have been included in an Application for Payment recommended by Engineer;

5. allow for partial utilization of the Work by Owner;

6. include testing and startup; and

7. be maintained in effect until final payment is made unless otherwise agreed to in writing by Owner, Contractor, and Engineer with 30 days written notice to each other additional insured to whom a certificate of insurance has been issued.

B. Owner shall purchase and maintain such boiler and machinery insurance or additional property insurance as may be required by the Supplementary Conditions or Laws and Regulations which will include the interests of Owner, Contractor, Subcontractors, and Engineer, and any other individuals or entities identified in the Supplementary Conditions, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them, each of whom is deemed to have an insurable interest and shall be listed as an insured or additional insured.

C. All the policies of insurance (and the certificates or other evidence thereof) required to be purchased and maintained in accordance with Paragraph 5.06 will contain a provision or endorsement that the coverage afforded will not be canceled or materially changed or renewal refused until at least 30 days prior written notice has been given to Owner and Contractor and to each other additional insured to whom a certificate of insurance has been issued and will contain waiver provisions in accordance with Paragraph 5.07.

D. Owner shall not be responsible for purchasing and maintaining any property insurance specified in this Paragraph 5.06 to protect the interests of Contractor, Subcontractors, or others in the Work to the extent of any

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deductible amounts that are identified in the Supplementary Conditions. The risk of loss within such identified deductible amount will be borne by Contractor, Subcontractors, or others suffering any such loss, and if any of them wishes property insurance coverage within the limits of such amounts, each may purchase and maintain it at the purchaser's own expense.

E. If Contractor requests in writing that other special insurance be included in the property insurance policies provided under Paragraph 5.06, Owner shall, if possible, include such insurance, and the cost thereof will be charged to Contractor by appropriate Change Order. Prior to commencement of the Work at the Site, Owner shall in writing advise Contractor whether or not such other insurance has been procured by Owner.

5.07 *Waiver of Rights*

A. Owner and Contractor intend that all policies purchased in accordance with Paragraph 5.06 will protect Owner, Contractor, Subcontractors, and Engineer, and all other individuals or entities identified in the Supplementary Conditions to be listed as insureds or additional insureds (and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them) in such policies and will provide primary coverage for all losses and damages caused by the perils or causes of loss covered thereby. All such policies shall contain provisions to the effect that in the event of payment of any loss or damage the insurers will have no rights of recovery against any of the insureds or additional insureds thereunder. Owner and Contractor waive all rights against each other and their respective officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them for all losses and damages caused by, arising out of or resulting from any of the perils or causes of loss covered by such policies and any other property insurance applicable to the Work; and, in addition, waive all such rights against Subcontractors, and Engineer, and all other individuals or entities identified in the Supplementary Conditions to be listed as insured or additional insured (and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them) under such policies for losses and damages so caused. None of the above waivers shall extend to the rights that any party making such waiver may have to the proceeds of insurance held by Owner as trustee or otherwise payable under any policy so issued.

B. Owner waives all rights against Contractor, Subcontractors, and Engineer, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them for:

1. loss due to business interruption, loss of use, or other consequential loss extending beyond direct physical loss or damage to Owner's property or the Work caused by, arising out of, or resulting from fire or other perils whether or not insured by Owner; and

2. loss or damage to the completed Project or part thereof caused by, arising out of, or resulting from fire or other insured peril or cause of loss covered by any property insurance maintained on the completed Project or part thereof by Owner during partial utilization pursuant to Paragraph 14.05, after Substantial Completion pursuant to Paragraph 14.04, or after final payment pursuant to Paragraph 14.07.

C. Any insurance policy maintained by Owner covering any loss, damage or consequential loss referred to in Paragraph 5.07.B shall contain provisions to the effect that in the event of payment of any such loss, damage, or consequential loss, the insurers will have no rights of recovery against Contractor, Subcontractors, or Engineer, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them.

5.08 *Receipt and Application of Insurance Proceeds*

A. Any insured loss under the policies of insurance required by Paragraph 5.06 will be adjusted with Owner and made payable to Owner as fiduciary for the insureds, as their interests may appear, subject to the requirements of any applicable mortgage clause and of Paragraph 5.08.B. Owner shall deposit in a separate account any money so received and shall distribute it in accordance with such agreement as the parties in interest may reach. If no other special agreement is reached, the damaged Work shall be repaired or replaced, the moneys so received applied on account thereof, and the Work and the cost thereof covered by an appropriate Change Order .

B. Owner as fiduciary shall have power to adjust and settle any loss with the insurers unless one of the parties in interest shall object in writing within 15 days after the occurrence of loss to Owner's exercise of this power. If such objection be made, Owner as fiduciary shall make settlement with the insurers in accordance with such agreement as the parties in interest may reach. If no such agreement among the parties in interest is reached, Owner as fiduciary shall adjust and settle the loss with the insurers and, if required in writing by any party in interest, Owner as fiduciary shall give bond for the proper performance of such duties.

5.09 *Acceptance of Bonds and Insurance; Option to Replace*

A. If either Owner or Contractor has any objection to the coverage afforded by or other provisions of the bonds or insurance required to be purchased and maintained by the other party in accordance with Article 5 on the basis of non-conformance with the Contract

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Documents, the objecting party shall so notify the other party in writing within 10 days after receipt of the certificates (or other evidence requested) required by Paragraph 2.01.B. Owner and Contractor shall each provide to the other such additional information in respect of insurance provided as the other may reasonably request. If either party does not purchase or maintain all of the bonds and insurance required of such party by the Contract Documents, such party shall notify the other party in writing of such failure to purchase prior to the start of the Work, or of such failure to maintain prior to any change in the required coverage. Without prejudice to any other right or remedy, the other party may elect to obtain equivalent bonds or insurance to protect such other party's interests at the expense of the party who was required to provide such coverage, and a Change Order shall be issued to adjust the Contract Price accordingly.

5.10 *Partial Utilization, Acknowledgment of Property Insurer*

A. If Owner finds it necessary to occupy or use a portion or portions of the Work prior to Substantial Completion of all the Work as provided in Paragraph 14.05, no such use or occupancy shall commence before the insurers providing the property insurance pursuant to Paragraph 5.06 have acknowledged notice thereof and in writing effected any changes in coverage necessitated thereby. The insurers providing the property insurance shall consent by endorsement on the policy or policies, but the property insurance shall not be canceled or permitted to lapse on account of any such partial use or occupancy.

ARTICLE 6 - CONTRACTOR'S RESPONSIBILITIES

6.01 *Supervision and Superintendence*

A. Contractor shall supervise, inspect, and direct the Work competently and efficiently, devoting such attention thereto and applying such skills and expertise as may be necessary to perform the Work in accordance with the Contract Documents. Contractor shall be solely responsible for the means, methods, techniques, sequences, and procedures of construction. Contractor shall not be responsible for the negligence of Owner or Engineer in the design or specification of a specific means, method, technique, sequence, or procedure of construction which is shown or indicated in and expressly required by the Contract Documents.

B. At all times during the progress of the Work, Contractor shall assign a competent resident superintendent who shall not be replaced without written notice to Owner and Engineer except under extraordinary circumstances. The superintendent will be Contractor's representative at the Site and shall have authority to act on behalf of Contractor. All communications given to or received from the superintendent shall be binding on Contractor.

6.02 *Labor; Working Hours*

A. Contractor shall provide competent, suitably qualified personnel to survey and lay out the Work and perform construction as required by the Contract Documents. Contractor shall at all times maintain good discipline and order at the Site.

B. Except as otherwise required for the safety or protection of persons or the Work or property at the Site or adjacent thereto, and except as otherwise stated in the Contract Documents, all Work at the Site shall be performed during regular working hours. Contractor will not permit the performance of Work on a Saturday, Sunday, or any legal holiday without Owner's written consent (which will not be unreasonably withheld) given after prior written notice to Engineer.

6.03 *Services, Materials, and Equipment*

A. Unless otherwise specified in the Contract Documents, Contractor shall provide and assume full responsibility for all services, materials, equipment, labor, transportation, construction equipment and machinery, tools, appliances, fuel, power, light, heat, telephone, water, sanitary facilities, temporary facilities, and all other facilities and incidentals necessary for the performance, testing, start-up, and completion of the Work.

B. All materials and equipment incorporated into the Work shall be as specified or, if not specified, shall be of good quality and new, except as otherwise provided in the Contract Documents. All special warranties and guarantees required by the Specifications shall expressly run to the benefit of Owner. If required by Engineer, Contractor shall furnish satisfactory evidence (including reports of required tests) as to the source, kind, and quality of materials and equipment.

C. All materials and equipment shall be stored, applied, installed, connected, erected, protected, used, cleaned, and conditioned in accordance with instructions of the applicable Supplier, except as otherwise may be provided in the Contract Documents.

6.04 *Progress Schedule*

A. Contractor shall adhere to the Progress Schedule established in accordance with Paragraph 2.07 as it may be adjusted from time to time as provided below.

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1. Contractor shall submit to Engineer for acceptance (to the extent indicated in Paragraph 2.07) proposed adjustments in the Progress Schedule that will not result in changing the Contract Times. Such adjustments will comply with any provisions of the General Requirements applicable thereto.

2. Proposed adjustments in the Progress Schedule that will change the Contract Times shall be submitted in accordance with the requirements of Article 12. Adjustments in Contract Times may only be made by a Change Order.

6.05 *Substitutes and "Or-Equals"*

A. Whenever an item of material or equipment is specified or described in the Contract Documents by using the name of a proprietary item or the name of a particular Supplier, the specification or description is intended to establish the type, function, appearance, and quality required. Unless the specification or description contains or is followed by words reading that no like, equivalent, or "or-equal" item or no substitution is permitted, other items of material or equipment or material or equipment of other Suppliers may be submitted to Engineer for review under the circumstances described below.

1. *"Or-Equal" Items:* If in Engineer's sole discretion an item of material or equipment proposed by Contractor is functionally equal to that named and sufficiently similar so that no change in related Work will be required, it may be considered by Engineer as an "or-equal" item, in which case review and approval of the proposed item may, in Engineer's sole discretion, be accomplished without compliance with some or all of the requirements for approval of proposed substitute items. For the purposes of this Paragraph 6.05.A.1, a proposed item of material or equipment will be considered functionally equal to an item so named if:

a. in the exercise of reasonable judgment Engineer determines that:

1) it is at least equal in materials of construction, quality, durability, appearance, strength, and design characteristics;

2) it will reliably perform at least equally well the function and achieve the results imposed by the design concept of the completed Project as a functioning whole,

3) it has a proven record of performance and availability of responsive service; and

b. Contractor certifies that, if approved and incorporated into the Work:

1) there will be no increase in cost to the Owner or increase in Contract Times, and

2) it will conform substantially to the detailed requirements of the item named in the Contract Documents.

2. Substitute Items

a. If in Engineer's sole discretion an item of material or equipment proposed by Contractor does not qualify as an "or-equal" item under Paragraph 6.05.A.1, it will be considered a proposed substitute item.

b. Contractor shall submit sufficient information as provided below to allow Engineer to determine that the item of material or equipment proposed is essentially equivalent to that named and an acceptable substitute therefor. Requests for review of proposed substitute items of material or equipment will not be accepted by Engineer from anyone other than Contractor.

c. The requirements for review by Engineer will be as set forth in Paragraph 6.05.A.2.d, as supplemented in the General Requirements and as Engineer may decide is appropriate under the circumstances.

d. Contractor shall make written application to Engineer for review of a proposed substitute item of material or equipment that Contractor seeks to furnish or use. The application:

1) shall certify that the proposed substitute item will:

a) perform adequately the functions and achieve the results called for by the general design,

b) be similar in substance to that specified, and

c) be suited to the same use as that specified;

2) will state:

a) the extent, if any, to which the use of the proposed substitute item will prejudice Contractor's achievement of Substantial Completion on time;

b) whether or not use of the proposed substitute item in the Work will require a change in any of the Contract Documents (or in the provisions of any other direct contract with Owner for other work on the Project) to adapt the design to the proposed substitute item; and

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c) whether or not incorporation or use of the proposed substitute item in connection with the Work is subject to payment of any license fee or royalty;

3) will identify:

a) all variations of the proposed substitute item from that specified , and

b) available engineering, sales, maintenance, repair, and replacement services;

4) and shall contain an itemized estimate of all costs or credits that will result directly or indirectly from use of such substitute item, including costs of redesign and claims of other contractors affected by any resulting change,

B. *Substitute Construction Methods or Procedures:* If a specific means, method, technique, sequence, or procedure of construction is expressly required by the Contract Documents, Contractor may furnish or utilize a substitute means, method, technique, sequence, or procedure of construction approved by Engineer. Contractor shall submit sufficient information to allow Engineer, in Engineer's sole discretion, to determine that the substitute proposed is equivalent to that expressly called for by the Contract Documents. The requirements for review by Engineer will be similar to those provided in Paragraph 6.05.A.2.

C. *Engineer's Evaluation:* Engineer will be allowed a reasonable time within which to evaluate each proposal or submittal made pursuant to Paragraphs 6.05.A and 6.05.B. Engineer may require Contractor to furnish additional data about the proposed substitute item. Engineer will be the sole judge of acceptability. No "or equal" or substitute will be ordered, installed or utilized until Engineer's review is complete, which will be evidenced by either a Change Order for a substitute or an approved Shop Drawing for an "or equal." Engineer will advise Contractor in writing of any negative determination.

D. *Special Guarantee:* Owner may require Contractor to furnish at Contractor's expense a special performance guarantee or other surety with respect to any substitute.

E. *Engineer's Cost Reimbursement*: Engineer will record Engineer's costs in evaluating a substitute proposed or submitted by Contractor pursuant to Paragraphs 6.05.A.2 and 6.05.B Whether or not Engineer approves a substitute item so proposed or submitted by Contractor, Contractor shall reimburse Owner for the charges of Engineer for evaluating each such proposed substitute. Contractor shall also reimburse Owner for the charges of Engineer for making changes in the Contract Documents (or in the provisions of any other direct contract with Owner) resulting from the acceptance of each proposed substitute.

F. *Contractor's Expense*: Contractor shall provide all data in support of any proposed substitute or "or-equal" at Contractor's expense.

6.06 *Concerning Subcontractors, Suppliers, and Others*

A. Contractor shall not employ any Subcontractor, Supplier, or other individual or entity (including those acceptable to Owner as indicated in Paragraph 6.06.B), whether initially or as a replacement, against whom Owner may have reasonable objection. Contractor shall not be required to employ any Subcontractor, Supplier, or other individual or entity to furnish or perform any of the Work against whom Contractor has reasonable objection.

B. If the Supplementary Conditions require the identity of certain Subcontractors, Suppliers, or other individuals or entities to be submitted to Owner in advance for acceptance by Owner by a specified date prior to the Effective Date of the Agreement, and if Contractor has submitted a list thereof in accordance with the Supplementary Conditions, Owner's acceptance (either in writing or by failing to make written objection thereto by the date indicated for acceptance or objection in the Bidding Documents or the Contract Documents) of any such Subcontractor, Supplier, or other individual or entity so identified may be revoked on the basis of reasonable objection after due investigation. Contractor shall submit an acceptable replacement for the rejected Subcontractor, Supplier, or other individual or entity, and the Contract Price will be adjusted by the difference in the cost occasioned by such replacement, and an appropriate Change Order will be issued . No acceptance by Owner of any such Subcontractor, Supplier, or other individual or entity, whether initially or as a replacement, shall constitute a waiver of any right of Owner or Engineer to reject defective Work.

C. Contractor shall be fully responsible to Owner and Engineer for all acts and omissions of the Subcontractors, Suppliers, and other individuals or entities performing or furnishing any of the Work just as Contractor is responsible for Contractor's own acts and omissions. Nothing in the Contract Documents:

1. shall create for the benefit of any such Subcontractor, Supplier, or other individual or entity any contractual relationship between Owner or Engineer and any such Subcontractor, Supplier or other individual or entity, nor

2. shall anything in the Contract Documents create any obligation on the part of Owner or Engineer to pay or to see to the payment of any moneys due any such Subcontractor, Supplier, or other individual

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or entity except as may otherwise be required by Laws and Regulations.

D. Contractor shall be solely responsible for scheduling and coordinating the Work of Subcontractors, Suppliers, and other individuals or entities performing or furnishing any of the Work under a direct or indirect contract with Contractor.

E. Contractor shall require all Subcontractors, Suppliers, and such other individuals or entities performing or furnishing any of the Work to communicate with Engineer through Contractor.

F. The divisions and sections of the Specifications and the identifications of any Drawings shall not control Contractor in dividing the Work among Subcontractors or Suppliers or delineating the Work to be performed by any specific trade.

G. All Work performed for Contractor by a Subcontractor or Supplier will be pursuant to an appropriate agreement between Contractor and the Subcontractor or Supplier which specifically binds the Subcontractor or Supplier to the applicable terms and conditions of the Contract Documents for the benefit of Owner and Engineer. Whenever any such agreement is with a Subcontractor or Supplier who is listed as an additional insured on the property insurance provided in Paragraph 5.06, the agreement between the Contractor and the Subcontractor or Supplier will contain provisions whereby the Subcontractor or Supplier waives all rights against Owner, Contractor, and Engineer,, and all other individuals or entities identified in the Supplementary Conditions to be listed as insureds or additional insureds (and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them) for all losses and damages caused by, arising out of, relating to, or resulting from any of the perils or causes of loss covered by such policies and any other property insurance applicable to the Work. If the insurers on any such policies require separate waiver forms to be signed by any Subcontractor or Supplier, Contractor will obtain the same.

6.07 *Patent Fees and Royalties*

A. Contractor shall pay all license fees and royalties and assume all costs incident to the use in the performance of the Work or the incorporation in the Work of any invention, design, process, product, or device which is the subject of patent rights or copyrights held by others. If a particular invention, design, process, product, or device is specified in the Contract Documents for use in the performance of the Work and if to the actual knowledge of Owner or Engineer its use is subject to patent rights or copyrights calling for the payment of any license fee or royalty to others, the existence of such rights shall be disclosed by Owner in the Contract Documents.

B. To the fullest extent permitted by Laws and Regulations, Contractor shall indemnify and hold harmless Owner and Engineer, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to any infringement of patent rights or copyrights incident to the use in the performance of the Work or resulting from the incorporation in the Work of any invention, design, process, product, or device not specified in the Contract Documents.

6.08 *Permits*

A. Unless otherwise provided in the Supplementary Conditions, Contractor shall obtain and pay for all construction permits and licenses. Owner shall assist Contractor, when necessary, in obtaining such permits and licenses. Contractor shall pay all governmental charges and inspection fees necessary for the prosecution of the Work which are applicable at the time of opening of Bids, or, if there are no Bids, on the Effective Date of the Agreement. Owner shall pay all charges of utility owners for connections for providing permanent service to the Work.

6.09 *Laws and Regulations*

A. Contractor shall give all notices required by and shall comply with all Laws and Regulations applicable to the performance of the Work. Except where otherwise expressly required by applicable Laws and Regulations, neither Owner nor Engineer shall be responsible for monitoring Contractor's compliance with any Laws or Regulations.

B. If Contractor performs any Work knowing or having reason to know that it is contrary to Laws or Regulations, Contractor shall bear all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to such Work. However, it shall not be Contractor's primary responsibility to make certain that the Specifications and Drawings are in accordance with Laws and Regulations, but this shall not relieve Contractor of Contractor's obligations under Paragraph 3.03.

C. Changes in Laws or Regulations not known at the time of opening of Bids (or, on the Effective Date of the Agreement if there were no Bids) having an effect on the cost or time of performance of the Work shall be the subject of an adjustment in Contract Price or Contract Times. If Owner and Contractor are unable to agree on entitlement to or on the amount or extent, if any, of any such adjustment, a Claim may be made therefor as provided in Paragraph 10.05.

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6.10 *Taxes*

A. Contractor shall pay all sales, consumer, use, and other similar taxes required to be paid by Contractor in accordance with the Laws and Regulations of the place of the Project which are applicable during the performance of the Work.

6.11 *Use of Site and Other Areas*

A. Limitation on Use of Site and Other Areas

1. Contractor shall confine construction equipment, the storage of materials and equipment, and the operations of workers to the Site and other areas permitted by Laws and Regulations, and shall not unreasonably encumber the Site and other areas with construction equipment or other materials or equipment. Contractor shall assume full responsibility for any damage to any such land or area, or to the owner or occupant thereof, or of any adjacent land or areas resulting from the performance of the Work.

2. Should any claim be made by any such owner or occupant because of the performance of the Work, Contractor shall promptly settle with such other party by negotiation or otherwise resolve the claim by arbitration or other dispute resolution proceeding or at law.

3. To the fullest extent permitted by Laws and Regulations, Contractor shall indemnify and hold harmless Owner and Engineer, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to any claim or action, legal or equitable, brought by any such owner or occupant against Owner, Engineer, or any other party indemnified hereunder to the extent caused by or based upon Contractor's performance of the Work.

B. *Removal of Debris During Performance of the Work:* During the progress of the Work Contractor shall keep the Site and other areas free from accumulations of waste materials, rubbish, and other debris. Removal and disposal of such waste materials, rubbish, and other debris shall conform to applicable Laws and Regulations.

C. *Cleaning:* Prior to Substantial Completion of the Work Contractor shall clean the Site and the Work and make it ready for utilization by Owner. At the completion of the Work Contractor shall remove from the Site all tools, appliances, construction equipment and machinery, and surplus materials and shall restore to original condition all property not designated for alteration by the Contract Documents.

D. *Loading Structures:* Contractor shall not load nor permit any part of any structure to be loaded in any manner that will endanger the structure, nor shall Contractor subject any part of the Work or adjacent property to stresses or pressures that will endanger it.

6.12 *Record Documents*

A. Contractor shall maintain in a safe place at the Site one record copy of all Drawings, Specifications, Addenda, Change Orders, Work Change Directives, Field Orders, and written interpretations and clarifications in good order and annotated to show changes made during construction. These record documents together with all approved Samples and a counterpart of all approved Shop Drawings will be available to Engineer for reference. Upon completion of the Work, these record documents, Samples, and Shop Drawings will be delivered to Engineer for Owner.

6.13 *Safety and Protection*

A. Contractor shall be solely responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the Work. Contractor shall take all necessary precautions for the safety of, and shall provide the necessary protection to prevent damage, injury or loss to:

1. all persons on the Site or who may be affected by the Work;

2. all the Work and materials and equipment to be incorporated therein, whether in storage on or off the Site; and

3. other property at the Site or adjacent thereto, including trees, shrubs, lawns, walks, pavements, roadways, structures, utilities, and Underground Facilities not designated for removal, relocation, or replacement in the course of construction.

B. Contractor shall comply with all applicable Laws and Regulations relating to the safety of persons or property, or to the protection of persons or property from damage, injury, or loss; and shall erect and maintain all necessary safeguards for such safety and protection. Contractor shall notify owners of adjacent property and of Underground Facilities and other utility owners when prosecution of the Work may affect them, and shall cooperate with them in the protection, removal, relocation, and replacement of their property.

C. All damage, injury, or loss to any property referred to in Paragraph 6.13.A.2 or 6.13.A.3 caused, directly or indirectly, in whole or in part, by Contractor, any Subcontractor, Supplier, or any other individual or entity directly or indirectly employed by any of them to perform any of the Work, or anyone for whose acts any of them may be liable, shall be remedied by Contractor (except damage or loss attributable to the fault of Draw-

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ings or Specifications or to the acts or omissions of Owner or Engineer or , or anyone employed by any of them, or anyone for whose acts any of them may be liable, and not attributable, directly or indirectly, in whole or in part, to the fault or negligence of Contractor or any Subcontractor, Supplier, or other individual or entity directly or indirectly employed by any of them).

D. Contractor's duties and responsibilities for safety and for protection of the Work shall continue until such time as all the Work is completed and Engineer has issued a notice to Owner and Contractor in accordance with Paragraph 14.07.B that the Work is acceptable (except as otherwise expressly provided in connection with Substantial Completion).

6.14 *Safety Representative*

A. Contractor shall designate a qualified and experienced safety representative at the Site whose duties and responsibilities shall be the prevention of accidents and the maintaining and supervising of safety precautions and programs.

6.15 *Hazard Communication Programs*

A. Contractor shall be responsible for coordinating any exchange of material safety data sheets or other hazard communication information required to be made available to or exchanged between or among employers at the Site in accordance with Laws or Regulations.

6.16 *Emergencies*

A. In emergencies affecting the safety or protection of persons or the Work or property at the Site or adjacent thereto, Contractor is obligated to act to prevent threatened damage, injury, or loss. Contractor shall give Engineer prompt written notice if Contractor believes that any significant changes in the Work or variations from the Contract Documents have been caused thereby or are required as a result thereof. If Engineer determines that a change in the Contract Documents is required because of the action taken by Contractor in response to such an emergency, a Work Change Directive or Change Order will be issued.

6.17 *Shop Drawings and Samples*

A. Contractor shall submit Shop Drawings and Samples to Engineer for review and approval in accordance with the acceptable Schedule of Submittals (as required by Paragraph 2.07). Each submittal will be identified as Engineer may require.

1. Shop Drawings

a. Submit number of copies specified in the General Requirements.

b. Data shown on the Shop Drawings will be complete with respect to quantities, dimensions, specified performance and design criteria, materials, and similar data to show Engineer the services, materials, and equipment Contractor proposes to provide and to enable Engineer to review the information for the limited purposes required by Paragraph 6.17.D.

2. *Samples:* Contractor shall also submit Samples to Engineer for review and approval in accordance with the acceptable schedule of Shop Drawings and Sample submittals.

a. Submit number of Samples specified in the Specifications.

b. Clearly identify each Sample as to material, Supplier, pertinent data such as catalog numbers, the use for which intended and other data as Engineer may require to enable Engineer to review the submittal for the limited purposes required by Paragraph 6.17.D.

B. Where a Shop Drawing or Sample is required by the Contract Documents or the Schedule of Submittals , any related Work performed prior to Engineer's review and approval of the pertinent submittal will be at the sole expense and responsibility of Contractor.

C. Submittal Procedures

1. Before submitting each Shop Drawing or Sample, Contractor shall have determined and verified:

a. all field measurements, quantities, dimensions, specified performance and design criteria, installation requirements, materials, catalog numbers, and similar information with respect thereto;

b. the suitability of all materials with respect to intended use, fabrication, shipping, handling, storage, assembly, and installation pertaining to the performance of the Work;

c. all information relative to Contractor's responsibilities for means, methods, techniques, sequences, and procedures of construction, and safety precautions and programs incident thereto; and

d. shall also have reviewed and coordinated each Shop Drawing or Sample with other Shop Drawings and Samples and with the requirements of the Work and the Contract Documents.

2. Each submittal shall bear a stamp or specific written certification that Contractor has satisfied Contractor's obligations under the Contract Documents

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with respect to Contractor's review and approval of that submittal.

3. With each submittal, Contractor shall give Engineer specific written notice of any variations, that the Shop Drawing or Sample may have from the requirements of the Contract Documents. This notice shall be both a written communication separate from the Shop Drawing's or Sample Submittal; and, in addition, by a specific notation made on each Shop Drawing or Sample submitted to Engineer for review and approval of each such variation.

D. *Engineer's Review*

1. Engineer will provide timely review of Shop Drawings and Samples in accordance with the Schedule of Submittals acceptable to Engineer. Engineer's review and approval will be only to determine if the items covered by the submittals will, after installation or incorporation in the Work, conform to the information given in the Contract Documents and be compatible with the design concept of the completed Project as a functioning whole as indicated by the Contract Documents.

2. Engineer's review and approval will not extend to means, methods, techniques, sequences, or procedures of construction (except where a particular means, method, technique, sequence, or procedure of construction is specifically and expressly called for by the Contract Documents) or to safety precautions or programs incident thereto. The review and approval of a separate item as such will not indicate approval of the assembly in which the item functions.

3. Engineer's review and approval shall not relieve Contractor from responsibility for any variation from the requirements of the Contract Documents unless Contractor has complied with the requirements of Paragraph 6.17.C.3 and Engineer has given written approval of each such variation by specific written notation thereof incorporated in or accompanying the Shop Drawing or Sample. Engineer's review and approval shall not relieve Contractor from responsibility for complying with the requirements of Paragraph 6.17.C.1.

E. *Resubmittal Procedures*

1. Contractor shall make corrections required by Engineer and shall return the required number of corrected copies of Shop Drawings and submit, as required, new Samples for review and approval. Contractor shall direct specific attention in writing to revisions other than the corrections called for by Engineer on previous submittals.

6.18 *Continuing the Work*

A. Contractor shall carry on the Work and adhere to the Progress Schedule during all disputes or disagreements with Owner. No Work shall be delayed or postponed pending resolution of any disputes or disagreements, except as permitted by Paragraph 15.04 or as Owner and Contractor may otherwise agree in writing.

6.19 *Contractor's General Warranty and Guarantee*

A. Contractor warrants and guarantees to Owner that all Work will be in accordance with the Contract Documents and will not be defective. Engineer and its Related Entities shall be entitled to rely on representation of Contractor's warranty and guarantee.

B. Contractor's warranty and guarantee hereunder excludes defects or damage caused by:

1. abuse, modification, or improper maintenance or operation by persons other than Contractor, Subcontractors, Suppliers, or any other individual or entity for whom Contractor is responsible; or

2. normal wear and tear under normal usage.

C. Contractor's obligation to perform and complete the Work in accordance with the Contract Documents shall be absolute. None of the following will constitute an acceptance of Work that is not in accordance with the Contract Documents or a release of Contractor's obligation to perform the Work in accordance with the Contract Documents:

1. observations by Engineer;

2. recommendation by Engineer or payment by Owner of any progress or final payment;

3. the issuance of a certificate of Substantial Completion by Engineer or any payment related thereto by Owner;

4. use or occupancy of the Work or any part thereof by Owner;

5. any review and approval of a Shop Drawing or Sample submittal or the issuance of a notice of acceptability by Engineer;

6. any inspection, test, or approval by others; or

7. any correction of defective Work by Owner.

6.20 *Indemnification*

A. To the fullest extent permitted by Laws and Regulations, Contractor shall indemnify and hold harmless Owner and Engineer, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them from and against all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or

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arbitration or other dispute resolution costs) arising out of or relating to the performance of the Work, provided that any such claim, cost, loss, or damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Work itself), including the loss of use resulting therefrom but only to the extent caused by any negligent act or omission of Contractor, any Subcontractor, any Supplier, or any individual or entity directly or indirectly employed by any of them to perform any of the Work or anyone for whose acts any of them may be liable .

B. In any and all claims against Owner or Engineer or any of their respective consultants, agents, officers, directors, partners, or employees by any employee (or the survivor or personal representative of such employee) of Contractor, any Subcontractor, any Supplier, or any individual or entity directly or indirectly employed by any of them to perform any of the Work, or anyone for whose acts any of them may be liable, the indemnification obligation under Paragraph 6.20.A shall not be limited in any way by any limitation on the amount or type of damages, compensation, or benefits payable by or for Contractor or any such Subcontractor, Supplier, or other individual or entity under workers' compensation acts, disability benefit acts, or other employee benefit acts.

C. The indemnification obligations of Contractor under Paragraph 6.20.A shall not extend to the liability of Engineer and Engineer's officers, directors, partners, employees, agents, consultants and subcontractors arising out of:

1. the preparation or approval of, or the failure to prepare or approve, maps, Drawings, opinions, reports, surveys, Change Orders, designs, or Specifications; or

2. giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage.

6.21 *Delegation of Professional Design Services*

A. Contractor will not be required to provide professional design services unless such services are specifically required by the Contract Documents for a portion of the Work or unless such services are required to carry out Contractor's responsibilities for construction means, methods, techniques, sequences and procedures. Contractor shall not be required to provide professional services in violation of applicable law.

B. If professional design services or certifications by a design professional related to systems, materials or equipment are specifically required of Contractor by the Contract Documents, Owner and Engineer will specify all performance and design criteria that such services must satisfy. Contractor shall cause such services or certifications to be provided by a properly licensed professional, whose signature and seal shall appear on all drawings, calculations, specifications, certifications, Shop Drawings and other submittals prepared by such professional. Shop Drawings and other submittals related to the Work designed or certified by such professional, if prepared by others, shall bear such professional's written approval when submitted to Engineer.

C. Owner and Engineer shall be entitled to rely upon the adequacy, accuracy and completeness of the services, certifications or approvals performed by such design professionals, provided Owner and Engineer have specified to Contractor all performance and design criteria that such services must satisfy.

D. Pursuant to this Paragraph 6.21, Engineer's review and approval of design calculations and design drawings will be only for the limited purpose of checking for conformance with performance and design criteria given and the design concept expressed in the Contract Documents. Engineer's review and approval of Shop Drawings and other submittals (except design calculations and design drawings) will be only for the purpose stated in Paragraph 6.17.D.1.

E. Contractor shall not be responsible for the adequacy of the performance or design criteria required by the Contract Documents.

ARTICLE 7 - OTHER WORK AT THE SITE

7.01 *Related Work at Site*

A. Owner may perform other work related to the Project at the Site with Owner's employees, or via other direct contracts therefor, or have other work performed by utility owners. If such other work is not noted in the Contract Documents, then:

1. written notice thereof will be given to Contractor prior to starting any such other work; and

2. if Owner and Contractor are unable to agree on entitlement to or on the amount or extent, if any, of any adjustment in the Contract Price or Contract Times that should be allowed as a result of such other work, a Claim may be made therefor as provided in Paragraph 10.05.

B. Contractor shall afford each other contractor who is a party to such a direct contract, each utility owner and Owner, if Owner is performing other work with Owner's employees, proper and safe access to the Site, a reasonable opportunity for the introduction and storage of materials and equipment and the execution of such other work, and shall properly coordinate the Work with theirs. Contractor shall do all cutting, fitting, and patching of the Work that may be required to properly connect or otherwise make its several parts come together and

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properly integrate with such other work. Contractor shall not endanger any work of others by cutting, excavating, or otherwise altering their work and will only cut or alter their work with the written consent of Engineer and the others whose work will be affected. The duties and responsibilities of Contractor under this Paragraph are for the benefit of such utility owners and other contractors to the extent that there are comparable provisions for the benefit of Contractor in said direct contracts between Owner and such utility owners and other contractors.

C. If the proper execution or results of any part of Contractor's Work depends upon work performed by others under this Article 7, Contractor shall inspect such other work and promptly report to Engineer in writing any delays, defects, or deficiencies in such other work that render it unavailable or unsuitable for the proper execution and results of Contractor's Work. Contractor's failure to so report will constitute an acceptance of such other work as fit and proper for integration with Contractor's Work except for latent defects and deficiencies in such other work.

7.02 *Coordination*

A. If Owner intends to contract with others for the performance of other work on the Project at the Site, the following will be set forth in Supplementary Conditions:

1. the individual or entity who will have authority and responsibility for coordination of the activities among the various contractors will be identified;

2. the specific matters to be covered by such authority and responsibility will be itemized; and

3. the extent of such authority and responsibilities will be provided.

B. Unless otherwise provided in the Supplementary Conditions, Owner shall have sole authority and responsibility for such coordination.

7.03 *Legal Relationships*

A. Paragraphs 7.01.A and 7.02 are not applicable for utilities not under the control of Owner.

B. Each other direct contract of Owner under Paragraph 7.01.A shall provide that the other contractor is liable to Owner and Contractor for the reasonable direct delay and disruption costs incurred by Contractor as a result of the other contractor's actions or inactions.

C. Contractor shall be liable to Owner and any other contractor for the reasonable direct delay and disruption costs incurred by such other contractor as a result of Contractor's action or inactions.

ARTICLE 8 - OWNER'S RESPONSIBILITIES

8.01 *Communications to Contractor*

A. Except as otherwise provided in these General Conditions, Owner shall issue all communications to Contractor through Engineer.

8.02 *Replacement of Engineer*

A. In case of termination of the employment of Engineer, Owner shall appoint an engineer to whom Contractor makes no reasonable objection, whose status under the Contract Documents shall be that of the former Engineer.

8.03 *Furnish Data*

A. Owner shall promptly furnish the data required of Owner under the Contract Documents.

8.04 *Pay When Due*

A. Owner shall make payments to Contractor when they are due as provided in Paragraphs 14.02.C and 14.07.C.

8.05 *Lands and Easements; Reports and Tests*

A. Owner's duties in respect of providing lands and easements and providing engineering surveys to establish reference points are set forth in Paragraphs 4.01 and 4.05. Paragraph 4.02 refers to Owner's identifying and making available to Contractor copies of reports of explorations and tests of subsurface conditions and drawings of physical conditions in or relating to existing surface or subsurface structures at or contiguous to the Site that have been utilized by Engineer in preparing the Contract Documents.

8.06 *Insurance*

A. Owner's responsibilities, if any, in respect to purchasing and maintaining liability and property insurance are set forth in Article 5.

8.07 *Change Orders*

A. Owner is obligated to execute Change Orders as indicated in Paragraph 10.03.

8.08 *Inspections, Tests, and Approvals*

A. Owner's responsibility in respect to certain inspections, tests, and approvals is set forth in Paragraph 13.03.B.

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8.09 *Limitations on Owner's Responsibilities*

A. The Owner shall not supervise, direct, or have control or authority over, nor be responsible for, Contractor's means, methods, techniques, sequences, or procedures of construction, or the safety precautions and programs incident thereto, or for any failure of Contractor to comply with Laws and Regulations applicable to the performance of the Work. Owner will not be responsible for Contractor's failure to perform the Work in accordance with the Contract Documents.

8.10 *Undisclosed Hazardous Environmental Condition*

A. Owner's responsibility in respect to an undisclosed Hazardous Environmental Condition is set forth in Paragraph 4.06.

8.11 *Evidence of Financial Arrangements*

A. If and to the extent Owner has agreed to furnish Contractor reasonable evidence that financial arrangements have been made to satisfy Owner's obligations under the Contract Documents, Owner's responsibility in respect thereof will be as set forth in the Supplementary Conditions.

ARTICLE 9 - ENGINEER'S STATUS DURING CONSTRUCTION

9.01 *Owner's Representative*

A. Engineer will be Owner's representative during the construction period. The duties and responsibilities and the limitations of authority of Engineer as Owner's representative during construction are set forth in the Contract Documents and will not be changed without written consent of Owner and Engineer.

9.02 *Visits to Site*

A. Engineer will make visits to the Site at intervals appropriate to the various stages of construction as Engineer deems necessary in order to observe as an experienced and qualified design professional the progress that has been made and the quality of the various aspects of Contractor's executed Work. Based on information obtained during such visits and observations, Engineer, for the benefit of Owner, will determine, in general, if the Work is proceeding in accordance with the Contract Documents. Engineer will not be required to make exhaustive or continuous inspections on the Site to check the quality or quantity of the Work. Engineer's efforts will be directed toward providing for Owner a greater degree of confidence that the completed Work will conform generally to the Contract Documents. On the basis of such visits and observations, Engineer will keep Owner informed of the progress of the Work and will endeavor to guard Owner against defective Work.

B. Engineer's visits and observations are subject to all the limitations on Engineer's authority and responsibility set forth in Paragraph 9.09. Particularly, but without limitation, during or as a result of Engineer's visits or observations of Contractor's Work Engineer will not supervise, direct, control, or have authority over or be responsible for Contractor's means, methods, techniques, sequences, or procedures of construction, or the safety precautions and programs incident thereto, or for any failure of Contractor to comply with Laws and Regulations applicable to the performance of the Work.

9.03 *Project Representative*

A. If Owner and Engineer agree, Engineer will furnish a Resident Project Representative to assist Engineer in providing more extensive observation of the Work. The authority and responsibilities of any such Resident Project Representative and assistants will be as provided in the Supplementary Conditions, and limitations on the responsibilities thereof will be as provided in Paragraph 9.09. If Owner designates another representative or agent to represent Owner at the Site who is not Engineer's consultant, agent or employee, the responsibilities and authority and limitations thereon of such other individual or entity will be as provided in the Supplementary Conditions.

9.04 *Authorized Variations in Work*

A. Engineer may authorize minor variations in the Work from the requirements of the Contract Documents which do not involve an adjustment in the Contract Price or the Contract Times and are compatible with the design concept of the completed Project as a functioning whole as indicated by the Contract Documents. These may be accomplished by a Field Order and will be binding on Owner and also on Contractor, who shall perform the Work involved promptly. If Owner or Contractor believes that a Field Order justifies an adjustment in the Contract Price or Contract Times, or both, and the parties are unable to agree on entitlement to or on the amount or extent, if any, of any such adjustment , a Claim may be made therefor as provided in Paragraph 10.05.

9.05 *Rejecting Defective Work*

A. Engineer will have authority to reject Work which Engineer believes to be defective, or that Engineer believes will not produce a completed Project that conforms to the Contract Documents or that will prejudice the integrity of the design concept of the completed Project as a functioning whole as indicated by the Contract Documents. Engineer will also have authority to require special inspection or testing of the Work as provided in Paragraph 13.04, whether or not the Work is fabricated, installed, or completed.

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9.06 *Shop Drawings, Change Orders and Payments*

A. In connection with Engineer's authority, and limitations thereof, as to Shop Drawings and Samples, see Paragraph 6.17.

B. In connection with Engineer's authority, and limitations thereof, as to design calculations and design drawings submitted in response to a delegation of professional design services, if any, see Paragraph 6.21.

C. In connection with Engineer's authority as to Change Orders, see Articles 10, 11, and 12.

D. In connection with Engineer's authority as to Applications for Payment, see Article 14.

9.07 *Determinations for Unit Price Work*

A. Engineer will determine the actual quantities and classifications of Unit Price Work performed by Contractor. Engineer will review with Contractor the Engineer's preliminary determinations on such matters before rendering a written decision thereon (by recommendation of an Application for Payment or otherwise). Engineer's written decision thereon will be final and binding (except as modified by Engineer to reflect changed factual conditions or more accurate data) upon Owner and Contractor, subject to the provisions of Paragraph 10.05.

9.08 *Decisions on Requirements of Contract Documents and Acceptability of Work*

A. Engineer will be the initial interpreter of the requirements of the Contract Documents and judge of the acceptability of the Work thereunder. All matters in question and other matters between Owner and Contractor arising prior to the date final payment is due relating to the acceptability of the Work, and the interpretation of the requirements of the Contract Documents pertaining to the performance of the Work, will be referred initially to Engineer in writing within 30 days of the event giving rise to the question

B. Engineer will, with reasonable promptness, render a written decision on the issue referred. If Owner or Contractor believe that any such decision entitles them to an adjustment in the Contract Price or Contract Times or both, a Claim may be made under Paragraph 10.05. The date of Engineer's decision shall be the date of the event giving rise to the issues referenced for the purposes of Paragraph 10.05.B.

C. Engineer's written decision on the issue referred will be final and binding on Owner and Contractor, subject to the provisions of Paragraph 10.05.

D. When functioning as interpreter and judge under this Paragraph 9.08, Engineer will not show partiality to Owner or Contractor and will not be liable in connection with any interpretation or decision rendered in good faith in such capacity.

9.09 *Limitations on Engineer's Authority and Responsibilities*

A. Neither Engineer's authority or responsibility under this Article 9 or under any other provision of the Contract Documents nor any decision made by Engineer in good faith either to exercise or not exercise such authority or responsibility or the undertaking, exercise, or performance of any authority or responsibility by Engineer shall create, impose, or give rise to any duty in contract, tort, or otherwise owed by Engineer to Contractor, any Subcontractor, any Supplier, any other individual or entity, or to any surety for or employee or agent of any of them.

B. Engineer will not supervise, direct, control, or have authority over or be responsible for Contractor's means, methods, techniques, sequences, or procedures of construction, or the safety precautions and programs incident thereto, or for any failure of Contractor to comply with Laws and Regulations applicable to the performance of the Work. Engineer will not be responsible for Contractor's failure to perform the Work in accordance with the Contract Documents.

C. Engineer will not be responsible for the acts or omissions of Contractor or of any Subcontractor, any Supplier, or of any other individual or entity performing any of the Work.

D. Engineer's review of the final Application for Payment and accompanying documentation and all maintenance and operating instructions, schedules, guarantees, bonds, certificates of inspection, tests and approvals, and other documentation required to be delivered by Paragraph 14.07.A will only be to determine generally that their content complies with the requirements of, and in the case of certificates of inspections, tests, and approvals that the results certified indicate compliance with the Contract Documents.

E. The limitations upon authority and responsibility set forth in this Paragraph 9.09 shall also apply to, the Resident Project Representative, if any, and assistants, if any.

ARTICLE 10 - CHANGES IN THE WORK; CLAIMS

10.01 *Authorized Changes in the Work*

A. Without invalidating the Contract and without notice to any surety, Owner may, at any time or from time to time, order additions, deletions, or revisions in the Work by a Change Order, or a Work Change Directive. Upon receipt of any such document, Contractor shall

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promptly proceed with the Work involved which will be performed under the applicable conditions of the Contract Documents (except as otherwise specifically provided).

B. If Owner and Contractor are unable to agree on entitlement to, or on the amount or extent, if any, of an adjustment in the Contract Price or Contract Times, or both, that should be allowed as a result of a Work Change Directive, a Claim may be made therefor as provided in Paragraph 10.05.

10.02 *Unauthorized Changes in the Work*

A.Contractor shall not be entitled to an increase in the Contract Price or an extension of the Contract Times with respect to any work performed that is not required by the Contract Documents as amended, modified, or supplemented as provided in Paragraph 3.04, except in the case of an emergency as provided in Paragraph 6.16 or in the case of uncovering Work as provided in Paragraph 13.04.B.

10.03 *Execution of Change Orders*

A. Owner and Contractor shall execute appropriate Change Orders recommended by Engineer covering:

1. changes in the Work which are: (i) ordered by Owner pursuant to Paragraph 10.01.A, (ii) required because of acceptance of defective Work under Paragraph 13.08.A or Owner's correction of defective Work under Paragraph 13.09, or (iii) agreed to by the parties;

2. changes in the Contract Price or Contract Times which are agreed to by the parties, including any undisputed sum or amount of time for Work actually performed in accordance with a Work Change Directive; and

3. changes in the Contract Price or Contract Times which embody the substance of any written decision rendered by Engineer pursuant to Paragraph 10.05; provided that, in lieu of executing any such Change Order, an appeal may be taken from any such decision in accordance with the provisions of the Contract Documents and applicable Laws and Regulations, but during any such appeal, Contractor shall carry on the Work and adhere to the Progress Schedule as provided in Paragraph 6.18.A.

10.04 *Notification to Surety*

A. If notice of any change affecting the general scope of the Work or the provisions of the Contract Documents (including, but not limited to, Contract Price or Contract Times) is required by the provisions of any bond to be given to a surety, the giving of any such notice will be Contractor's responsibility. The amount of each applicable bond will be adjusted to reflect the effect of any such change.

10.05 *Claims*

A. *Engineer's Decision Required*: All Claims, except those waived pursuant to Paragraph 14.09, shall be referred to the Engineer for decision. A decision by Engineer shall be required as a condition precedent to any exercise by Owner or Contractor of any rights or remedies either may otherwise have under the Contract Documents or by Laws and Regulations in respect of such Claims.

B. *Notice:* Written notice stating the general nature of each Claim, shall be delivered by the claimant to Engineer and the other party to the Contract promptly (but in no event later than 30 days) after the start of the event giving rise thereto. The responsibility to substantiate a Claim shall rest with the party making the Claim. Notice of the amount or extent of the Claim, with supporting data shall be delivered to the Engineer and the other party to the Contract within 60 days after the start of such event (unless Engineer allows additional time for claimant to submit additional or more accurate data in support of such Claim). A Claim for an adjustment in Contract Price shall be prepared in accordance with the provisions of Paragraph 12.01.B. A Claim for an adjustment in Contract Time shall be prepared in accordance with the provisions of Paragraph 12.02.B. Each Claim shall be accompanied by claimant's written statement that the adjustment claimed is the entire adjustment to which the claimant believes it is entitled as a result of said event. The opposing party shall submit any response to Engineer and the claimant within 30 days after receipt of the claimant's last submittal (unless Engineer allows additional time).

C. *Engineer's Action*: Engineer will review each Claim and, within 30 days after receipt of the last submittal of the claimant or the last submittal of the opposing party, if any, take one of the following actions in writing:

1. deny the Claim in whole or in part,

2. approve the Claim, or

3. notify the parties that the Engineer is unable to resolve the Claim if, in the Engineer's sole discretion, it would be inappropriate for the Engineer to do so. For purposes of further resolution of the Claim, such notice shall be deemed a denial.

D. In the event that Engineer does not take action on a Claim within said 30 days, the Claim shall be deemed denied.

E. Engineer's written action under Paragraph 10.05.C or denial pursuant to Paragraphs 10.05.C.3 or 10.05.D will be final and binding upon Owner and Contractor, unless Owner or Contractor invoke the dispute resolution procedure set forth in Article 16 within 30 days of such action or denial.

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F. No Claim for an adjustment in Contract Price or Contract Times will be valid if not submitted in accordance with this Paragraph 10.05.

ARTICLE 11 - COST OF THE WORK; ALLOWANCES; UNIT PRICE WORK

11.01 *Cost of the Work*

A. *Costs Included:* The term Cost of the Work means the sum of all costs, except those excluded in Paragraph 11.01.B, necessarily incurred and paid by Contractor in the proper performance of the Work. When the value of any Work covered by a Change Order or when a Claim for an adjustment in Contract Price is determined on the basis of Cost of the Work, the costs to be reimbursed to Contractor will be only those additional or incremental costs required because of the change in the Work or because of the event giving rise to the Claim. Except as otherwise may be agreed to in writing by Owner, such costs shall be in amounts no higher than those prevailing in the locality of the Project, shall include only the following items, and shall not include any of the costs itemized in Paragraph 11.01.B.

1. Payroll costs for employees in the direct employ of Contractor in the performance of the Work under schedules of job classifications agreed upon by Owner and Contractor. Such employees shall include, without limitation, superintendents, foremen, and other personnel employed full time at the Site. Payroll costs for employees not employed full time on the Work shall be apportioned on the basis of their time spent on the Work. Payroll costs shall include, but not be limited to, salaries and wages plus the cost of fringe benefits, which shall include social security contributions, unemployment, excise, and payroll taxes, workers' compensation, health and retirement benefits, bonuses, sick leave, vacation and holiday pay applicable thereto. The expenses of performing Work outside of regular working hours, on Saturday, Sunday, or legal holidays, shall be included in the above to the extent authorized by Owner.

2. Cost of all materials and equipment furnished and incorporated in the Work, including costs of transportation and storage thereof, and Suppliers' field services required in connection therewith. All cash discounts shall accrue to Contractor unless Owner deposits funds with Contractor with which to make payments, in which case the cash discounts shall accrue to Owner. All trade discounts, rebates and refunds and returns from sale of surplus materials and equipment shall accrue to Owner, and Contractor shall make provisions so that they may be obtained.

3. Payments made by Contractor to Subcontractors for Work performed by Subcontractors. If required by Owner, Contractor shall obtain competitive bids from subcontractors acceptable to Owner and Contractor and shall deliver such bids to Owner, who will then determine, with the advice of Engineer, which bids, if any, will be acceptable. If any subcontract provides that the Subcontractor is to be paid on the basis of Cost of the Work plus a fee, the Subcontractor's Cost of the Work and fee shall be determined in the same manner as Contractor's Cost of the Work and fee as provided in this Paragraph 11.01.

4. Costs of special consultants (including but not limited to Engineers, architects, testing laboratories, surveyors, attorneys, and accountants) employed for services specifically related to the Work.

5. Supplemental costs including the following:

a. The proportion of necessary transportation, travel, and subsistence expenses of Contractor's employees incurred in discharge of duties connected with the Work.

b. Cost, including transportation and maintenance, of all materials, supplies, equipment, machinery, appliances, office, and temporary facilities at the Site, and hand tools not owned by the workers, which are consumed in the performance of the Work, and cost, less market value, of such items used but not consumed which remain the property of Contractor.

c. Rentals of all construction equipment and machinery, and the parts thereof whether rented from Contractor or others in accordance with rental agreements approved by Owner with the advice of Engineer, and the costs of transportation, loading, unloading, assembly, dismantling, and removal thereof. All such costs shall be in accordance with the terms of said rental agreements. The rental of any such equipment, machinery, or parts shall cease when the use thereof is no longer necessary for the Work.

d. Sales, consumer, use, and other similar taxes related to the Work, and for which Contractor is liable, imposed by Laws and Regulations.

e. Deposits lost for causes other than negligence of Contractor, any Subcontractor, or anyone directly or indirectly employed by any of them or for whose acts any of them may be liable, and royalty payments and fees for permits and licenses.

f. Losses and damages (and related expenses) caused by damage to the Work, not compensated by insurance or otherwise, sustained by Contractor in connection with the performance of the Work (except losses and damages within the deductible amounts of property insurance established in accordance with Paragraph 5.06.D), provided such losses and damages have

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resulted from causes other than the negligence of Contractor, any Subcontractor, or anyone directly or indirectly employed by any of them or for whose acts any of them may be liable. Such losses shall include settlements made with the written consent and approval of Owner. No such losses, damages, and expenses shall be included in the Cost of the Work for the purpose of determining Contractor's fee.

g. The cost of utilities, fuel, and sanitary facilities at the Site.

h. Minor expenses such as telegrams, long distance telephone calls, telephone service at the Site, expresses, and similar petty cash items in connection with the Work.

i. The costs of premiums for all bonds and insurance Contractor is required by the Contract Documents to purchase and maintain.

B. *Costs Excluded:* The term Cost of the Work shall not include any of the following items:

1. Payroll costs and other compensation of Contractor's officers, executives, principals (of partnerships and sole proprietorships), general managers, safety managers, engineers, architects, estimators, attorneys, auditors, accountants, purchasing and contracting agents, expediters, timekeepers, clerks, and other personnel employed by Contractor, whether at the Site or in Contractor's principal or branch office for general administration of the Work and not specifically included in the agreed upon schedule of job classifications referred to in Paragraph 11.01.A.1 or specifically covered by Paragraph 11.01.A.4, all of which are to be considered administrative costs covered by the Contractor's fee.

2. Expenses of Contractor's principal and branch offices other than Contractor's office at the Site.

3. Any part of Contractor's capital expenses, including interest on Contractor's capital employed for the Work and charges against Contractor for delinquent payments.

4. Costs due to the negligence of Contractor, any Subcontractor, or anyone directly or indirectly employed by any of them or for whose acts any of them may be liable, including but not limited to, the correction of defective Work, disposal of materials or equipment wrongly supplied, and making good any damage to property.

5. Other overhead or general expense costs of any kind and the costs of any item not specifically and expressly included in Paragraphs 11.01.A and 11.01.B.

C. *Contractor's Fee:* When all the Work is performed on the basis of cost-plus, Contractor's fee shall be determined as set forth in the Agreement. When the value of any Work covered by a Change Order or when a Claim for an adjustment in Contract Price is determined on the basis of Cost of the Work, Contractor's fee shall be determined as set forth in Paragraph 12.01.C.

D. *Documentation:* Whenever the Cost of the Work for any purpose is to be determined pursuant to Paragraphs 11.01.A and 11.01.B, Contractor will establish and maintain records thereof in accordance with generally accepted accounting practices and submit in a form acceptable to Engineer an itemized cost breakdown together with supporting data.

11.02 *Allowances*

A. It is understood that Contractor has included in the Contract Price all allowances so named in the Contract Documents and shall cause the Work so covered to be performed for such sums and by such persons or entities as may be acceptable to Owner and Engineer.

B. *Cash Allowances*

1. Contractor agrees that:

a. the cash allowances include the cost to Contractor (less any applicable trade discounts) of materials and equipment required by the allowances to be delivered at the Site, and all applicable taxes; and

b. Contractor's costs for unloading and handling on the Site, labor, installation , overhead, profit, and other expenses contemplated for the cash allowances have been included in the Contract Price and not in the allowances, and no demand for additional payment on account of any of the foregoing will be valid.

C. Contingency Allowance

1. Contractor agrees that a contingency allowance, if any, is for the sole use of Owner to cover unanticipated costs.

D. Prior to final payment, an appropriate Change Order will be issued as recommended by Engineer to reflect actual amounts due Contractor on account of Work covered by allowances, and the Contract Price shall be correspondingly adjusted.

11.03 *Unit Price Work*

A. Where the Contract Documents provide that all or part of the Work is to be Unit Price Work, initially the Contract Price will be deemed to include for all Unit Price Work an amount equal to the sum of the unit price for each separately identified item of Unit Price Work times the estimated quantity of each item as indicated in the Agreement.

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B. The estimated quantities of items of Unit Price Work are not guaranteed and are solely for the purpose of comparison of Bids and determining an initial Contract Price. Determinations of the actual quantities and classifications of Unit Price Work performed by Contractor will be made by Engineer subject to the provisions of Paragraph 9.07.

C. Each unit price will be deemed to include an amount considered by Contractor to be adequate to cover Contractor's overhead and profit for each separately identified item.

D. Owner or Contractor may make a Claim for an adjustment in the Contract Price in accordance with Paragraph 10.05 if:

1. the quantity of any item of Unit Price Work performed by Contractor differs materially and significantly from the estimated quantity of such item indicated in the Agreement; and

2. there is no corresponding adjustment with respect any other item of Work; and

3. Contractor believes that Contractor is entitled to an increase in Contract Price as a result of having incurred additional expense or Owner believes that Owner is entitled to a decrease in Contract Price and the parties are unable to agree as to the amount of any such increase or decrease.

ARTICLE 12 - CHANGE OF CONTRACT PRICE; CHANGE OF CONTRACT TIMES

12.01 *Change of Contract Price*

A. The Contract Price may only be changed by a Change Order. Any Claim for an adjustment in the Contract Price shall be based on written notice submitted by the party making the Claim to the Engineer and the other party to the Contract in accordance with the provisions of Paragraph 10.05.

B. The value of any Work covered by a Change Order or of any Claim for an adjustment in the Contract Price will be determined as follows:

1. where the Work involved is covered by unit prices contained in the Contract Documents, by application of such unit prices to the quantities of the items involved (subject to the provisions of Paragraph 11.03); or

2. where the Work involved is not covered by unit prices contained in the Contract Documents, by a mutually agreed lump sum (which may include an allowance for overhead and profit not necessarily in accordance with Paragraph 12.01.C.2); or

3. where the Work involved is not covered by unit prices contained in the Contract Documents and agreement to a lump sum is not reached under Paragraph 12.01.B.2, on the basis of the Cost of the Work (determined as provided in Paragraph 11.01) plus a Contractor's fee for overhead and profit (determined as provided in Paragraph 12.01.C).

C. *Contractor's Fee:* The Contractor's fee for overhead and profit shall be determined as follows:

1. a mutually acceptable fixed fee; or

2. if a fixed fee is not agreed upon, then a fee based on the following percentages of the various portions of the Cost of the Work:

a. for costs incurred under Paragraphs 11.01.A.1 and 11.01.A.2, the Contractor's fee shall be 15 percent;

b. for costs incurred under Paragraph 11.01.A.3, the Contractor's fee shall be five percent;

c. where one or more tiers of subcontracts are on the basis of Cost of the Work plus a fee and no fixed fee is agreed upon, the intent of Paragraph 12.01.C.2.a is that the Subcontractor who actually performs the Work, at whatever tier, will be paid a fee of 15 percent of the costs incurred by such Subcontractor under Paragraphs 11.01.A.1 and 11.01.A.2 and that any higher tier Subcontractor and Contractor will each be paid a fee of five percent of the amount paid to the next lower tier Subcontractor;

d. no fee shall be payable on the basis of costs itemized under Paragraphs 11.01.A.4, 11.01.A.5, and 11.01.B;

e. the amount of credit to be allowed by Contractor to Owner for any change which results in a net decrease in cost will be the amount of the actual net decrease in cost plus a deduction in Contractor's fee by an amount equal to five percent of such net decrease; and

f. when both additions and credits are involved in any one change, the adjustment in Contractor's fee shall be computed on the basis of the net change in accordance with Paragraphs 12.01.C.2.a through 12.01.C.2.e, inclusive.

12.02 *Change of Contract Times*

A. The Contract Times may only be changed by a Change Order. Any Claim for an adjustment in the Contract Times shall be based on written notice submitted

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by the party making the Claim to the Engineer and the other party to the Contract in accordance with the provisions of Paragraph 10.05.

B. Any adjustment of the Contract Times covered by a Change Order or any Claim for an adjustment in the Contract Times will be determined in accordance with the provisions of this Article 12.

12.03 *Delays*

A. Where Contractor is prevented from completing any part of the Work within the Contract Times due to delay beyond the control of Contractor, the Contract Times will be extended in an amount equal to the time lost due to such delay if a Claim is made therefor as provided in Paragraph 12.02.A. Delays beyond the control of Contractor shall include, but not be limited to, acts or neglect by Owner, acts or neglect of utility owners or other contractors performing other work as contemplated by Article 7, fires, floods, epidemics, abnormal weather conditions, or acts of God.

B. If Owner, Engineer, or other contractors or utility owners performing other work for Owner as contemplated by Article 7, or anyone for whom Owner is responsible, delays, disrupts, or interferes with the performance or progress of the Work, then Contractor shall be entitled to an equitable adjustment in the Contract Price or the Contract Times , or both. Contractor's entitlement to an adjustment of the Contract Times is conditioned on such adjustment being essential to Contractor's ability to complete the Work within the Contract Times.

C If Contractor is delayed in the performance or progress of the Work by fire, flood, epidemic, abnormal weather conditions, acts of God, acts or failures to act of utility owners not under the control of Owner, or other causes not the fault of and beyond control of Owner and Contractor, then Contractor shall be entitled to an equitable adjustment in Contract Times, if such adjustment is essential to Contractor's ability to complete the Work within the Contract Times. Such an adjustment shall be Contractor's sole and exclusive remedy for the delays described in this Paragraph 12.03.C.

D. Owner, Engineer and the Related Entities of each of them shall not be liable to Contractor for any claims, costs, losses, or damages (including but not limited to all fees and charges of Engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) sustained by Contractor on or in connection with any other project or anticipated project.

E. Contractor shall not be entitled to an adjustment in Contract Price or Contract Times for delays within the control of Contractor. Delays attributable to and within the control of a Subcontractor or Supplier shall be deemed to be delays within the control of Contractor.

ARTICLE 13 - TESTS AND INSPECTIONS; CORRECTION, REMOVAL OR ACCEPTANCE OF DEFECTIVE WORK

13.01 *Notice of Defects*

A. Prompt notice of all defective Work of which Owner or Engineer has actual knowledge will be given to Contractor. All defective Work may be rejected, corrected, or accepted as provided in this Article 13.

13.02 *Access to Work*

A. Owner, Engineer, their consultants and other representatives and personnel of Owner, independent testing laboratories, and governmental agencies with jurisdictional interests will have access to the Site and the Work at reasonable times for their observation, inspecting, and testing. Contractor shall provide them proper and safe conditions for such access and advise them of Contractor's Site safety procedures and programs so that they may comply therewith as applicable.

13.03 *Tests and Inspections*

A. Contractor shall give Engineer timely notice of readiness of the Work for all required inspections, tests, or approvals and shall cooperate with inspection and testing personnel to facilitate required inspections or tests.

B. Owner shall employ and pay for the services of an independent testing laboratory to perform all inspections, tests, or approvals required by the Contract Documents except:

1. for inspections, tests, or approvals covered by Paragraphs 13.03.C and 13.03.D below;

2. that costs incurred in connection with tests or inspections conducted pursuant to Paragraph 13.04.B shall be paid as provided in said Paragraph 13.04.C; and

3. as otherwise specifically provided in the Contract Documents.

C. If Laws or Regulations of any public body having jurisdiction require any Work (or part thereof) specifically to be inspected, tested, or approved by an employee or other representative of such public body, Contractor shall assume full responsibility for arranging and obtaining such inspections, tests, or approvals, pay all costs in connection therewith, and furnish Engineer the required certificates of inspection or approval.

D. Contractor shall be responsible for arranging and obtaining and shall pay all costs in connection with any inspections, tests, or approvals required for Owner's and Engineer's acceptance of materials or equipment to

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be incorporated in the Work; or acceptance of materials, mix designs, or equipment submitted for approval prior to Contractor's purchase thereof for incorporation in the Work. Such inspections, tests, or approvals shall be performed by organizations acceptable to Owner and Engineer.

E. If any Work (or the work of others) that is to be inspected, tested, or approved is covered by Contractor without written concurrence of Engineer, it must, if requested by Engineer, be uncovered for observation.

F. Uncovering Work as provided in Paragraph 13.03.E shall be at Contractor's expense unless Contractor has given Engineer timely notice of Contractor's intention to cover the same and Engineer has not acted with reasonable promptness in response to such notice.

13.04 *Uncovering Work*

A. If any Work is covered contrary to the written request of Engineer, it must, if requested by Engineer, be uncovered for Engineer's observation and replaced at Contractor's expense.

B. If Engineer considers it necessary or advisable that covered Work be observed by Engineer or inspected or tested by others, Contractor, at Engineer's request, shall uncover, expose, or otherwise make available for observation, inspection, or testing as Engineer may require, that portion of the Work in question, furnishing all necessary labor, material, and equipment.

C. If it is found that the uncovered Work is defective, Contractor shall pay all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to such uncovering, exposure, observation, inspection, and testing, and of satisfactory replacement or reconstruction (including but not limited to all costs of repair or replacement of work of others); and Owner shall be entitled to an appropriate decrease in the Contract Price. If the parties are unable to agree as to the amount thereof, Owner may make a Claim therefor as provided in Paragraph 10.05.

D. If, the uncovered Work is not found to be defective, Contractor shall be allowed an increase in the Contract Price or an extension of the Contract Times, or both, directly attributable to such uncovering, exposure, observation, inspection, testing, replacement, and reconstruction. If the parties are unable to agree as to the amount or extent thereof, Contractor may make a Claim therefor as provided in Paragraph 10.05.

13.05 *Owner May Stop the Work*

A. If the Work is defective, or Contractor fails to supply sufficient skilled workers or suitable materials or equipment, or fails to perform the Work in such a way that the completed Work will conform to the Contract Documents, Owner may order Contractor to stop the Work, or any portion thereof, until the cause for such order has been eliminated; however, this right of Owner to stop the Work shall not give rise to any duty on the part of Owner to exercise this right for the benefit of Contractor, any Subcontractor, any Supplier, any other individual or entity, or any surety for, or employee or agent of any of them.

13.06 *Correction or Removal of Defective Work*

A. Promptly after receipt of notice, Contractor shall correct all defective Work, whether or not fabricated, installed, or completed, or, if the Work has been rejected by Engineer, remove it from the Project and replace it with Work that is not defective. Contractor shall pay all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to such correction or removal (including but not limited to all costs of repair or replacement of work of others).

B. When correcting defective Work under the terms of this Paragraph 13.06 or Paragraph 13.07, Contractor shall take no action that would void or otherwise impair Owner's special warranty and guarantee, if any, on said Work.

13.07 *Correction Period*

A. If within one year after the date of Substantial Completion (or such longer period of time as may be prescribed by the terms of any applicable special guarantee required by the Contract Documents) or by any specific provision of the Contract Documents, any Work is found to be defective, or if the repair of any damages to the land or areas made available for Contractor's use by Owner or permitted by Laws and Regulations as contemplated in Paragraph 6.11.A is found to be defective, Contractor shall promptly, without cost to Owner and in accordance with Owner's written instructions:

1. repair such defective land or areas; or

2. correct such defective Work; or

3. if the defective Work has been rejected by Owner, remove it from the Project and replace it with Work that is not defective, and

4. satisfactorily correct or repair or remove and replace any damage to other Work, to the work of others or other land or areas resulting therefrom.

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B. If Contractor does not promptly comply with the terms of Owner's written instructions, or in an emergency where delay would cause serious risk of loss or damage, Owner may have the defective Work corrected or repaired or may have the rejected Work removed and replaced. All claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) arising out of or relating to such correction or repair or such removal and replacement (including but not limited to all costs of repair or replacement of work of others) will be paid by Contractor.

C. In special circumstances where a particular item of equipment is placed in continuous service before Substantial Completion of all the Work, the correction period for that item may start to run from an earlier date if so provided in the Specifications .

D. Where defective Work (and damage to other Work resulting therefrom) has been corrected or removed and replaced under this Paragraph 13.07, the correction period hereunder with respect to such Work will be extended for an additional period of one year after such correction or removal and replacement has been satisfactorily completed.

E. Contractor's obligations under this Paragraph 13.07 are in addition to any other obligation or warranty. The provisions of this Paragraph 13.07 shall not be construed as a substitute for or a waiver of the provisions of any applicable statute of limitation or repose.

13.08 *Acceptance of Defective Work*

A. If, instead of requiring correction or removal and replacement of defective Work, Owner (and, prior to Engineer's recommendation of final payment, Engineer) prefers to accept it, Owner may do so. Contractor shall pay all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) attributable to Owner's evaluation of and determination to accept such defective Work (such costs to be approved by Engineer as to reasonableness) and the diminished value of the Work to the extent not otherwise paid by Contractor pursuant to this sentence. If any such acceptance occurs prior to Engineer's recommendation of final payment, a Change Order will be issued incorporating the necessary revisions in the Contract Documents with respect to the Work, and Owner shall be entitled to an appropriate decrease in the Contract Price, reflecting the diminished value of Work so accepted. If the parties are unable to agree as to the amount thereof, Owner may make a Claim therefor as provided in Paragraph 10.05. If the acceptance occurs after such recommendation, an appropriate amount will be paid by Contractor to Owner.

13.09 *Owner May Correct Defective Work*

A. If Contractor fails within a reasonable time after written notice from Engineer to correct defective Work or to remove and replace rejected Work as required by Engineer in accordance with Paragraph 13.06.A, or if Contractor fails to perform the Work in accordance with the Contract Documents, or if Contractor fails to comply with any other provision of the Contract Documents, Owner may, after seven days written notice to Contractor, correct or remedy any such deficiency.

B. In exercising the rights and remedies under this Paragraph 13.09, Owner shall proceed expeditiously. In connection with such corrective or remedial action, Owner may exclude Contractor from all or part of the Site, take possession of all or part of the Work and suspend Contractor's services related thereto, take possession of Contractor's tools, appliances, construction equipment and machinery at the Site, and incorporate in the Work all materials and equipment stored at the Site or for which Owner has paid Contractor but which are stored elsewhere. Contractor shall allow Owner, Owner's representatives, agents and employees, Owner's other contractors, and Engineer and Engineer's consultants access to the Site to enable Owner to exercise the rights and remedies under this Paragraph.

C. All claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) incurred or sustained by Owner in exercising the rights and remedies under this Paragraph 13.09 will be charged against Contractor, and a Change Order will be issued incorporating the necessary revisions in the Contract Documents with respect to the Work; and Owner shall be entitled to an appropriate decrease in the Contract Price. If the parties are unable to agree as to the amount of the adjustment, Owner may make a Claim therefor as provided in Paragraph 10.05. Such claims, costs, losses and damages will include but not be limited to all costs of repair, or replacement of work of others destroyed or damaged by correction, removal, or replacement of Contractor's defective Work.

D. Contractor shall not be allowed an extension of the Contract Times because of any delay in the performance of the Work attributable to the exercise by Owner of Owner's rights and remedies under this Paragraph 13.09.

ARTICLE 14 - PAYMENTS TO CONTRACTOR AND COMPLETION

14.01 *Schedule of Values*

A. The Schedule of Values established as provided in Paragraph 2.07.A will serve as the basis for progress

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payments and will be incorporated into a form of Application for Payment acceptable to Engineer. Progress payments on account of Unit Price Work will be based on the number of units completed.

14.02 *Progress Payments*

A. Applications for Payments

1. At least 20 days before the date established in the Agreement for each progress payment (but not more often than once a month), Contractor shall submit to Engineer for review an Application for Payment filled out and signed by Contractor covering the Work completed as of the date of the Application and accompanied by such supporting documentation as is required by the Contract Documents. If payment is requested on the basis of materials and equipment not incorporated in the Work but delivered and suitably stored at the Site or at another location agreed to in writing, the Application for Payment shall also be accompanied by a bill of sale, invoice, or other documentation warranting that Owner has received the materials and equipment free and clear of all Liens and evidence that the materials and equipment are covered by appropriate property insurance or other arrangements to protect Owner's interest therein, all of which must be satisfactory to Owner.

2. Beginning with the second Application for Payment, each Application shall include an affidavit of Contractor stating that all previous progress payments received on account of the Work have been applied on account to discharge Contractor's legitimate obligations associated with prior Applications for Payment.

3. The amount of retainage with respect to progress payments will be as stipulated in the Agreement.

B. *Review of Applications*

1. Engineer will, within 10 days after receipt of each Application for Payment, either indicate in writing a recommendation of payment and present the Application to Owner or return the Application to Contractor indicating in writing Engineer's reasons for refusing to recommend payment. In the latter case, Contractor may make the necessary corrections and resubmit the Application.

2. Engineer's recommendation of any payment requested in an Application for Payment will constitute a representation by Engineer to Owner, based on Engineer's observations on the Site of the executed Work as an experienced and qualified design professional and on Engineer's review of the Application for Payment and the accompanying data and schedules, that to the best of Engineer's knowledge, information and belief:

a. the Work has progressed to the point indicated;

b. the quality of the Work is generally in accordance with the Contract Documents (subject to an evaluation of the Work as a functioning whole prior to or upon Substantial Completion, to the results of any subsequent tests called for in the Contract Documents, to a final determination of quantities and classifications for Unit Price Work under Paragraph 9.07, and to any other qualifications stated in the recommendation); and

c. the conditions precedent to Contractor's being entitled to such payment appear to have been fulfilled in so far as it is Engineer's responsibility to observe the Work.

3. By recommending any such payment Engineer will not thereby be deemed to have represented that:

a. inspections made to check the quality or the quantity of the Work as it has been performed have been exhaustive, extended to every aspect of the Work in progress, or involved detailed inspections of the Work beyond the responsibilities specifically assigned to Engineer in the Contract Documents; or

b. that there may not be other matters or issues between the parties that might entitle Contractor to be paid additionally by Owner or entitle Owner to withhold payment to Contractor.

4. Neither Engineer's review of Contractor's Work for the purposes of recommending payments nor Engineer's recommendation of any payment, including final payment, will impose responsibility on Engineer:

a. to supervise, direct, or control the Work, or

b. for the means, methods, techniques, sequences, or procedures of construction, or the safety precautions and programs incident thereto, or

c. for Contractor's failure to comply with Laws and Regulations applicable to Contractor's performance of the Work, or

d. to make any examination to ascertain how or for what purposes Contractor has used the moneys paid on account of the Contract Price, or

e. to determine that title to any of the Work, materials, or equipment has passed to Owner free and clear of any Liens.

5. Engineer may refuse to recommend the whole or any part of any payment if, in Engineer's opinion, it would be incorrect to make the representations to Owner stated in Paragraph 14.02.B.2. Engineer may also refuse to recommend any such payment or, because of subsequently discovered evidence or the results of subsequent

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inspections or tests, revise or revoke any such payment recommendation previously made, to such extent as may be necessary in Engineer's opinion to protect Owner from loss because:

a. the Work is defective, or completed Work has been damaged, requiring correction or replacement;

b. the Contract Price has been reduced by Change Orders;

c. Owner has been required to correct defective Work or complete Work in accordance with Paragraph 13.09; or

d. Engineer has actual knowledge of the occurrence of any of the events enumerated in Paragraph 15.02.A.

C. *Payment Becomes Due*

1. Ten days after presentation of the Application for Payment to Owner with Engineer's recommendation, the amount recommended will (subject to the provisions of Paragraph 14.02.D) become due, and when due will be paid by Owner to Contractor.

D. *Reduction in Payment*

1. Owner may refuse to make payment of the full amount recommended by Engineer because:

a. claims have been made against Owner on account of Contractor's performance or furnishing of the Work;

b. Liens have been filed in connection with the Work, except where Contractor has delivered a specific bond satisfactory to Owner to secure the satisfaction and discharge of such Liens;

c. there are other items entitling Owner to a set-off against the amount recommended; or

d. Owner has actual knowledge of the occurrence of any of the events enumerated in Paragraphs 14.02.B.5.a through 14.02.B.5.c or Paragraph 15.02.A.

2. If Owner refuses to make payment of the full amount recommended by Engineer, Owner will give Contractor immediate written notice (with a copy to Engineer) stating the reasons for such action and promptly pay Contractor any amount remaining after deduction of the amount so withheld. Owner shall promptly pay Contractor the amount so withheld, or any adjustment thereto agreed to by Owner and Contractor, when Contractor corrects to Owner's satisfaction the reasons for such action.

3. If it is subsequently determined that Owner's refusal of payment was not justified, the amount wrongfully withheld shall be treated as an amount due as determined by Paragraph 14.02.C.1.

14.03 *Contractor's Warranty of Title*

A. Contractor warrants and guarantees that title to all Work, materials, and equipment covered by any Application for Payment, whether incorporated in the Project or not, will pass to Owner no later than the time of payment free and clear of all Liens.

14.04 *Substantial Completion*

A. When Contractor considers the entire Work ready for its intended use Contractor shall notify Owner and Engineer in writing that the entire Work is substantially complete (except for items specifically listed by Contractor as incomplete) and request that Engineer issue a certificate of Substantial Completion.

B. Promptly after Contractor's notification, , Owner, Contractor, and Engineer shall make an inspection of the Work to determine the status of completion. If Engineer does not consider the Work substantially complete, Engineer will notify Contractor in writing giving the reasons therefor.

C. If Engineer considers the Work substantially complete, Engineer will deliver to Owner a tentative certificate of Substantial Completion which shall fix the date of Substantial Completion. There shall be attached to the certificate a tentative list of items to be completed or corrected before final payment. Owner shall have seven days after receipt of the tentative certificate during which to make written objection to Engineer as to any provisions of the certificate or attached list. If, after considering such objections, Engineer concludes that the Work is not substantially complete, Engineer will within 14 days after submission of the tentative certificate to Owner notify Contractor in writing, stating the reasons therefor. If, after consideration of Owner's objections, Engineer considers the Work substantially complete, Engineer will within said 14 days execute and deliver to Owner and Contractor a definitive certificate of Substantial Completion (with a revised tentative list of items to be completed or corrected) reflecting such changes from the tentative certificate as Engineer believes justified after consideration of any objections from Owner.

D. At the time of delivery of the tentative certificate of Substantial Completion, Engineer will deliver to Owner and Contractor a written recommendation as to division of responsibilities pending final payment between Owner and Contractor with respect to security, operation, safety, and protection of the Work, maintenance, heat, utilities, insurance, and warranties and guarantees. Unless Owner and Contractor agree otherwise in writing and so inform Engineer in writing prior to Engineer's issuing the definitive certificate of Substantial

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Completion, Engineer's aforesaid recommendation will be binding on Owner and Contractor until final payment.

E. Owner shall have the right to exclude Contractor from the Site after the date of Substantial Completion subject to allowing Contractor reasonable access to complete or correct items on the tentative list.

14.05 *Partial Utilization*

A. Prior to Substantial Completion of all the Work, Owner may use or occupy any substantially completed part of the Work which has specifically been identified in the Contract Documents, or which Owner, Engineer, and Contractor agree constitutes a separately functioning and usable part of the Work that can be used by Owner for its intended purpose without significant interference with Contractor's performance of the remainder of the Work, subject to the following conditions.

1. Owner at any time may request Contractor in writing to permit Owner to use or occupy any such part of the Work which Owner believes to be ready for its intended use and substantially complete. If and when Contractor agrees that such part of the Work is substantially complete, Contractor will certify to Owner and Engineer that such part of the Work is substantially complete and request Engineer to issue a certificate of Substantial Completion for that part of the Work.

2. Contractor at any time may notify Owner and Engineer in writing that Contractor considers any such part of the Work ready for its intended use and substantially complete and request Engineer to issue a certificate of Substantial Completion for that part of the Work.

3. Within a reasonable time after either such request, Owner, Contractor, and Engineer shall make an inspection of that part of the Work to determine its status of completion. If Engineer does not consider that part of the Work to be substantially complete, Engineer will notify Owner and Contractor in writing giving the reasons therefor. If Engineer considers that part of the Work to be substantially complete, the provisions of Paragraph 14.04 will apply with respect to certification of Substantial Completion of that part of the Work and the division of responsibility in respect thereof and access thereto.

4. No use or occupancy or separate operation of part of the Work may occur prior to compliance with the requirements of Paragraph 5.10 regarding property insurance.

14.06 *Final Inspection*

A. Upon written notice from Contractor that the entire Work or an agreed portion thereof is complete, Engineer will promptly make a final inspection with Owner and Contractor and will notify Contractor in writing of all particulars in which this inspection reveals that the Work is incomplete or defective. Contractor shall immediately take such measures as are necessary to complete such Work or remedy such deficiencies.

14.07 *Final Payment*

A. Application for Payment

1. After Contractor has, in the opinion of Engineer, satisfactorily completed all corrections identified during the final inspection and has delivered, in accordance with the Contract Documents, all maintenance and operating instructions, schedules, guarantees, bonds, certificates or other evidence of insurance certificates of inspection, marked-up record documents (as provided in Paragraph 6.12), and other documents, Contractor may make application for final payment following the procedure for progress payments.

2. The final Application for Payment shall be accompanied (except as previously delivered) by:

a. all documentation called for in the Contract Documents, including but not limited to the evidence of insurance required by Paragraph 5.04.B.7;

b. consent of the surety, if any, to final payment;

c. a list of all Claims against Owner that Contractor believes are unsettled; and

d. complete and legally effective releases or waivers (satisfactory to Owner) of all Lien rights arising out of or Liens filed in connection with the Work.

3. In lieu of the releases or waivers of Liens specified in Paragraph 14.07.A.2 and as approved by Owner, Contractor may furnish receipts or releases in full and an affidavit of Contractor that: (i) the releases and receipts include all labor, services, material, and equipment for which a Lien could be filed; and (ii) all payrolls, material and equipment bills, and other indebtedness connected with the Work for which Owner or Owner's property might in any way be responsible have been paid or otherwise satisfied. If any Subcontractor or Supplier fails to furnish such a release or receipt in full, Contractor may furnish a bond or other collateral satisfactory to Owner to indemnify Owner against any Lien.

B. *Engineer's Review of Application and Acceptance*

1. If, on the basis of Engineer's observation of the Work during construction and final inspection, and Engineer's review of the final Application for Payment and accompanying documentation as required by the Contract Documents, Engineer is satisfied that the Work has been completed and Contractor's other obligations

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under the Contract Documents have been fulfilled, Engineer will, within ten days after receipt of the final Application for Payment, indicate in writing Engineer's recommendation of payment and present the Application for Payment to Owner for payment. At the same time Engineer will also give written notice to Owner and Contractor that the Work is acceptable subject to the provisions of Paragraph 14.09. Otherwise, Engineer will return the Application for Payment to Contractor, indicating in writing the reasons for refusing to recommend final payment, in which case Contractor shall make the necessary corrections and resubmit the Application for Payment.

C. Payment Becomes Due

1. Thirty days after the presentation to Owner of the Application for Payment and accompanying documentation, the amount recommended by Engineer, less any sum Owner is entitled to set off against Engineer's recommendation, including but not limited to liquidated damages, will become due and , will be paid by Owner to Contractor.

14.08 *Final Completion Delayed*

A. If, through no fault of Contractor, final completion of the Work is significantly delayed, and if Engineer so confirms, Owner shall, upon receipt of Contractor's final Application for Payment (for Work fully completed and accepted) and recommendation of Engineer, and without terminating the Contract, make payment of the balance due for that portion of the Work fully completed and accepted. If the remaining balance to be held by Owner for Work not fully completed or corrected is less than the retainage stipulated in the Agreement, and if bonds have been furnished as required in Paragraph 5.01, the written consent of the surety to the payment of the balance due for that portion of the Work fully completed and accepted shall be submitted by Contractor to Engineer with the Application for such payment. Such payment shall be made under the terms and conditions governing final payment, except that it shall not constitute a waiver of Claims.

14.09 *Waiver of Claims*

A. The making and acceptance of final payment will constitute:

1. a waiver of all Claims by Owner against Contractor, except Claims arising from unsettled Liens, from defective Work appearing after final inspection pursuant to Paragraph 14.06, from failure to comply with the Contract Documents or the terms of any special guarantees specified therein, or from Contractor's continuing obligations under the Contract Documents; and

2. a waiver of all Claims by Contractor against Owner other than those previously made in accordance with the requirements herein and expressly acknowledged by Owner in writing as still unsettled.

ARTICLE 15 - SUSPENSION OF WORK AND TERMINATION

15.01 *Owner May Suspend Work*

A. At any time and without cause, Owner may suspend the Work or any portion thereof for a period of not more than 90 consecutive days by notice in writing to Contractor and Engineer which will fix the date on which Work will be resumed. Contractor shall resume the Work on the date so fixed. Contractor shall be granted an adjustment in the Contract Price or an extension of the Contract Times, or both, directly attributable to any such suspension if Contractor makes a Claim therefor as provided in Paragraph 10.05.

15.02 *Owner May Terminate for Cause*

A. The occurrence of any one or more of the following events will justify termination for cause:

1. Contractor's persistent failure to perform the Work in accordance with the Contract Documents (including, but not limited to, failure to supply sufficient skilled workers or suitable materials or equipment or failure to adhere to the Progress Schedule established under Paragraph 2.07 as adjusted from time to time pursuant to Paragraph 6.04);

2. Contractor's disregard of Laws or Regulations of any public body having jurisdiction;

3. Contractor's disregard of the authority of Engineer; or

4. Contractor's violation in any substantial way of any provisions of the Contract Documents.

B. If one or more of the events identified in Paragraph 15.02.A occur, Owner may, after giving Contractor (and surety) seven days written notice of its intent to terminate the services of Contractor:

1. exclude Contractor from the Site, and take possession of the Work and of all Contractor's tools, appliances, construction equipment, and machinery at the Site, and use the same to the full extent they could be used by Contractor (without liability to Contractor for trespass or conversion),

2. incorporate in the Work all materials and equipment stored at the Site or for which Owner has paid Contractor but which are stored elsewhere, and

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3. complete the Work as Owner may deem expedient.

C. If Owner proceeds as provided in Paragraph 15.02.B, Contractor shall not be entitled to receive any further payment until the Work is completed. If the unpaid balance of the Contract Price exceeds all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) sustained by Owner arising out of or relating to completing the Work, such excess will be paid to Contractor. If such claims, costs, losses, and damages exceed such unpaid balance, Contractor shall pay the difference to Owner. Such claims, costs, losses, and damages incurred by Owner will be reviewed by Engineer as to their reasonableness and, when so approved by Engineer, incorporated in a Change Order. When exercising any rights or remedies under this Paragraph Owner shall not be required to obtain the lowest price for the Work performed.

D. Notwithstanding Paragraphs 15.02.B and 15.02.C, Contractor's services will not be terminated if Contractor begins within seven days of receipt of notice of intent to terminate to correct its failure to perform and proceeds diligently to cure such failure within no more than 30 days of receipt of said notice.

E. Where Contractor's services have been so terminated by Owner, the termination will not affect any rights or remedies of Owner against Contractor then existing or which may thereafter accrue. Any retention or payment of moneys due Contractor by Owner will not release Contractor from liability.

F. If and to the extent that Contractor has provided a performance bond under the provisions of Paragraph 5.01.A, the termination procedures of that bond shall supersede the provisions of Paragraphs 15.02.B, and 15.02.C.

15.03 *Owner May Terminate For Convenience*

A. Upon seven days written notice to Contractor and Engineer, Owner may, without cause and without prejudice to any other right or remedy of Owner, terminate the Contract. In such case, Contractor shall be paid for (without duplication of any items):

1. completed and acceptable Work executed in accordance with the Contract Documents prior to the effective date of termination, including fair and reasonable sums for overhead and profit on such Work;

2. expenses sustained prior to the effective date of termination in performing services and furnishing labor, materials, or equipment as required by the Contract Documents in connection with uncompleted Work, plus fair and reasonable sums for overhead and profit on such expenses;

3. all claims, costs, losses, and damages (including but not limited to all fees and charges of engineers, architects, attorneys, and other professionals and all court or arbitration or other dispute resolution costs) incurred in settlement of terminated contracts with Subcontractors, Suppliers, and others; and

4. reasonable expenses directly attributable to termination.

B. Contractor shall not be paid on account of loss of anticipated profits or revenue or other economic loss arising out of or resulting from such termination.

15.04 *Contractor May Stop Work or Terminate*

A. If, through no act or fault of Contractor, (i) the Work is suspended for more than 90 consecutive days by Owner or under an order of court or other public authority, or (ii) Engineer fails to act on any Application for Payment within 30 days after it is submitted, or (iii) Owner fails for 30 days to pay Contractor any sum finally determined to be due, then Contractor may, upon seven days written notice to Owner and Engineer, and provided Owner or Engineer do not remedy such suspension or failure within that time, terminate the Contract and recover from Owner payment on the same terms as provided in Paragraph 15.03.

B. In lieu of terminating the Contract and without prejudice to any other right or remedy, if Engineer has failed to act on an Application for Payment within 30 days after it is submitted, or Owner has failed for 30 days to pay Contractor any sum finally determined to be due, Contractor may, seven days after written notice to Owner and Engineer, stop the Work until payment is made of all such amounts due Contractor, including interest thereon. The provisions of this Paragraph 15.04 are not intended to preclude Contractor from making a Claim under Paragraph 10.05 for an adjustment in Contract Price or Contract Times or otherwise for expenses or damage directly attributable to Contractor's stopping the Work as permitted by this Paragraph.

ARTICLE 16 - DISPUTE RESOLUTION

16.01 *Methods and Procedures*

A. Either Owner or Contractor may request mediation of any Claim submitted to Engineer for a decision under Paragraph 10.05 before such decision becomes final and binding. The mediation will be

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governed by the Construction Industry Mediation Rules of the American Arbitration Association in effect as of the Effective Date of the Agreement. The request for mediation shall be submitted in writing to the American Arbitration Association and the other party to the Contract. Timely submission of the request shall stay the effect of Paragraph 10.05.E.

B. Owner and Contractor shall participate in the mediation process in good faith. The process shall be concluded within 60 days of filing of the request. The date of termination of the mediation shall be determined by application of the mediation rules referenced above.

C. If the Claim is not resolved by mediation, Engineer's action under Paragraph 10.05.C or a denial pursuant to Paragraphs 10.05.C.3 or 10.05.D shall become final and binding 30 days after termination of the mediation unless, within that time period, Owner or Contractor:

1. elects in writing to invoke any dispute resolution process provided for in the Supplementary Conditions, or

2. agrees with the other party to submit the Claim to another dispute resolution process, or

3. gives written notice to the other party of their intent to submit the Claim to a court of competent jurisdiction.

ARTICLE 17 - MISCELLANEOUS

17.01 *Giving Notice*

A. Whenever any provision of the Contract Documents requires the giving of written notice, it will be deemed to have been validly given if:

1. delivered in person to the individual or to a member of the firm or to an officer of the corporation for whom it is intended, or

2. delivered at or sent by registered or certified mail, postage prepaid, to the last business address known to the giver of the notice.

17.02 *Computation of Times*

A. When any period of time is referred to in the Contract Documents by days, it will be computed to exclude the first and include the last day of such period. If the last day of any such period falls on a Saturday or Sunday or on a day made a legal holiday by the law of the applicable jurisdiction, such day will be omitted from the computation.

17.03 *Cumulative Remedies*

A. The duties and obligations imposed by these General Conditions and the rights and remedies available hereunder to the parties hereto are in addition to, and are not to be construed in any way as a limitation of, any rights and remedies available to any or all of them which are otherwise imposed or available by Laws or Regulations, by special warranty or guarantee, or by other provisions of the Contract Documents. The provisions of this Paragraph will be as effective as if repeated specifically in the Contract Documents in connection with each particular duty, obligation, right, and remedy to which they apply.

17.04 *Survival of Obligations*

A. All representations, indemnifications, warranties, and guarantees made in, required by, or given in accordance with the Contract Documents, as well as all continuing obligations indicated in the Contract Documents, will survive final payment, completion, and acceptance of the Work or termination or completion of the Contract or termination of the services of Contractor.

17.05 *Controlling Law*

A. This Contract is to be governed by the law of the state in which the Project is located.

17.06 *Headings*

A. Article and paragraph headings are inserted for convenience only and do not constitute parts of these General Conditions.

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SUPPLEMENTAL GENERAL CONDITIONS

These Supplementary Conditions amend or supplement the Standard General Conditions of the Construction Contract (No. 1910-8, 1996 Edition) and other provisions of the Contract Documents as indicated below. All provisions, which are not so amended or supplemental, remain in full force and effect.

The terms used in these Supplementary Conditions will have the meanings indicated in the General Conditions. Additional terms used in these Supplementary Conditions have the meanings indicated below, which are applicable to both the singular and plural thereof.

SC-6.10 Delete paragraph 6.10 in its entirely and insert the following in its place:

The owner qualifies for the state and local tax exemption in the purchase of certain materials and equipment the Contractor shall utilize the form provided herewith in exhibit "D".

SC-11.01 Delete paragraph 11.01 in its entirety.

SC-11.02 Delete paragraph 11.02 in its entirety.

SC-12.01B.25 & B.3. Delete paragraph 12.01B.2 & B.3 in its entirety.

SC-12.01.C.2 Delete paragraph 12.01.C.2 in its entirety.

SC Article 14.02 C.1 Replace **"Ten days"** with **"Thirty days"** to read as follows: Thirty days after presentation of the Application for Payment to OWNER with ENGINEER'S recommendation, the amount recommended will (subject to the provisions of paragraph 14.02.D) become due, and when due will be paid by OWNER TO CONTRACTOR.

SC Article 16 Add the following language at the end of the paragraph of Article 16:

There are no dispute resolution methods and procedures set forth in the Supplemental Conditions:

GENERAL PREVAILING WAGE LEGAL REQUIREMENTS

The Contractor's attention is called to Texas Government Code Chapter 2258, which must be complied with attached herewith as Exhibit "C"

General Decision Number: TX160008 01/08/2016 TX8

Superseded General Decision Number: TX20150008

State: Texas

Construction Types: Heavy and Highway

Counties: Cameron, Hidalgo and Webb Counties in Texas.

HEAVY & HIGHWAY CONSTRUCTION PROJECTS

Note: Under Executive Order (EO) 13658, an hourly minimum wage of $10.15 for calendar year 2016 applies to all contracts subject to the Davis-Bacon Act for which the solicitation was issued on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least $10.15 (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2016. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Modification Number	Publication Date
0	01/08/2016

* SUTX2011-003 08/02/2011

	Rates	Fringes
CEMENT MASON/CONCRETE		
FINISHER (Paving & Structures)	$ 12.46	
FORM BUILDER/FORM SETTER		
(Structures)	$ 12.30	
FORM SETTER (Paving & Curb)	$ 12.16	
LABORER		
Asphalt Raker	$ 10.61	
Flagger	$ 9.10	
Laborer, Common	$ 9.86	
Laborer, Utility	$ 11.53	
Pipelayer	$ 11.87	
Work Zone Barricade		
Servicer	$ 12.88	
POWER EQUIPMENT OPERATOR:		
Asphalt Distributor	$ 13.48	
Asphalt Paving Machine	$ 12.25	
Broom or Sweeper	$ 10.33	
Crane, Lattice Boom 80		
Tons or Less	$ 14.39	

Crawler Tractor.....$ 16.63

Excavator, 50,000 lbs or

less.....$ 12.56

Excavator, over 50,000 lbs..$ 15.23

Foundation Drill, Truck

Mounted.....$ 16.86

Front End Loader Operator,

Over 3 CY.....$ 13.69

Front End Loader, 3 CY or

less.....$ 13.49

Loader/Backhoe.....$ 12.77

Mechanic.....$ 15.47

Milling Machine.....$ 14.64

Motor Grader Operator,

Rough.....$ 14.62

Motor Grader, Fine Grade....$ 16.52

Scraper.....$ 11.07

Servicer.....$ 12.34

Steel Worker (Reinforcing).....$ 14.07

TRUCK DRIVER

Lowboy-Float.....$ 13.63

Single Axle.....$ 10.82

Single or Tandem Axle Dump..$ 14.53

Tandem Axle Tractor with

Semi Trailer.....$ 12.12

WELDER.....$ 14.02

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

==========

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the "SU" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and

non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.

Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION

Title 29 – LABOR

Subtitle A – Office of The Secretary of Labor

PART 3 - CONTRACTORS AND SUBCONTRACTORS ON PUBLIC BUILDING OR PUBLIC WORK FINANCED IN WHOLE OR IN PART BY LOANS OR GRANTS FROM THE UNITED STATES

Sect. Name
3.1 Purpose and scope.
3.2 Definitions.
3.3 Weekly statement with respect to payment of wages.
3.4 Submission of weekly statements and the preservation and inspection of weekly payroll records.
3.5 Payroll deductions permissible without application to or approval of the Secretary of Labor.
3.6 Payroll deductions permissible with the approval of the Secretary of Labor.
3.7 Applications for the approval of the Secretary of Labor.
3.8 Action by the Secretary of Labor upon applications.
3.9 Prohibited payroll deductions.
3.10 Methods of payment of wages.
3.11 Regulations part of contract.

Authority: R.S. 161, sec. 2, 48 Stat. 848; Reorg. Plan No. 14, of 1950, 64 Stat. 1267; 5 U.S.C. 301; 40 U.S.C. 276c.
Source: 29 FR 97, Jan. 4, 1964, unless otherwise noted.

29 CFR 3.1 - Purpose and scope.

This part prescribes ``anti-kickback'' regulations under section 2 of the Act of June 13, 1934, as amended (40 U.S.C. 276c), popularly known as the Copeland Act. This part applies to any contract which is subject to Federal wage standards and which is for the construction, prosecution, completion, or repair of public buildings, public works or buildings or works financed in whole or in part by loans or grants from the United States. The part is intended to aid in the enforcement of the minimum wage provisions of the Davis-Bacon Act and the various statutes dealing with federally assisted construction that contain similar minimum wage provisions, including those provisions which are not subject to Reorganization Plan No. 14 (e.g., the College Housing Act of 1950, the Federal Water Pollution Control Act, and the Housing Act of 1959), and in the enforcement of the overtime provisions of the Contract Work Hours Standards Act whenever they are applicable to construction work. The part details the obligation of contractors and subcontractors relative to the weekly submission of statements regarding the wages paid on work covered thereby; sets forth the circumstances and procedures governing the making of payroll deductions from the wages of those employed on such work; and delineates the methods of payment permissible on such work.

29 CFR 3.2 - Definitions.

As used in the regulations in this part:
(a) The terms building or work generally include construction activity as distinguished from manufacturing, furnishing of materials, or servicing and maintenance work. The terms include, without limitation, buildings, structures, and improvements of all types, such as bridges, dams, plants, highways, parkways, streets, subways, tunnels, sewers, mains, powerlines, pumping stations, railways, airports, terminals, docks, piers, wharves, ways, lighthouses, buoys, jetties, breakwaters, levees, and canals; dredging, shoring, scaffolding, drilling, blasting, excavating, clearing, and landscaping. Unless conducted in connection with and at the site of such a building or work as is described in the foregoing sentence, the manufacture or furnishing of materials, articles, supplies, or equipment (whether or not a Federal or State agency acquires title to such materials, articles, supplies, or equipment during the course of the manufacture or furnishing, or owns the materials from which they are manufactured or furnished) is not a building or work within the meaning of the regulations in this part.

(b) The terms construction, prosecution, completion, or repair mean all types of work done on a particular building or work at the site thereof, including, without limitation, altering, remodeling, painting and decorating, the transporting of materials and supplies to or from the building or work by the employees of the construction contractor or construction subcontractor, and the manufacturing or furnishing of materials, articles, supplies, or equipment on the site of the building or work, by persons employed at the site by the contractor or subcontractor.
(c) The terms public building or public work include building or work for whose construction, prosecution, completion, or repair, as defined above, a Federal agency is a contracting party, regardless of whether title thereof is in a Federal agency.
(d) The term building or work financed in whole or in part by loans or grants from the United States includes building or work for whose construction, prosecution, completion, or repair, as defined above, payment or part payment is made directly or indirectly from funds provided by loans or grants by a Federal agency. The term includes building or work for which the Federal assistance granted is in the form of loan guarantees or insurance.
(e) Every person paid by a contractor or subcontractor in any manner for his labor in the construction, prosecution, completion, or repair of a public building or public work or building or work financed in whole or in part by loans or grants from the United States is employed and receiving wages, regardless of any contractual relationship alleged to exist between him and the real employer.
(f) The term any affiliated person includes a spouse, child, parent, or other close relative of the contractor or subcontractor; a partner or officer of the contractor or subcontractor; a corporation closely connected with the contractor or subcontractor as parent, subsidiary, or otherwise, and an officer or agent of such corporation.
(g) The term Federal agency means the United States, the District of Columbia, and all executive departments, independent establishments, administrative agencies, and instrumentalities of the United States and of the District of Columbia, including corporations, all or substantially all of the stock of which is beneficially owned by the United States, by the District of Columbia, or any of the foregoing departments, establishments, agencies, and instrumentalities.

[29 FR 97, Jan. 4, 1964, as amended at 38 FR 32575, Nov. 27, 1973]

29 CFR 3.3 - Weekly statement with respect to payment of wages.

(a) As used in this section, the term employee shall not apply to persons in classifications higher than that of laborer or mechanic and those who are the immediate supervisors of such employees.
(b) Each contractor or subcontractor engaged in the construction, prosecution, completion, or repair of any public building or public work, or building or work financed in whole or in part by loans or grants from the United States, shall furnish each week a statement with respect to the wages paid each of its employees engaged on work covered by this part 3 and part 5 of this chapter during the preceding weekly payroll period. This statement shall be executed by the contractor or subcontractor or by an authorized officer or employee of the contractor or subcontractor who supervises the payment of wages, and shall be on form WH 348, ``Statement of Compliance'', or on an identical form on the back of WH 347, ``Payroll (For Contractors Optional Use)'' or on any form with identical wording. Sample copies of WH 347 and WH 348 may be obtained from the Government contracting or sponsoring agency, and copies of these forms may be purchased at the Government Printing Office.
(c) The requirements of this section shall not apply to any contract of $2,000 or less.
(d) Upon a written finding by the head of a Federal agency, the Secretary of Labor may provide reasonable limitations, variations, tolerances, and exemptions from the requirements of this section subject to such conditions as the Secretary of Labor may specify.

[29 FR 97, Jan. 4, 1964, as amended at 33 FR 10186, July 17, 1968; 47 FR 23679, May 28, 1982]

29 CFR 3.4 - Submission of weekly statements and the preservation and inspection of weekly payroll records.

(a) Each weekly statement required under Sec. 3.3 shall be delivered by the contractor or subcontractor, within seven days after the regular payment date of the payroll period, to a representative of a Federal or State agency in charge at the site of the building or work, or, if there is no representative of a Federal or State agency at the site of the building or work, the statement shall be mailed by the contractor or subcontractor, within such time, to a Federal or State agency contracting for or financing the building or work. After such examination and check as may be made, such statement, or a copy thereof, shall be kept available, or shall be transmitted together with a report of any violation, in accordance with applicable procedures prescribed by the United States Department of Labor.
(b) Each contractor or subcontractor shall preserve his weekly payroll records for a period of three years from date of completion of the contract. The payroll records shall set out accurately and completely the name and address of each laborer and mechanic, his correct classification, rate of pay, daily and weekly number of hours worked, deductions made, and actual wages paid. Such payroll records shall be made available at all times for inspection by the contracting
officer or his authorized representative, and by authorized representatives of the Department of Labor.
(Reporting and recordkeeping requirements in paragraph (b) have been approved by the Office of Management and Budget under control number 1215-0017)

[29 FR 97, Jan. 4, 1964, as amended at 47 FR 145, Jan. 5, 1982]

29 CFR 3.5 - Payroll deductions permissible without application to or approval of the Secretary of Labor.

Deductions made under the circumstances or in the situations described in the paragraphs of this section may be made without application to and approval of the Secretary of Labor:

(a) Any deduction made in compliance with the requirements of Federal, State, or local law, such as Federal or State withholding income taxes and Federal social security taxes.
(b) Any deduction of sums previously paid to the employee as a bona fide prepayment of wages when such prepayment is made without discount or interest. A bona fide prepayment of wages is considered to have been made only when cash or its equivalent has been advanced to the person employed in such manner as to give him complete freedom of disposition of the advanced funds.
(c) Any deduction of amounts required by court process to be paid to another, unless the deduction is in favor of the contractor, subcontractor, or any affiliated person, or when collusion or collaboration exists.
(d) Any deduction constituting a contribution on behalf of the person employed to funds established by the employer or representatives of employees, or both, for the purpose of providing either from principal or income, or both, medical or hospital care, pensions or annuities on retirement, death benefits, compensation for injuries, illness, accidents, sickness, or disability, or for insurance to provide any of the foregoing, or unemployment benefits, vacation pay, savings accounts, or similar payments for the benefit of employees, their families and dependents: Provided, however, That the following standards are met:

(1) The deduction is not otherwise prohibited by law;
(2) It is either:
(i) Voluntarily consented to by the employee in writing and in advance of the period in which the work is to be done and such consent is not a condition either for the obtaining of or for the continuation of employment, or
(ii) provided for in a bona fide collective bargaining agreement between the contractor or subcontractor and representatives of its employees;
(3) No profit or other benefit is otherwise obtained, directly or indirectly, by the contractor or subcontractor or any affiliated person in the form of commission, dividend, or otherwise; and
(4) The deductions shall serve the convenience and interest of the employee.

(e) Any deduction contributing toward the purchase of United States Defense Stamps and Bonds when voluntarily authorized by the employee.

(f) Any deduction requested by the employee to enable him to repay loans to or to purchase shares in credit unions organized and operated in accordance with Federal and State credit union statutes.
(g) Any deduction voluntarily authorized by the employee for the making of contributions to governmental or quasi-governmental agencies, such as the American Red Cross.
(h) Any deduction voluntarily authorized by the employee for the making of contributions to Community Chests, United Givers Funds, and similar charitable organizations.
(i) Any deductions to pay regular union initiation fees and membership dues, not including fines or special assessments: Provided, however, That a collective bargaining agreement between the contractor or subcontractor and representatives of its employees provides for such deductions and the deductions are not otherwise prohibited by law.
(j) Any deduction not more than for the ``reasonable cost'' of board, lodging, or other facilities meeting the requirements of section 3(m) of the Fair Labor Standards Act of 1938, as amended, and part 531 of this title. When such a deduction is made the additional records required under Sec. 516.25(a) of this title shall be kept.
(k) Any deduction for the cost of safety equipment of nominal value purchased by the employee as his own property for his personal protection in his work, such as safety shoes, safety glasses, safety gloves, and hard hats, if such equipment is not required by law to be furnished by the employer, if such deduction is not violative of the Fair Labor Standards Act or prohibited by other law, if the cost on which the deduction is based does not exceed the actual cost to the employer where the equipment is purchased from him and does not include any direct or indirect monetary return to the employer where the equipment is purchased from a third person, and if the deduction is either

(1) Voluntarily consented to by the employee in writing and in advance of the period in which the work is to be done and such consent is not a condition either for the obtaining of employment or its continuance; or
(2) Provided for in a bona fide collective bargaining agreement between the contractor or subcontractor and representatives of its employees.

[29 FR 97, Jan. 4, 1964, as amended at 36 FR 9770, May 28, 1971]

29 CFR 3.6 - Payroll deductions permissible with the approval of the Secretary of Labor.

Any contractor or subcontractor may apply to the Secretary of Labor for permission to make any deduction not permitted under Sec. 3.5. The Secretary may grant permission whenever he finds that:

(a) The contractor, subcontractor, or any affiliated person does not make a profit or benefit directly or indirectly from the deduction either in the form of a commission, dividend, or otherwise;
(b) The deduction is not otherwise prohibited by law;
(c) The deduction is either (1) voluntarily consented to by the employee in writing and in advance of the period in which the work is to be done and such consent is not a condition either for the obtaining of employment or its continuance, or (2) provided for in a bona fide collective bargaining agreement between the contractor or subcontractor and representatives of its employees; and
(d) The deduction serves the convenience and interest of the employee.

29 CFR 3.7 - Applications for the approval of the Secretary of Labor.

Any application for the making of payroll deductions under Sec. 3.6 shall comply with the requirements prescribed in the following paragraphs of this section:

(a) The application shall be in writing and shall be addressed to the Secretary of Labor.
(b) The application need not identify the contract or contracts under which the work in question is to be performed. Permission will be given for deductions on all current and future contracts of the applicant for a period of 1 year. A renewal of permission to make such payroll deduction will be granted upon the submission of an application which makes reference to the original application, recites the date of the Secretary of Labor's approval of such deductions, states affirmatively that there is continued compliance with the standards set forth in the provisions of Sec. 3.6, and specifies any conditions which have changed in regard to the payroll deductions.

(c) The application shall state affirmatively that there is compliance with the standards set forth in the provisions of Sec. 3.6. The affirmation shall be accompanied by a full statement of the facts indicating such compliance.
(d) The application shall include a description of the proposed deduction, the purpose to be served thereby, and the classes of laborers or mechanics from whose wages the proposed deduction would be made.
(e) The application shall state the name and business of any third person to whom any funds obtained from the proposed deductions are to be transmitted and the affiliation of such person, if any, with the applicant.

[29 FR 97, Jan. 4, 1964, as amended at 36 FR 9771, May 28, 1971]

29 CFR 3.8 - Action by the Secretary of Labor upon applications.

The Secretary of Labor shall decide whether or not the requested deduction is permissible under provisions of Sec. 3.6; and shall notify the applicant in writing of his decision.

29 CFR 3.9 - Prohibited payroll deductions.

Deductions not elsewhere provided for by this part and which are not found to be permissible under Sec. 3.6 are prohibited.

29 CFR 3.10 - Methods of payment of wages.

The payment of wages shall be by cash, negotiable instruments payable on demand, or the additional forms of compensation for which deductions are permissible under this part. No other methods of payment shall be recognized on work subject to the Copeland Act.

29 CFR 3.11 - Regulations part of contract.

All contracts made with respect to the construction, prosecution, completion, or repair of any public building or public work or building or work financed in whole or in part by loans or grants from the United States covered by the regulations in this part shall expressly bind the contractor or subcontractor to comply with such of the regulations in this part as may be applicable. In this regard, see Sec. 5.5(a) of this subtitle.

U.S. Department of Housing
and Urban Development

Labor Relations Desk Guide
LR01.DG

DAVIS-BACON
LABOR STANDARDS

A Contractor's Guide to Prevailing Wage Requirements for Federally-Assisted Construction Projects

January 2012
Previous versions obsolete

INTRODUCTION

This Guide has been prepared for you as a contractor performing work on construction projects that are assisted by the Department of Housing and Urban Development and subject to Davis-Bacon prevailing wage requirements. This Guide does not address contractor requirements involved in direct Federal contracting where HUD or another Federal agency enters into a procurement contract. In this latter case, the Federal Acquisition Regulations (FAR) are applicable. While the guidance contained in this Guide is generally applicable to any Davis-Bacon covered project, specific questions pertaining to direct Federal contracts should be addressed to the Contracting Officer who signed the contract for the Federal agency.

Our objective here is to provide you with a guide which is simple and non-bureaucratic yet comprehensive and which will help you better understand and comply with Davis-Bacon labor standards. HUD's Office of Labor Relations worked closely with the Department of Labor's Wage and Hour Division to make sure that the labor standards provisions in your contract and the specifics of complying with them represent the latest information. It is the Department of Labor which has general administrative oversight of all Federal contracting agencies, such as HUD, which administer the day-to-day responsibilities of enforcing Davis-Bacon provisions in construction contracts they either fund or assist in funding.

There are three chapters in this Guide. The first chapter offers a brief description of the laws and regulations associated with Federal labor standards administration and enforcement and discusses both what's in your contract that requires Davis-Bacon compliance and your responsibilities. The second chapter deals with labor standards and payroll reporting requirements. The third chapter discusses what can happen in the event there is a dispute about the wage rates that should be (or have been) paid and any back wages that may be due.

Finally, not all HUD construction projects are covered by Davis-Bacon wage rates. For the purpose of this Guide, we are assuming that a determination has already been made that Davis-Bacon wage rates are applicable. Should you wish assistance in determining whether Davis-Bacon wage rates apply to a particular project or if you need other related technical assistance, please consult with the HUD Labor Relations Field staff for your area. If you don't know which staff to contact, a list of Labor Relations field offices and their geographic areas and telephone numbers can be found on HUD's Home Page at the address below.

Visit the Office of Labor Relations on-line:

http://www.hud.gov/offices/olr

Obtain additional copies of this Guide and other publications at our website or by telephone from HUD's Customer Service Center at (800)767-7468.

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CHAPTER 1 LAWS, REGULATIONS, CONTRACTS AND RESPONSIBILITIES

The following paragraphs describe what the labor standards laws and regulations actually say and what they mean to you on HUD projects:

1-1 DAVIS-BACON AND OTHER LABOR LAWS.

a. **The Davis-Bacon Act (DBA).** The Davis-Bacon Act requires the payment of prevailing wage rates (which are determined by the U.S. Department of Labor) to all laborers and mechanics on Federal government and District of Columbia construction projects in excess of $2,000. Construction includes alteration and/or repair, including painting and decorating, of public buildings or public works.

Most HUD construction work is not covered by the DBA itself since HUD seldom contracts directly for construction services. Most often, if Davis-Bacon wage rates apply to a HUD project it is because of a labor provision contained in one of HUD's "Related Acts" such as the U. S. Housing Act of 1937, the National Housing Act, the Housing and Community Development Act of 1974, the National Affordable Housing Act of 1990, and the Native American Housing Assistance and Self-Determination Act of 1996. The Related Acts are often referred to as the Davis-Bacon and Related Acts or DBRA.

b. **The Contract Work Hours and Safety Standards Act (CWHSSA).** CWHSSA requires time and one-half pay for overtime (O/T) hours (over 40 in any workweek) worked on the covered project. The CWHSSA applies to both direct Federal contracts and to indirect Federally-assisted contracts ***except*** where the assistance is solely in the nature of a loan guarantee or insurance. CWHSSA violations carry a liquidated damages penalty ($10/day per violation). Intentional violations of CWHSSA standards can be considered for Federal criminal prosecution.

CWHSSA does not apply to prime contracts of $100,000 or less. In addition, some HUD projects are not covered by CWHSSA because some HUD programs only provide loan guarantees or insurance. CWHSSA also does not apply to construction or rehabilitation contracts that are not subject to Federal prevailing wage rates (e.g., Davis-Bacon wage rates, or HUD-determined rates for operation of public housing and Indian block grant-assisted housing). However, even though CWHSSA overtime pay is not required, Fair Labor Standards Act (FLSA) overtime pay is probably still applicable. (See also Labor Relations Letter SL-95-01, CWHSSA Coverage threshold for overtime and health and safety provision, available on-line at the HUD Labor Relations Library at: www.hud.gov/offices/olr/library.cfm)

c. **The Copeland Act (Anti-Kickback Act).** The Copeland Act makes it a Federal crime for anyone to require any laborer or mechanic (employed on a Federal or Federally-assisted project) to kickback (i.e., give up or pay back) any part of their wages. The Copeland Act requires every employer (contractors and subcontractors) to submit weekly certified payroll reports (CPRs) and regulates permissible payroll deductions.

d. **The Fair Labor Standards Act (FLSA).** The FLSA contains Federal minimum wage rates, overtime (O/T), and child labor requirements. These requirements generally apply to any labor performed. The DOL has the authority to administer and enforce FLSA. HUD will refer to the DOL any possible FLSA violations that are found on HUD projects.

1-2 DAVIS-BACON REGULATIONS.

The Department of Labor (DOL) has published rules and instructions concerning Davis-Bacon and other labor laws in the Code of Federal Regulations (CFR). These regulations can be found in ***Title 29 CFR Parts 1, 3, 5, 6 and 7***. Part 1 explains how the DOL establishes and publishes DBA wage determinations (aka wage decisions) and provides instructions on how to use the determinations. Part 3 describes Copeland Act requirements for payroll deductions and the submission of weekly certified payroll reports. Part 5 covers the labor standards provisions that are in your contract relating to Davis-Bacon Act wage rates and the responsibilities of contractors and contracting agencies to administer and enforce the provisions. Part 6 provides for administrative proceedings enforcing Federal labor standards on construction and service contracts. Last, Part 7 sets parameters for practice before the Administrative Review Board. These regulations are used as the basis for administering and enforcing the laws.

DOL Regulations are available on-line on the World Wide Web:
http://www.dol.gov/dol/allcfr/Title_29.htm

1-3 CONSTRUCTION CONTRACT PROVISIONS

Each contract subject to Davis-Bacon labor standards requirements must contain labor standards clauses and a Davis-Bacon wage decision. These documents are normally bound into the contract specifications.

a. The labor standards clauses. The labor standards clauses describe the responsibilities of the contractor concerning Davis-Bacon wages and obligate the contractor to comply with the labor requirements. The labor standards clauses also provide for remedies in the event of violations, including withholding from payments due to the contractor to ensure the payment of wages or liquidated damages which may be found due. These contract clauses enable the contract administrator to enforce the Federal labor standards applicable to the project. HUD has standard forms that contain contract clauses. For example, the HUD-2554, Supplementary Conditions to the Contract for Construction, which is issued primarily for FHA multifamily housing and other construction projects

administered by HUD; the HUD-4010, Federal Labor Standards Provisions, which is used for CDBG and HOME projects, and the HUD-5370, General Conditions of the Contract for Construction or the HUD-5370-EZ (construction contracts ≤$100,000) which are used for Public and Indian Housing projects.

HUD program labor standards forms are available on-line at:
www.hud.gov/offices/adm/hudclips/index.cfm

b. Davis-Bacon Wage Decisions. The Davis-Bacon wage decision (or wage determination) is a listing of various construction work classifications, such as Carpenter, Electrician, Plumber and Laborer, and the minimum wage rates (and fringe benefits, where prevailing) that people performing work in those classifications must be paid.

Davis-Bacon wage decisions are established by the DOL for various types of construction (e.g., residential, heavy, highway) and apply to specific geographic areas, usually a county or group of counties. Wage decisions are modified from time to time to keep them current. In most cases, when the contract is awarded or when construction begins, the wage decision is "locked-in" and no future modifications are applicable to the contract or project involved.

All current Davis-Bacon wage decisions can be accessed on-line at no cost at:
http://www.wdol.gov

1-4 RESPONSIBILITY OF THE PRINCIPAL CONTRACTOR

The principal contractor (also referred to as the ***prime*** or ***general contractor***) is responsible for the full compliance of all employers (the contractor, subcontractors and any lower-tier subcontractors) with the labor standards provisions applicable to the project. Because of the contractual relationship between a prime contractor and his/her subcontractors, subcontractors generally should communicate with the contract administrator only through the prime contractor. (See Contract Administrator, below.)

To make this Guide easier to understand, the term "prime contractor" will mean the principal contractor; "subcontractor" will mean all subcontractors including lower-tier subcontractors; and the term "employer" will mean all contractors as a group, including the prime contractor and any subcontractors and lower-tier subcontractors.

1-5 RESPONSIBILITY OF THE CONTRACT ADMINISTRATOR.

The ***contract administrator*** is responsible for the proper administration and enforcement of the Federal labor standards provisions on contracts covered by Davis-Bacon requirements. We use this term to represent the person (or persons) who will provide labor standards advice and support to you and other project principals (e.g., the owner, sponsor, architect), including providing the proper Davis-Bacon wage decision (see 2-1, ***The Wage Decision***) and ensuring that the wage decision and contract clauses are incorporated into the contract for construction. The contract administrator also monitors labor standards compliance (see 2-6, ***Compliance Reviews***) by conducting interviews with construction workers at the job site and reviewing payroll reports, and oversees any enforcement actions that may be required.

The contract administrator could be an employee or agent of HUD, or of a city or county or public housing agency. For HUD projects administered directly by HUD staff, usually FHA-insured multifamily projects, the contract administrator will be the HUD Labor Relations field staff. But many HUD-assisted projects are administered by local contracting agencies such as Public Housing Agencies (PHAs), Indian tribes and tribally-designated housing entities (TDHEs), and States, cities and counties under HUD's Community Development Block Grant (CDBG) and HOME programs. In these cases, the contract administrator will likely be local agency staff. In either case, the guidance for you remains essentially the same.

The DOL also has a role in monitoring Davis-Bacon administration and enforcement. In addition, DOL has independent authority to conduct investigations. A DOL investigator or other DOL representative may visit Davis-Bacon construction sites to interview construction workers or review payroll information.

CHAPTER 2 HOW TO COMPLY WITH LABOR STANDARDS AND PAYROLL REPORTING REQUIREMENTS

WHERE TO START? Now that you know you're on a Davis-Bacon project and you know some of the legal and practical implications, what's next?

SECTION I - THE BASICS

2-1 THE WAGE DECISION.

Davis-Bacon labor standards stipulate the wage payment requirements for Carpenters, Electricians, Plumbers, Roofers, Laborers, and other construction work classifications that may be needed for the project. The Davis-Bacon wage decision that applies to the project contains a schedule of work classifications and wage rates that must be followed. If you don't have it already (and by now you should), you'll want to get a copy of the applicable Davis-Bacon wage decision.

Remember, the wage decision is contained in the contract specifications along with the labor standards clauses. See 1-3, Construction Contract Provisions.

a. **The work classifications and wage rates.** A Davis-Bacon wage decision is simply a listing of different work classifications and the minimum wage rates that must be paid to anyone performing work in those classifications. You'll want to make sure that the work classification(s) you need are contained in the wage decision and make certain you know exactly what wage rate(s) you will need to pay. Some wage decisions cover several counties and/or types of construction work (for example, residential and commercial work) and can be lengthy and difficult to read. Contact the contract administrator (HUD Labor Relations field staff or local agency staff) if you have any trouble reading the wage decision or finding the work classification(s) you need.

To make reading lengthy wage decisions easier for you, the contract administrator may prepare a Project Wage Rate Sheet (HUD-4720). This Sheet is a one-page transcript that will show only the classifications and wage rates for a particular project. A blank copy of a Project Wage Rate Sheet is provided for you in the appendix. Also, a fillable version of this form is available on-line at HUDClips (see web address in the Appendix). Contact the contract administrator monitoring your project for assistance with a Project Wage Rate Sheet.

b. **Posting the wage decision.** If you are the prime contractor, you will be responsible for posting a copy of the wage decision (or the Project Wage Rate Sheet) and a copy of the DOL Davis-Bacon poster titled Employee Rights under the Davis-Bacon Act (Form WH-1321) at the job site in a place that is easily accessible to all of the construction workers employed at the project and where the wage decision and poster won't be destroyed by wind or rain, etc. The Employee Rights under the Davis-Bacon Act poster is available in English and Spanish on-line at HUDClips (see address in the Appendix).

The Employee Rights under the Davis-Bacon Act poster (WH-1321) replaces the Notice to all Employees. The new poster is available in English and Spanish on-line at HUDClips (see address in the Appendix).

2-2 ADDITIONAL "TRADE" CLASSIFICATIONS AND WAGE RATES.

What if the work classification you need isn't on the wage decision? If the work classification(s) that you need doesn't appear on the wage decision, you will need to request an additional classification and wage rate. This process is usually very simple and you'll want to start the request right away. Basically, you identify the classification you need and recommend a wage rate for DOL to approve for the project. There are a few rules about additional classifications; you'll find these rules in the DOL regulations, Part 5, and in the labor clauses in your contract. The rules are summarized for you here:

a. **Additional classification rules.** Additional classifications and wage rates can be approved if:

1. The requested classification is used by construction contractors in the area of the project. (The area is usually defined as the county where the project is located).

2. The work that will be performed by the requested classification is not already performed by another classification that is already on the wage decision. (In other words, if there already is an Electrician classification and wage rate on the wage decision you can't request another Electrician classification and rate.)

3. The proposed wage rate for the requested classification "fits" with the other wage rates already on the wage decision. (For example, the wage rate proposed for a trade classification such as Electrician must be at least as much as the lowest wage rate for other trade classifications already contained in the wage decision.) And,

4. The workers that will be employed in the added classification (if it is known who the workers are/will be), or the workers' representatives, must agree with the proposed wage rate.

b. **Making the request.** A request for additional classification and wage rate must be made in writing through the contract administrator. (If the contract administrator is a local agency, the agency will send the request to the HUD Labor Relations staff.) If you are a subcontractor, your request should also go through the prime contractor. All you need to do is identify the work classification that is missing and recommend a wage rate (usually the rate that employer is already paying to the employees performing the work) for that classification. You may also need to describe the work that the new classification will perform.

c. **HUD review.** The HUD Labor Relations field staff will review the requested classification and wage rate to determine whether the request meets the DOL rules outlined in paragraph 2-2(a), above. If additional information or clarification is needed, the staff will contact the prime contractor (or contract administrator for local agency projects) for more information, etc. If the Labor Relations review finds that the request meets the rules, the staff will give preliminary approval on the request and refer it to the DOL for final approval. The staff will send to you a copy of the preliminary approval/referral letter to the DOL.

   If the HUD Labor Relations staff doesn't think the request meets the rules and if agreement can't be reached on the proper classification or wage rate for the work described, the HUD Labor Relations staff will not approve the request. In this case, the staff will send your request to the DOL with an explanation why HUD believes that the request shouldn't be approved. The DOL still has final decision authority. You will receive a copy of the disapproval/referral letter to the DOL.

d. **DOL decision.** The DOL will respond to HUD Labor Relations in writing about the additional classification and wage rate request. HUD Labor Relations will notify you of the DOL decision in writing. If the DOL approves the request, the prime contractor must post the approval notice on the job site with the wage decision.

   If the DOL does not approve the request, you will be notified about what classification and wage rate should be used for the work in question. You will also receive instructions about how to ask for DOL reconsideration if you still want to try to get your recommendation approved.

It's always a good idea to talk to the contract administrator before submitting an additional classification and wage rate request. The contract administrator can offer suggestions and advice that may save you time and increase the likelihood that DOL will approve your request. Usually, the contract administrator can give you an idea about what the DOL will finally decide.

2-3 CERTIFIED PAYROLL REPORTS.

You'll need to submit a weekly certified payroll report (CPR) beginning with the first week that your company works on the project and for every week afterward until your firm has completed its work. It's always a good idea to number the payroll reports beginning with #1 and to clearly mark your last payroll for the project "Final."

a. **Payroll formats.** The easiest form to use is DOL's WH-347, Payroll. A sample copy of the WH-347 is included in the back of this Guide. You may access a fillable version of the WH-347 on-line at HUDClips (see web address in the Appendix). Also, the contract administrator can provide a few copies of the WH-347 that you can reproduce.

You are not required to use Payroll form WH-347. You are welcome to use any other type of payroll, such as computerized formats, as long as it contains all of the information that is required on the WH-347.

b. **Payroll certifications.** The weekly payrolls are called certified because each payroll is signed and contains language certifying that the information is true and correct. The payroll certification language is on the reverse side of the WH-347. If you are using another type of payroll format you may attach the certification from the back of the WH-347, or any other format which contains the same certification language on the WH-347 (reverse).

DOL's website has Payroll Instructions and the Payroll form WH-347 in a "fillable" PDF format at this address:
www.dol.gov/whd/forms/wh347.pdf

c. **"No work" payrolls.** "No work" payrolls may be submitted whenever there is a temporary break in your work on the project, for example, if your firm is not needed on the project right now but you will be returning to the job in a couple of weeks. (See tip box, for "no work" payroll exemption!) However, if you know that your firm will not be working on the project for an extended period of time, you may wish to send a short note to the contract administrator to let them know about the break in work and to give an approximate date when your firm will return to the project. If you number payrolls consecutively or if you send a note, you do not need to send "no work" payrolls.

If you number your payroll reports consecutively, you do not need to submit "no work" payrolls!

d. **Payroll review and submission.** The prime contractor should review each subcontractor's payroll reports for compliance prior to submitting the reports to the contract administrator. Remember, the prime contractor is responsible for the full compliance of all subcontractors on the contract and will be held accountable for any wage restitution that may be found due to any laborer or mechanic that is underpaid and for any liquidated damages that may be assessed for overtime violations. All of the payroll reports for any project must be submitted to the contract administrator through the prime contractor.

An alert prime contractor that reviews subcontractor payroll submissions can detect any misunderstandings early, prevent costly underpayments and protect itself from financial loss should underpayments occur.

e. **Payroll retention.** Every contractor (including every subcontractor) must keep a complete set of their own payrolls and other basic records such as employee addresses and full SSNs, time cards, tax records, evidence of fringe benefit payments, for a Davis-Bacon project for at least 3 years after the project is completed. The prime contractor must keep a complete set of all of the payrolls for every contractor (including subcontractors) for at least 3 years after completion of the project.

f. **Payroll inspection.** In addition to submitting payrolls to the contract administrator, every contractor (including subcontractors) must make their own copy of the payrolls and other basic records available for review or copying to any authorized representative from HUD or from DOL.

2-4 DAVIS-BACON DEFINITIONS.

Before we discuss how to complete the weekly payroll forms, we need to review a couple of definitions. These definitions can help you understand what will be required of you:

a. **Laborer or mechanic.** "Laborers" and "mechanics" mean anyone who is performing construction work on the project, including trade journeymen (carpenters, plumbers, sheet metal workers, etc.), apprentices, and trainees and, for CWHSSA purposes, watchmen and guards. "Laborers" and "mechanics" are the two groups of workers that must be paid not less than Davis-Bacon wage rates.

1. **Working foremen**. Foremen or supervisors that regularly spend more than 20% of their time performing construction work and do not meet the exclusions in paragraph 2 below are covered "laborers" and "mechanics" for labor standards purposes for the time spent performing construction work.

2. **Exclusions.** People whose duties are primarily administrative, executive or clerical are not laborers or mechanics. Examples include superintendents, office staff, timekeepers, messengers, etc. (Contact the contract administrator if you have any questions about whether a particular employee is excluded.)

b. **Employee.** Every person who performs the work of a laborer or mechanic is "employed" regardless of any contractual relationship which may be alleged to exist between a contractor or subcontractor and such person. This means that even if there is a contract between a contractor and a worker, the contractor must make sure that the worker is paid at least as much as the wage rate on the wage decision for the classification of work they perform. Note that there are no exceptions to the prevailing wage requirements for relatives or for self-employed laborers and mechanics.

For more information about working subcontractors, ask the contract administrator or your HUD Labor Relations Field Staff for a copy of Labor Relations Letter LR-96-01, Labor standards compliance requirements for self-employed laborers and mechanics. Labor Relations Letters and other helpful Labor Relations publications are available at HUD's Labor Relations web site (see the list of web site addresses in the Appendix).

c. **Apprentices and trainees.** The only workers who can be paid less than the wage rate on the wage decision for their work classification are "apprentices" and "trainees" registered in approved apprenticeship or training programs. Approved programs are those which have been registered with the DOL or a DOL-recognized State Apprenticeship Council (SAC). Apprentices and trainees are paid wage rates in accordance with the wage schedule in the approved program.

Most often, the apprentice/trainee wage rate is expressed as a series of percentages tied to the amount of time spent in the program. For example, 0-6 months: 65%; 6 months - 1 year: 70%; etc. The percentage is applied to the journeyman's wage rate. On Davis-Bacon projects, the percentage must be applied to the journeyman's wage rate on the applicable wage decision for that craft.

1. **Probationary apprentice.** A "probationary apprentice" can be paid as an apprentice (less than the rate on the wage decision) if the DOL or SAC has certified that the person is eligible for probationary employment as an apprentice.

2. **Pre-apprentice.** A "pre-apprentice", that is, someone who is not registered in a program and who hasn't been DOL- or SAC-certified for probationary apprenticeship is not considered to be an "apprentice" and must be paid the full journeyman's rate on the wage decision for the classification of work they perform.

3. **Ratio of apprentices and trainees to journeymen.** The maximum number of apprentices or trainees that you can use on the job site cannot exceed the ratio of apprentices or trainees to journeymen allowed in the approved program.

d. **Prevailing wages or wage rates.** Prevailing wage rates are the wage rates listed on the wage decision for the project. The wage decision will list a minimum basic hourly rate of pay for each work classification. Some wage decisions include fringe benefits which are usually listed as an hourly fringe rate. If the wage decision includes a fringe benefit rate for a classification, you will need to add the fringe benefit rate to the basic hourly rate unless you provide bona fide fringe benefits for your employees.

    1. **Piece-work.** Some employees are hired on a piece-work basis, that is, the employee's earnings are determined by a factor of work produced. For example, a Drywall Hanger's earnings may be calculated based upon the square feet of sheetrock actually hung, a Painter's earnings may be based upon the number of units painted. Employers may calculate weekly earnings based upon piece rates provided the weekly earnings are sufficient to satisfy the wage rate requirement based upon actual hours, including any overtime, worked. Accurate time records must be maintained for any piece-work employees. If the weekly piece rate earnings are not sufficient, the employer must recompute weekly earnings based upon the actual hours worked and the rate on the wage decision for the work classification(s) involved.

e. **Fringe benefits** Fringe benefits can include health insurance premiums, retirement contributions, life insurance, vacation and other paid leave as well as some contributions to training funds. Fringe benefits do not include employer payments or contributions required by other Federal, State or local laws, such as the employer's contribution to Social Security or some disability insurance payments.

Note that the total hourly wage rate paid to any laborer or mechanic (basic wage or basic wage plus fringe benefits) may be no less than the total wage rate (basic wage or basic wage plus fringe benefits) on the wage decision for their craft. If the value of the fringe benefit(s) you provide is less than the fringe benefit rate on the wage decision, you will need to add the balance of the wage decision fringe benefit rate to the basic rate paid to the employee. For example, if the wage decision requires $10/hour basic rate plus $5/hour fringe benefits, you must pay no less than that total ($15/hour) in the basic rate or basic rate plus whatever fringe benefit you may provide. You can meet this obligation in several ways: you could pay the base wage and fringe benefits as stated in the wage decision, or you could pay $15 in base wage with no fringe benefits, or you could pay $12 basic plus $3 fringe benefits. You can also off-set the amount of the base wage if you pay more in fringe benefits such as by paying or $9 basic plus $6 fringe benefits; as long as you meet the total amount. The amount of the base wage that you may off-set with fringe benefits is limited by certain IRS and FLSA requirements.

f. **Overtime.** Overtime hours are defined as all hours worked on the contract in excess of 40 hours in any work week. Overtime hours must be paid at no less than one and one-half times the regular rate of basic pay plus the straight-time rate of any required fringe benefits.

g. **Deductions.** You may make payroll deductions as permitted by DOL Regulations 29 CFR Part 3. These regulations prohibit the employer from requiring employees to "kick-back" (i.e., give up) any of their earnings. Allowable deductions which do not require prior DOL permission include employee obligations for income taxes, Social Security payments, insurance premiums, retirement, savings accounts, and any other legally-permissible deduction authorized by the employee. Deductions may also be made for payments on judgments and other financial obligations legally imposed against the employee.

Referring, again, to our example above where the wage decision requiring a $15 total wage obligation ($10 basic wage plus $5 fringe benefits) was met by paying $9 base wage plus $6 fringe benefits: Note that overtime rates must be based on one and one-half times the basic rate as stated on the wage decision. In the above example, the employer must pay for overtime: $15/hr ($9 basic + $6 fringe) plus $5 (one-half of $10, the wage decision basic rate) for a total of $20 per hour.

h. **Proper designation of trade.** You must select a work classification on the wage decision for each worker based on the actual type of work he/she performed and you must pay each worker no less than the wage rate on the wage decision for that classification regardless of their level of skill. In other words, if someone is performing carpentry work on the project, they must be paid no less than the wage rate on the wage decision for Carpenters even if they aren't considered by you to be fully trained as a Carpenter. Remember, the only people who can be paid less than the rate for their craft are apprentices and trainees registered in approved programs.

    1. **Split-classification.** If you have employees that perform work in more than one trade during a work week, you can pay the wage rates specified for each classification in which work was performed only if you maintain accurate time records showing the amount of time spent in each classification of work. If you do not maintain accurate time records, you must pay these employees the highest wage rate of all of the classifications of work performed.

i. **Site of work.** The "site of work" is where the Davis-Bacon wage rates apply. Usually, this means the boundaries of the project. "Site of work" can also include other adjacent or virtually adjacent property used by a contractor or subcontractor in the construction of the project, like a fabrication site that is dedicated exclusively, or nearly so, to the project.

SECTION II - REPORTING REQUIREMENTS

2-5 COMPLETING A PAYROLL REPORT.

What information has to be reported on the payroll form? The weekly payroll form doesn't ask for any information that you don't already need to keep for wage payment and tax purposes. For example, you need to know each employee's name; his or her work classification (who is working for you and what do they do?), the hours worked during the week, his or her rate of pay, the gross amount earned (how much did they earn?), the amounts of any deductions for taxes, etc., and the net amount paid (how much should the paycheck be made out for?). No more information than you need to know in order to manage your work crew and make certain they are paid properly. And, certainly, no more information than you need to keep for IRS, Social Security and other tax and employment purposes.

For many contractors, the Weekly Certified Payroll is the only Davis-Bacon paperwork you need to submit!

You are required to submit certified payrolls to illustrate and document that you have complied with the prevailing wage requirements. The purpose of the contract administrator's review of your payrolls is to verify your compliance. Clearer and complete payroll reports will permit the contract administrator to complete reviews of your payroll reports quickly.

a. **Project and contractor/subcontractor information.** Each payroll must identify the contractor or subcontractor's name and address, the project name and number, and the week ending date. Indicate the week dates in the spaces provided. Numbering payrolls is optional but strongly recommended.

b. **Employee information.** Effective January 18, 2009, payrolls shall not report employee addresses or full Social Security Numbers (SSNs). Instead, the first payroll on which each employee appears shall include the employee's name and an individually identifying number, usually the last 4 digits of the employee's SSN. Afterward, the identifying number does not need to be reported unless it is necessary to distinguish between employees, e.g., if two employees have the same name.

   Employers (prime contractors and subcontractors) must maintain the current address and full SSN for each employee and must provide this information upon request to the contracting agency or other authorized representative responsible for federal labor standards compliance monitoring. Prime contractors may require a subcontractor(s) to provide this information for the prime contractor's records. DOL has modified form WH-347, Payroll, to accommodate these reporting requirements.

c. **Work classification.** Each employee must be classified in accordance with the wage decision based on the type of work they actually perform.

1. **Apprentices or trainees.** The first payroll on which any apprentice or trainee appears must be accompanied by a copy of that apprentice's or trainee's registration in a registered or approved program. A copy of the portions of the registered or approved program pertaining to the wage rates and ratios shall also accompany the first payroll on which the first apprentice or trainee appears.

2. **Split classifications.** For an employee that worked in a split classification, make a separate entry for each classification of work performed distributing the hours of work to each classification, accordingly, and reflecting the rate of pay and gross earnings for each classification. Deductions and net pay may be based upon the total gross amount earned for all classifications.

d. **Hours worked.** The payroll should show ONLY the regular and overtime hours worked on this project. Show both the daily and total weekly hours for each employee. If an employee performs work at job sites other than the project for which the payroll is prepared, those "other job" hours should not be reported on the payroll. In these cases, you should list the employee's name, classification, hours for this project only, the rate of pay and gross earnings for this project, and the gross earned for all projects. Deductions and net pay may be based upon the employee's total earnings (for all projects) for the week.

e. **Rate of pay.** Show the basic hourly rate of pay for each employee for this project. If the wage decision includes a fringe benefit and you do not participate in approved fringe benefit programs, add the fringe benefit rate to the basic hourly rate of pay. Also list the overtime rate if overtime hours were worked.

1. **Piece-work.** For any piece-work employees, the employer must compute an effective hourly rate for each employee each week based upon the employee's piece-work earnings for that week. To compute the effective hourly rate, divide the piece-work earnings by the total number of hours worked, including consideration for any overtime hours.

   The effective hourly rate must be reflected on the certified payroll and this hourly rate may be no less than the wage rate (including fringe benefits, if any) on the wage decision for the classification of work performed. It does not matter that the effective hourly rate changes from week-to-week, only that the rate is no less than the rate on the wage decision for the classification of work performed.

Remember, the overtime rate is computed at one and one-half times the basic rate of pay plus any fringe benefits. For example, if the wage decision requires $10/hour basic plus $5/hour fringe benefits, the overtime rate would be: ($10 x 1 ½) + $5 = $20/hour.

f. **Gross wages earned.** Show the gross amount of wages earned for work performed on this project. Note: For employees with work hours and earnings on other projects, you may show gross wages for this project over gross earnings all projects (for example, $425.40/$764.85) and base deductions and net pay on the "all projects" earnings.

g. **Deductions.** Show the amounts of any deductions from the gross earnings. "Other" deductions should be identified (for example, Savings Account or Loan Repayment). Any voluntary deduction (that is, not required by law or by an order of a proper authority) must be authorized in writing by the employee or provided for in a collective bargaining (union) agreement. A short note signed by the employee is all that is needed and should accompany the first payroll on which the other deduction appears.

Only one employee authorization is needed for recurring (e.g., weekly) other deductions. Written employee authorization is not required for income tax and Social Security deductions.

h. **Net pay.** Show the net amount of wages paid.

i. **Statement of compliance.** The Statement of Compliance is the certification. It is located on the reverse side of a standard payroll form (WH-347). Be sure to complete the identifying information at the top, particularly if you are attaching the Statement of Compliance to an alternate payroll form such as a computer payroll. Also, you must check either 4(a) or 4(b) if the wage decision contains a fringe benefit. Checking 4(a) indicates that you are paying required fringe benefits to approved plans or programs; and 4(b) indicates that you are paying any required fringe benefit amounts directly to the employee by adding the fringe benefit rate to the basic hourly rate of pay. If you are paying a portion of the required fringe benefit to programs and the balance directly to the employee, explain those differences in box 4(c).

Only one Statement of Compliance is required for each employer's weekly payroll no matter how many pages are needed to report the employee data.

j. **Signature.** Make sure the payroll is signed with an original signature in ink. The payroll must be signed by a principal of the firm (owner or officer such as the president, treasurer or payroll administrator) or by an authorized agent (a person authorized by a principal in writing to sign the payroll reports). Signature authorization (for persons other than a principal) should be submitted with the first payroll signed by such an agent. Signatures in pencil; signature stamps; xerox, pdf and other facsimiles are not acceptable.

SECTION III - PAYROLL REVIEWS AND CORRECTIONS

2-6 COMPLIANCE REVIEWS.

The contract administrator or other inspector may visit the project site and interview some of the workers concerning their employment on the project. The DOL may also independently conduct its own reviews (see 1-5). In addition, the contract administrator will periodically review payrolls and related submissions, comparing the interview information to the payrolls, to ensure that the labor standards requirements have been met. You will be notified by the contract administrator if these reviews find any discrepancies or errors. You will be given instructions about what steps must be taken to correct any problems.

a. **On-site interviews.** Every employer (contractor, subcontractor, etc.) must make their employees available for interview at the job site with the contract administrator or other agency representative, or HUD or DOL representative. The interviews are confidential and the employee will be asked about the kind of work they perform and their rate of pay. Every effort will be made to ensure that these interviews cause as little disruption as possible to the on-going work. The interviewer will record the interview information, usually on a form HUD-11, Record of Employee Interview, and forward the interviews to the contract administrator.

b. **Project payroll reviews.** The contract administrator will compare the information on the interview forms to the corresponding payrolls to ensure that the workers are properly listed on the payrolls for the days and hours worked on the job site, work classification and rate of pay. The contract administrator will also review the payroll submissions to make certain that the payrolls are complete and signed; that employees are paid no less than the wage rate for the work classification shown; apprentice and trainee certifications are submitted (where needed); employee or other authorizations for other deductions are submitted (where needed); etc.

2-7 TYPICAL PAYROLL ERRORS AND REQUIRED CORRECTIONS.

The following paragraphs describe common payroll errors and the corrective steps you must take.

a. **Inadequate payroll information.** If an alternate payroll format used by an employer (such as some computer payrolls) is inadequate, e.g., does not contain all of the necessary information that would be on the optional form WH-347, the employer will be asked to resubmit the payrolls on an acceptable form.

b. **Missing identification numbers.** If the first payroll on which an employee appears does not contain the employee's individually identifying number, the employer will be asked to supply the missing information. This information can be reported on the next payroll submitted by the employer if the employer is still working on the project. Otherwise, the employer will be asked to submit a correction certified payroll.

c. **Incomplete payrolls.** If the information on the payroll is not complete, for example, if work classifications or rates of pay are missing, the employer will be asked to send a correction certified payroll.

d. **Classifications.** If the payrolls show work classifications that do not appear on the wage decision, the employer will be asked to reclassify the employees in accordance with the wage decision or the employer may request an additional classification and wage rate (see 2-2). If reclassification results in underpayment (i.e., the wage rate reported on the payroll is less than the rate required for the new classification), the employer will be asked to pay wage restitution to all affected reclassified employees. (see 2-8 for instructions about wage restitution.)

e. **Wage rates.** If the wage rates on the payroll are less than the wage rates on the wage decision for the work classifications reported, the employer will be asked to pay wage restitution to all affected employees.

f. **Apprentices and trainees.** If a copy of the employee's registration or the approved program ratio and wage schedule are not submitted with the first payroll on which an apprentice or trainee appears, the employer will be asked to submit a copy of each apprentice's or trainee's registration and/or the approved program ratio and wage schedule. If the ratio of apprentices or trainees to journeymen on the payroll is greater than the ratio in the approved program, the employer will be asked to pay wage restitution to any excess apprentices or trainees. Also, any apprentice or trainee that is not registered in an approved program must receive the journeyman's wage rate for the classification of work they performed.

g. **Overtime.** If the employees did not receive at least time and one-half for any overtime hours worked on the project, the following will occur:

    1. If the project is subject to CWHSSA overtime requirements, the employer will be asked to pay wage restitution for all overtime hours worked on the project. The employer may also be liable to the United States for liquidated damages computed at $10 per day per violation. Or,

    2. If the project is not subject to CWHSSA, the employer will be notified of the possible FLSA overtime violations. Also, the contract administrator may refer the matter to the DOL for further review.

h. **Computations.** If the payroll computations (hours worked times rate of pay) or extensions (deductions, net pay) show frequent errors, the employer will be asked to take greater care. Wage restitution may be required if underpayments resulted from the errors.

i. **Deductions.** If there are any "Other" deductions that are not identified, or if employee authorization isn't provided, or if there is any unusual (very high, or large number) deduction activity, the employer will be asked to identify the deductions, provide employee authorization or explain unusual deductions, as necessary.

HUD does not enforce or attempt to provide advice on employer obligations to make deductions from employee earnings for taxes or Social Security. However, HUD may refer to the IRS or other responsible agency copies of certified payroll reports that show wages paid in gross amounts (i.e., without tax deduction) for its review and appropriate action.

j. **Fringe benefits.** If the wage decision contains fringe benefits but the payroll does not indicate how fringe benefits were paid [neither 4(a) nor 4(b) is marked on the Statement of Compliance], the employer may be asked to submit correction certified payrolls and will be required to pay wage restitution if underpayments occurred. However, if the basic hourly rates for the employees are at least as much as the total wage rate on the wage decision (basic hourly rate plus the fringe benefit rate), no correction is necessary.

k. **Signature.** If the payroll Statement of Compliance is not signed or is missing, the employer will be asked to submit a signed Statement of Compliance for each payroll affected. If the Statement of Compliance is signed by a person who is not a principle of the firm and that person has not been authorized by principle to sign, the employer will be asked to provide an authorization or to resubmit the Statement(s) of Compliance bearing the signature of a principle or other authorized signatory.

l. **On-site interview comparisons.** If the comparison of on-site interviews to the payrolls indicates any discrepancies (for example, the employee does not appear on the payroll for the date of the interview), the employer will be asked to submit a correction certified payroll report.

m. **Correction certified payroll.** Any and all changes to data on a submitted payroll report must be reported on a certified correction payroll. In no case will a payroll report be returned to the prime contractor or employer for revision.

2-8 RESTITUTION FOR UNDERPAYMENT OF WAGES.

Where underpayments of wages have occurred, the employer will be required to pay wage restitution to the affected employees. Wage restitution must be paid promptly in the full amounts due, less permissible and authorized deductions. All wages paid to laborers and mechanics for work performed on the project, including wage restitution, must be reported on a certified payroll report.

a. **Notification** to the Employer/Prime contractor. The contract administrator will notify the employer and/or prime contractor in writing of any underpayments that are found during payroll or other reviews. The contract administrator will describe the underpayments and provide instructions for computing and documenting the restitution to be paid. The employer/prime contractor is allowed 30 days to correct the underpayments. Note that the prime contractor is responsible to the contract administrator for ensuring that restitution is paid. If the employer is a subcontractor, the subcontractor will usually make the computations and restitution payments and furnish the required documentation through the prime contractor.

The contract administrator may communicate directly with a subcontractor when the underpayments are plainly evident and the subcontractor is cooperative. It is best to work through the prime contractor when the issues are complex, when there are significant underpayments and/or the subcontractor is not cooperative. In all cases, the subcontractor must ensure that the prime contractor receives a copy of the required corrective documentation.

b. **Computing wage restitution.** Wage restitution is simply the difference between the wage rate paid to each affected employee and the wage rate required on the wage decision for all hours worked where underpayments occurred. The difference in the wage rates is called the adjustment rate. The adjustment rate times the number of hours involved equals the gross amount of restitution due. You may also compute wage restitution by calculating the total amount of Davis-Bacon wages earned and subtracting the total amount of wages paid. The difference is the amount of back wages due.

c. **Correction certified payrolls.** The employer will be required to report the restitution paid on a correction certified payroll. The correction payroll will reflect the period of time for which restitution is due (for example, Payrolls #1 through #6; or a beginning date and ending date). The correction payroll will list each employee to whom restitution is due and their work classification; the total number of work hours involved (daily hours are usually not applicable for wage restitution); the adjustment wage rate (the difference between the required wage rate and the wage rate paid); the gross amount of restitution due; deductions and the net amount actually paid. A properly signed Statement of Compliance must accompany the correction payroll.

HUD no longer requires the signature of the employee on the correction payroll to evidence employee receipt of restitution payment. In addition, except in the most extraordinary cases, HUD no longer requires employers to submit copies of restitution checks (certified, cashiers, canceled or other), or employee-signed receipts or waivers.

d. **Review of correction CPR.** The contract administrator will review the correction certified payroll to ensure that full restitution was paid. The prime contractor shall be notified in writing of any discrepancies and will be required to make additional payments, if needed, documented on a correction certified payroll within 30 days.

e. **Unfound workers.** Sometimes, wage restitution cannot be paid to an affected employee because, for example, the employee has moved and can't be located. After wage restitution has been paid to all of the workers who could be located, the employer must submit a list of any workers who could not be found and paid (i.e., unfound workers) providing their names, Social Security Numbers, last known addresses and the gross amount due. In such cases, at the end of the project the prime contractor will be required

to place in a deposit or escrow account an amount equal to the total gross amount of restitution that could not be paid because the employee(s) could not be located. The contract administrator will continue attempts to locate the unfound workers for 3 years after the completion of the project. After 3 years, any amount remaining in the account for unfound workers will be credited and/or forwarded by the contract administrator to HUD.

CHAPTER 3 LABOR STANDARDS DISPUTES, ADMINISTRATIVE REVIEWS, WITHHOLDING, DEPOSITS AND ESCROW ACCOUNTS, AND SANCTIONS

WHAT HAPPENS WHEN THINGS GO WRONG?

3-1 INTRODUCTION.

Even in the best of circumstances, things can go wrong. In a Davis-Bacon context, "things going wrong" usually means there's a difference of opinion or a dispute about whether and to what extent underpayments have occurred. These disputes are usually between the contract administrator and one or more employers (the prime contractor and/or a subcontractor). The dispute may involve something simple such as an additional classification request that is pending before the DOL; or something as significant as investigative findings following a complaint of underpayment. This chapter discusses some of what you may expect and what you can do to make your views known and to lessen any delays in resolving the problem or issue.

3-2 ADMINISTRATIVE REVIEW ON LABOR STANDARDS DISPUTES.

As mentioned in the Introduction above, a dispute about labor standards and compliance can arise for a number of reasons. The labor standards clauses in your contract and DOL regulations provide for administrative review of issues where there is a difference of views between the contract administrator and any employer. The most common circumstances include:

a. **Additional classifications and wage rates.** Additional classification and wage rate requests are sometimes denied by the DOL. An employer that is dissatisfied with the denial can request reconsideration by the DOL Wage and Hour Administrator. The employer may continue to pay the wage rate, as requested, until a final decision is rendered on the matter. When the final decision is known, the employer will be required to pay any additional wages that may be necessary to satisfy the wage rate that is established.

1. **Reconsideration.** The DOL normally identifies the reasons for denial in its response to the request. Any interested person (for example, the contract administrator, employer, representatives of the employees) may request reconsideration of the decision on the additional classification request. The request for reconsideration must be made in writing and must thoroughly address the denial reasons identified by the DOL. Employer requests for reconsideration should be made through the contract administrator but may be made directly to the DOL. (See 2-2(d), and also DOL Regulations 29 CFR 1.8.) All requests initiated by or made through the contract administrator or HUD must be submitted through the HUD Headquarters Office of Labor Relations.

2. **Administrative Review Board.** Any interested party may request a review of the Administrator's decision on reconsideration by the DOL's Administrative Review Board. DOL regulations 29 CFR Part 7 explain the procedures for such reviews. (See also 29 CFR 1.9.)

b. **Findings of underpayment.** Compliance reviews and other follow-up enforcement actions may result in findings of underpayment. The primary goal in every case and at every step in this process is to reach agreements about who may have been underpaid and how much wage restitution may be due and, of course, to promptly deliver restitution to any underpaid workers. The contract administrator will usually work informally with you to reach such agreements. You will have an opportunity to provide additional information to the contract administrator that may explain apparent inconsistencies and/or resolve the discrepancies.

If informal exchanges do not result in agreement, the final determination and schedule of back wages due will be presented to you in writing and you will be permitted 30 days in which to correct the underpayment(s) or to request a hearing on the matter before the DOL. The request for hearing must be made in writing through the contract administrator and must explain what findings are in dispute and the reasons. In such cases, HUD is required to submit a report to DOL for review and further consideration. All requests for DOL hearing must be submitted through the HUD Headquarters Office of Labor Relations.

1. **DOL review.** The DOL will review the contract administrator's report and the arguments against the findings presented in the hearing request. The DOL may affirm or modify the findings based upon the materials presented. You will be notified in writing by the DOL of the results of its review. If DOL concludes that violations have occurred, you will be given an opportunity to correct any underpayments or to request a hearing before a DOL Administrative Law Judge (ALJ). (See DOL Regulations 29 CFR 5.11 (b) and 29 CFR Part 6, Rules of Practice for Administrative Proceedings.)

2. **Administrative Review Board.** Contractors and/or subcontractors may request a review by the Administrative Review Board of the decision(s) rendered by the DOL ALJ in the administrative hearing process. See DOL regulations 29 CFR Part 7 for more information about this proceeding.

3-3 WITHHOLDING.

The contract administrator shall cause withholding from payments due to the prime contractor to ensure the payment of wages which are believed to be due and unpaid, for example, if wage underpayments or other violations are not corrected within 30 days after written notification to the prime contractor. DOL may also direct the withholding of contract payments for alleged wage underpayments. Withholding is considered to be serious and is not taken unless warranted. If withholding is deemed necessary, you will be notified in writing. Only the amounts needed to meet the contractor's (and/or subcontractors') liability shall be withheld.

3-4 DEPOSITS AND ESCROWS.

In every case, we attempt to complete compliance actions and resolve any disputes before the project is completed and final payments are made. Sometimes, corrective actions or disputes continue after completion and provisions must be made to ensure that funds are available to pay any wage restitution that is ultimately found due. In these cases, we allow projects to proceed to final closing and final payments provided the prime contractor deposits an amount equal to the potential liability for wage restitution and liquidated damages, if necessary, in a special account. The deposit or escrow account is controlled by the contract administrator. When a final decision is rendered, the contract administrator makes disbursements from the account in accordance with the decision. Deposit/escrow accounts are established for one or more of the following reasons:

Remember, the prime contractor is responsible and will be held liable for any wage restitution that is due to any worker employed in the construction of the project, including workers employed by subcontractors and any lower-tier subcontractors. See 1-4, Responsibility of the Principal Contractor, and 2-8, Restitution for Underpayment of Wages.

a. **Where the parties have agreed to amounts of wage restitution that are due** but the employer hasn't furnished evidence yet that all of the underpaid workers have received their back wages, e.g., some of the workers have moved and could not be located. The amount of the deposit is equal to the total gross amount of restitution due to workers lacking payment evidence. As these workers are paid and proper documentation is provided to the contract administrator, amounts corresponding to the documented payments are returned to the depositor. Amounts for any workers who cannot be located are held in the deposit/escrow account for three years and disposed as described in 2-8(f) of this Guide.

b. **Where underpayments are suspected or alleged and an investigation has not yet been completed.** The deposit is equal to the amount of wage restitution and any liquidated damages, if applicable, that are estimated to be due. If the final determination of wages due is less than the amount estimated and placed in the escrow account, the escrow will be reduced to the final amount and the difference will be returned to the depositor.

   If the parties agree to the investigative findings, the amounts due to the workers will be paid by the employer. As these workers are paid and proper documentation is provided to the contract administrator, the gross amounts corresponding to the documented payments are returned to the depositor.

   1. If the employer is unable to make the payments to the workers, e.g., lacks the funds necessary, the contract administrator may make disbursements directly to the workers in the net amounts calculated by the employer. The amounts withheld from the workers for tax deduction will be returned to the employer as payments to workers are made. The employer shall be responsible for reporting and transmitting withholdings to the appropriate agencies.

2. If the employer is not cooperating in the resolution, the contract administrator shall make disbursements to the workers in accordance with the schedule of wages due. Amounts for unfound workers will be retained as described above (See 2-8(f) and 3-4(a)).

If the parties do not agree and an administrative hearing is requested, the escrow will be maintained as explained in 3-4(c), below.

Remember, if you have any questions or need assistance concerning labor standards requirements help is always available. Contact the contract administrator for the project you're working on or the HUD Field Labor Relations staff in your area.

c. **Where the parties are waiting for the outcome of an administrative hearing** that has been or will be requested contesting a final determination of wages due. The deposit shall be equal to the amount of wage restitution and liquidated damages, if applicable, that have been determined due. Once a final decision is rendered, disbursements from the escrow account are made in accordance with the decision.

3-5 ADMINISTRATIVE SANCTIONS.

Contractors and/or subcontractors that violate the labor standards provisions may face administrative sanctions imposed by HUD and/or DOL.

a. **DOL debarment.** Contractors and/or subcontractors that are found by the Secretary of Labor to be in aggravated or willful violation of the labor standards provisions of the Davis-Bacon and Related Acts (DBRA) will be ineligible (debarred) to participate in any DBRA or Davis-Bacon Act contracts for up to 3 years. Debarment includes the contractor or subcontractor and any firm, corporation, partnership or association in which the contractor or subcontractor has a substantial interest. Debarment proceedings can be recommended by the contract administrator or can be initiated by the DOL. Debarment proceedings are described in DOL regulations 29 CFR 5.12.

b. **HUD sanctions.** HUD sanctions may include Limited Denials of Participation (LDPs), debarments and suspensions.

1. **Limited Denial of Participation.** HUD may issue to the employer a limited denial of participation (LDP) which prohibits the employer from further participation in HUD programs for a period up to one year. The LDP is usually effective for the HUD program in which the violation occurred and for the geographic jurisdiction of the issuing HUD Office. HUD regulations concerning LDP's are found at 24 CFR 24.700-24.714.

2. **Debarment and suspensions.** In certain circumstances, HUD may initiate its own debarment or suspension proceedings against a contractor and/or subcontractor in connection with improper actions regarding Davis-Bacon obligations. For example, HUD may initiate debarment where a contractor has been convicted for making false statements (such as false statements on certified payrolls or other prevailing wage certifications) or may initiate suspension where a contractor has been indicted for making false statements. HUD regulations concerning debarment and suspension are found at 24 CFR Part 24.

3-6 FALSIFICATION OF CERTIFIED PAYROLL REPORTS.

Contractors and/or subcontractors that are found to have willfully falsified payroll reports (Statements of Compliance), including correction certified payroll reports, may be subject to civil or criminal prosecution. Penalties may be imposed of $1,000 and/or one year in prison for each false statement (see Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code).

Remember, if you have any questions or need assistance concerning labor standards requirements help is always available. Contact the contract administrator for the project you're working on or the HUD Field Labor Relations staff in your area.

ACRONYMS AND SYMBOLS

CDBG -	Community Development Block Grant
CFR -	Code of Federal Regulations
CPR -	Certified Payroll Report
CWHSSA -	Contract Work Hours and Safety Standards Act
DBA -	Davis-Bacon Act
DBRA -	Davis-Bacon and Related Acts
DOL -	Department of Labor
FHA -	Federal Housing Administration
FLSA -	Fair Labor Standards Act
HUD -	Housing and Urban Development (Department of)
IHA -	Indian Housing Authority
LCA -	Local Contracting Agency
LDP -	Limited Denial of Participation
O/T -	Overtime
PHA -	Public Housing Agency
S/T -	Straight-time
SAC -	State Apprenticeship Council/Agency
TDHE -	Tribally-Designated Housing Entity
§ -	Section
¶ -	Paragraph

DAVIS-BACON - RELATED WEB SITES*

HUD Office of Labor Relations:
www.hud.gov/offices/olr

HUD Regulations:
http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR

HUDClips (HUD Forms and Publications):
www.hud.gov/offices/adm/hudclips/index.cfm

DOL Davis-Bacon and Related Acts Homepage:
http://www.dol.gov/whd/contracts/dbra.htm

DOL Regulations:
http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR

Davis-Bacon Wage Decisions:
www.wdol.gov

DOL Forms:
www.dol.gov/whd/programs/dbra/forms.htm

***Web addresses active as of January 2012**

Project Wage Rate Sheet	U.S. Department of Housing and Urban Development Office of Labor Relations	

Project Name:	Wage Decision Number/Modification Number:
Project Number:	Project County:

Work Classification	Basic Hourly Rate (BHR)	Fringe Benefits	Total Hourly Wage Rate	Laborers Fringe Benefits		$
Bricklayers			$	Group #	BHR	Total Wage
Carpenters			$			$
Cement Masons			$			$
Drywall Hangers			$			$
Electricians			$			$
Iron Workers			$			$
Painters			$	Operators Fringe Benefits:		$
Plumbers			$	Group #	BHR	Total Wage
Roofers			$			$
Sheet Metal Workers			$			$
Soft Floor Workers			$			$
Tapers			$			$
Tile Setters			$	Truck Drivers Fringe Benefits:		$
Other Classifications				Group #	BHR	Total Wage
			$			
			$			
			$			

Additional Classifications (HUD Form 4230-A)					
Work Classification	Basic Hourly Rate (BHR)	Fringe Benefits	Total Hourly Wage Rate	Date of HUD Submission to DOL	Date of DOL Approval
			$		
			$		
			$		

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1215-0149
Expires: 12/31/2011

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☐	ADDRESS	
PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION / PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE / HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
			O											
			S											
			O											
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date _____

I, _____ _____
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____; that during the payroll period commencing on the
(Building or Work)

_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

_____

_____

_____

_____

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ – in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ – Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Housing and Urban Development
Office of Departmental Operations and Coordination
Washington, DC 20410

Email: www.OfficeofLaborRelations@hud.gov

Labor Relations Desk Guide
LR01.DG

EQUAL HOUSING OPPORTUNITY

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 01/31/2015

NAME OF CONTRACTOR OR SUBCONTRACTOR	ADDRESS	
PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE / HOURS WORKED EACH DAY	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS: FICA	WITH-HOLDING TAX			OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that is will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date _____

I, _____ _____
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

_____ on the
(Contractor or Subcontractor)

_____; that during the payroll period commencing on the
(Building or Work)

_____ day of _____, _____, and ending the _____ day of _____, _____,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

_____

_____

_____

_____

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

– in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

– Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Federal Labor Standards Provisions

U.S. Department of Housing and Urban Development
Office of Labor Relations

Applicability

The Project or Program to which the construction work covered by this contract pertains is being assisted by the United States of America and the following Federal Labor Standards Provisions are included in this Contract pursuant to the provisions applicable to such Federal assistance.

A. 1. (i) Minimum Wages. All laborers and mechanics employed or working upon the site of the work will be paid unconditionally and not less often than once a week, and without subsequent deduction or rebate on any account (except such payroll deductions as are permitted by regulations issued by the Secretary of Labor under the Copeland Act (29 CFR Part 3), the full amount of wages and bona fide fringe benefits (or cash equivalents thereof) due at time of payment computed at rates not less than those contained in the wage determination of the Secretary of Labor which is attached hereto and made a part hereof, regardless of any contractual relationship which may be alleged to exist between the contractor and such laborers and mechanics. Contributions made or costs reasonably anticipated for bona fide fringe benefits under Section l(b)(2) of the Davis-Bacon Act on behalf of laborers or mechanics are considered wages paid to such laborers or mechanics, subject to the provisions of 29 CFR 5.5(a)(1)(iv); also, regular contributions made or costs incurred for more than a weekly period (but not less often than quarterly) under plans, funds, or programs, which cover the particular weekly period, are deemed to be constructively made or incurred during such weekly period.

Such laborers and mechanics shall be paid the appropriate wage rate and fringe benefits on the wage determination for the classification of work actually performed, without regard to skill, except as provided in 29 CFR 5.5(a)(4). Laborers or mechanics performing work in more than one classification may be compensated at the rate specified for each classification for the time actually worked therein: Provided, That the employer's payroll records accurately set forth the time spent in each classification in which work is performed. The wage determination (including any additional classification and wage rates conformed under 29 CFR 5.5(a)(1)(ii) and the Davis-Bacon poster (WH-1321) shall be posted at all times by the contractor and its subcontractors at the site of the work in a prominent and accessible, place where it can be easily seen by the workers.

(ii) (a) Any class of laborers or mechanics which is not listed in the wage determination and which is to be employed under the contract shall be classified in conformance with the wage determination. HUD shall approve an additional classification and wage rate and fringe benefits therefor only when the following criteria have been met:

(1) The work to be performed by the classification requested is not performed by a classification in the wage determination; and

(2) The classification is utilized in the area by the construction industry; and

(3) The proposed wage rate, including any bona fide fringe benefits, bears a reasonable relationship to the wage rates contained in the wage determination.

(b) If the contractor and the laborers and mechanics to be employed in the classification (if known), or their representatives, and HUD or its designee agree on the classification and wage rate (including the amount designated for fringe benefits where appropriate), a report of the action taken shall be sent by HUD or its designee to the Administrator of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, Washington, D.C. 20210. The Administrator, or an authorized representative, will approve, modify, or disapprove every additional classification action within 30 days of receipt and so advise HUD or its designee or will notify HUD or its designee within the 30-day period that additional time is necessary. (Approved by the Office of Management and Budget under OMB control number 1215-0140.)

(c) In the event the contractor, the laborers or mechanics to be employed in the classification or their representatives, and HUD or its designee do not agree on the proposed classification and wage rate (including the amount designated for fringe benefits, where appropriate), HUD or its designee shall refer the questions, including the views of all interested parties and the recommendation of HUD or its designee, to the Administrator for determination. The Administrator, or an authorized representative, will issue a determination within 30 days of receipt and so advise HUD or its designee or will notify HUD or its designee within the 30-day period that additional time is necessary. (Approved by the Office of Management and Budget under OMB Control Number 1215-0140.)

(d) The wage rate (including fringe benefits where appropriate) determined pursuant to subparagraphs (1)(ii)(b) or (c) of this paragraph, shall be paid to all workers performing work in the classification under this contract from the first day on which work is performed in the classification.

(iii) Whenever the minimum wage rate prescribed in the contract for a class of laborers or mechanics includes a fringe benefit which is not expressed as an hourly rate, the contractor shall either pay the benefit as stated in the wage determination or shall pay another bona fide fringe benefit or an hourly cash equivalent thereof.

(iv) If the contractor does not make payments to a trustee or other third person, the contractor may consider as part of the wages of any laborer or mechanic the amount of any costs reasonably anticipated in providing bona fide fringe benefits under a plan or program, Provided, That the Secretary of Labor has found, upon the written request of the contractor, that the applicable standards of the Davis-Bacon Act have been met. The Secretary of Labor may require the contractor to set aside in a separate account assets for the meeting of obligations under the plan or program. (Approved by the Office of Management and Budget under OMB Control Number 1215-0140.)

2. Withholding. HUD or its designee shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld from the contractor under this contract or any other Federal contract with the same prime contractor, or any other Federally-assisted contract subject to Davis-Bacon prevailing wage requirements, which is held by the same prime contractor so much of the accrued payments or advances as may be considered necessary to pay laborers and mechanics, including apprentices, trainees and helpers, employed by the contractor or any subcontractor the full amount of wages required by the contract. In the event of failure to pay any laborer or mechanic, including any apprentice, trainee or helper, employed or working on the site of the work, all or part

of the wages required by the contract, HUD or its designee may, after written notice to the contractor, sponsor, applicant, or owner, take such action as may be necessary to cause the suspension of any further payment, advance, or guarantee of funds until such violations have ceased. HUD or its designee may, after written notice to the contractor, disburse such amounts withheld for and on account of the contractor or subcontractor to the respective employees to whom they are due. The Comptroller General shall make such disbursements in the case of direct Davis-Bacon Act contracts.

3. (i) Payrolls and basic records. Payrolls and basic records relating thereto shall be maintained by the contractor during the course of the work preserved for a period of three years thereafter for all laborers and mechanics working at the site of the work. Such records shall contain the name, address, and social security number of each such worker, his or her correct classification, hourly rates of wages paid (including rates of contributions or costs anticipated for bona fide fringe benefits or cash equivalents thereof of the types described in Section l(b)(2)(B) of the Davis-bacon Act), daily and weekly number of hours worked, deductions made and actual wages paid. Whenever the Secretary of Labor has found under 29 CFR 5.5 (a)(1)(iv) that the wages of any laborer or mechanic include the amount of any costs reasonably anticipated in providing benefits under a plan or program described in Section l(b)(2)(B) of the Davis-Bacon Act, the contractor shall maintain records which show that the commitment to provide such benefits is enforceable, that the plan or program is financially responsible, and that the plan or program has been communicated in writing to the laborers or mechanics affected, and records which show the costs anticipated or the actual cost incurred in providing such benefits. Contractors employing apprentices or trainees under approved programs shall maintain written evidence of the registration of apprenticeship programs and certification of trainee programs, the registration of the apprentices and trainees, and the ratios and wage rates prescribed in the applicable programs. (Approved by the Office of Management and Budget under OMB Control Numbers 1215-0140 and 1215-0017.)

(ii) (a) The contractor shall submit weekly for each week in which any contract work is performed a copy of all payrolls to HUD or its designee if the agency is a party to the contract, but if the agency is not such a party, the contractor will submit the payrolls to the applicant sponsor, or owner, as the case may be, for transmission to HUD or its designee. The payrolls submitted shall set out accurately and completely all of the information required to be maintained under 29 CFR 5.5(a)(3)(i). This information may be submitted in any form desired. Optional Form WH-347 is available for this purpose and may be purchased from the Superintendent of Documents (Federal Stock Number 029-005-00014-1), U.S. Government Printing Office, Washington, DC 20402. The prime contractor is responsible for the submission of copies of payrolls by all subcontractors. (Approved by the Office of Management and Budget under OMB Control Number 1215-0149.)

(b) Each payroll submitted shall be accompanied by a "Statement of Compliance," signed by the contractor or subcontractor or his or her agent who pays or supervises the payment of the persons employed under the contract and shall certify the following:

(1) That the payroll for the payroll period contains the information required to be maintained under 29 CFR 5.5 (a)(3)(i) and that such information is correct and complete;

(2) That each laborer or mechanic (including each helper, apprentice, and trainee) employed on the contract during the payroll period has been paid the full weekly wages earned, without rebate, either directly or indirectly, and that no deductions have been made either directly or indirectly from the full wages earned, other than permissible deductions as set forth in 29 CFR Part 3;

(3) That each laborer or mechanic has been paid not less than the applicable wage rates and fringe benefits or cash equivalents for the classification of work performed, as specified in the applicable wage determination incorporated into the contract.

(c) The weekly submission of a properly executed certification set forth on the reverse side of Optional Form WH-347 shall satisfy the requirement for submission of the "Statement of Compliance" required by subparagraph A.3.(ii)(b).

(d) The falsification of any of the above certifications may subject the contractor or subcontractor to civil or criminal prosecution under Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

(iii) The contractor or subcontractor shall make the records required under subparagraph A.3.(i) available for inspection, copying, or transcription by authorized representatives of HUD or its designee or the Department of Labor, and shall permit such representatives to interview employees during working hours on the job. If the contractor or subcontractor fails to submit the required records or to make them available, HUD or its designee may, after written notice to the contractor, sponsor, applicant or owner, take such action as may be necessary to cause the suspension of any further payment, advance, or guarantee of funds. Furthermore, failure to submit the required records upon request or to make such records available may be grounds for debarment action pursuant to 29 CFR 5.12.

4. Apprentices and Trainees.

(i) Apprentices. Apprentices will be permitted to work at less than the predetermined rate for the work they performed when they are employed pursuant to and individually registered in a bona fide apprenticeship program registered with the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services, or with a State Apprenticeship Agency recognized by the Office, or if a person is employed in his or her first 90 days of probationary employment as an apprentice in such an apprenticeship program, who is not individually registered in the program, but who has been certified by the Office of Apprenticeship Training, Employer and Labor Services or a State Apprenticeship Agency (where appropriate) to be eligible for probationary employment as an apprentice. The allowable ratio of apprentices to journeymen on the job site in any craft classification shall not be greater than the ratio permitted to the contractor as to the entire work force under the registered program. Any worker listed on a payroll at an apprentice wage rate, who is not registered or otherwise employed as stated above, shall be paid not less than the applicable wage rate on the wage determination for the classification of work actually performed. In addition, any apprentice performing work on the job site in excess of the ratio permitted under the registered program shall be paid not less than the applicable wage rate on the wage determination for the work actually performed. Where a contractor is performing construction on a project in a locality other than that in which its program is registered, the ratios and wage rates (expressed in percentages of the journeyman's hourly rate) specified in the contractor's or subcontractor's registered program shall be observed. Every apprentice must be paid at not less than the rate specified in the registered program for the apprentice's level of progress, expressed as a percentage of the

journeymen hourly rate specified in the applicable wage determination. Apprentices shall be paid fringe benefits in accordance with the provisions of the apprenticeship program. If the apprenticeship program does not specify fringe benefits, apprentices must be paid the full amount of fringe benefits listed on the wage determination for the applicable classification. If the Administrator determines that a different practice prevails for the applicable apprentice classification, fringes shall be paid in accordance with that determination. In the event the Office of Apprenticeship Training, Employer and Labor Services, or a State Apprenticeship Agency recognized by the Office, withdraws approval of an apprenticeship program, the contractor will no longer be permitted to utilize apprentices at less than the applicable predetermined rate for the work performed until an acceptable program is approved.

(ii) Trainees. Except as provided in 29 CFR 5.16, trainees will not be permitted to work at less than the predetermined rate for the work performed unless they are employed pursuant to and individually registered in a program which has received prior approval, evidenced by formal certification by the U.S. Department of Labor, Employment and Training Administration. The ratio of trainees to journeymen on the job site shall not be greater than permitted under the plan approved by the Employment and Training Administration. Every trainee must be paid at not less than the rate specified in the approved program for the trainee's level of progress, expressed as a percentage of the journeyman hourly rate specified in the applicable wage determination. Trainees shall be paid fringe benefits in accordance with the provisions of the trainee program. If the trainee program does not mention fringe benefits, trainees shall be paid the full amount of fringe benefits listed on the wage determination unless the Administrator of the Wage and Hour Division determines that there is an apprenticeship program associated with the corresponding journeyman wage rate on the wage determination which provides for less than full fringe benefits for apprentices. Any employee listed on the payroll at a trainee rate who is not registered and participating in a training plan approved by the Employment and Training Administration shall be paid not less than the applicable wage rate on the wage determination for the work actually performed. In addition, any trainee performing work on the job site in excess of the ratio permitted under the registered program shall be paid not less than the applicable wage rate on the wage determination for the work actually performed. In the event the Employment and Training Administration withdraws approval of a training program, the contractor will no longer be permitted to utilize trainees at less than the applicable predetermined rate for the work performed until an acceptable program is approved.

(iii) Equal employment opportunity. The utilization of apprentices, trainees and journeymen under 29 CFR Part 5 shall be in conformity with the equal employment opportunity requirements of Executive Order 11246, as amended, and 29 CFR Part 30.

5. Compliance with Copeland Act requirements. The contractor shall comply with the requirements of 29 CFR Part 3 which are incorporated by reference in this contract

6. Subcontracts. The contractor or subcontractor will insert in any subcontracts the clauses contained in subparagraphs 1 through 11 of this paragraph A and such other clauses as HUD or its designee may by appropriate instructions require, and a copy of the applicable prevailing wage decision, and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all the contract clauses in this paragraph.

7. Contract termination; debarment. A breach of the contract clauses in 29 CFR 5.5 may be grounds for termination of the contract and for debarment as a contractor and a subcontractor as provided in 29 CFR 5.12.

8. Compliance with Davis-Bacon and Related Act Requirements. All rulings and interpretations of the Davis-Bacon and Related Acts contained in 29 CFR Parts 1, 3, and 5 are herein incorporated by reference in this contract

9. Disputes concerning labor standards. Disputes arising out of the labor standards provisions of this contract shall not be subject to the general disputes clause of this contract. Such disputes shall be resolved in accordance with the procedures of the Department of Labor set forth in 29 CFR Parts 5, 6, and 7. Disputes within the meaning of this clause include disputes between the contractor (or any of its subcontractors) and HUD or its designee, the U.S. Department of Labor, or the employees or their representatives.

10. (i) Certification of Eligibility. By entering into this contract the contractor certifies that neither it (nor he or she) nor any person or firm who has an interest in the contractor's firm is a person or firm ineligible to be awarded Government contracts by virtue of Section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1) or to be awarded HUD contracts or participate in HUD programs pursuant to 24 CFR Part 24.

(ii) No part of this contract shall be subcontracted to any person or firm ineligible for award of a Government contract by virtue of Section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1) or to be awarded HUD contracts or participate in HUD programs pursuant to 24 CFR Part 24.

(iii) The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001. Additionally, U.S. Criminal Code, Section 1 01 0, Title 18, U.S.C., "Federal Housing Administration transactions", provides in part: "Whoever, for the purpose of . . . influencing in any way the action of such Administration..... makes, utters or publishes any statement knowing the same to be false..... shall be fined not more than $5,000 or imprisoned not more than two years, or both."

11. Complaints, Proceedings, or Testimony by Employees. No laborer or mechanic to whom the wage, salary, or other labor standards provisions of this Contract are applicable shall be discharged or in any other manner discriminated against by the Contractor or any subcontractor because such employee has filed any complaint or instituted or caused to be instituted any proceeding or has testified or is about to testify in any proceeding under or relating to the labor standards applicable under this Contract to his employer.

B. Contract Work Hours and Safety Standards Act. The provisions of this paragraph B are applicable only where the amount of the prime contract exceeds $100,000. As used in this paragraph, the terms "laborers" and "mechanics" include watchmen and guards.

(1) Overtime requirements. No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of 40 hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of 40 hours in such workweek.

(2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in subpara-

graph (1) of this paragraph, the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in subparagraph (1) of this paragraph, in the sum of $10 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of 40 hours without payment of the overtime wages required by the clause set forth in sub paragraph (1) of this paragraph.

(3) Withholding for unpaid wages and liquidated damages. HUD or its designee shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contract, or any other Federally-assisted contract subject to the Contract Work Hours and Safety Standards Act which is held by the same prime contractor such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in subparagraph (2) of this paragraph.

(4) Subcontracts. The contractor or subcontractor shall insert in any subcontracts the clauses set forth in subparagraph (1) through (4) of this paragraph and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in subparagraphs (1) through (4) of this paragraph.

C. Health and Safety. The provisions of this paragraph C are applicable only where the amount of the prime contract exceeds $100,000.

(1) No laborer or mechanic shall be required to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous to his health and safety as determined under construction safety and health standards promulgated by the Secretary of Labor by regulation.

(2) The Contractor shall comply with all regulations issued by the Secretary of Labor pursuant to Title 29 Part 1926 and failure to comply may result in imposition of sanctions pursuant to the Contract Work Hours and Safety Standards Act, 40 USC 3701 et seq.

(3) The Contractor shall include the provisions of this paragraph in every subcontract so that such provisions will be binding on each subcontractor. The Contractor shall take such action with respect to any subcontract as the Secretary of Housing and Urban Development or the Secretary of Labor shall direct as a means of enforcing such provisions.

CONSTRUCTION IDENTIFICATION SIGN:

Size, 4’ – 0” X 8’ – 0”
Letters to be brown with beige background

Construction Identification Signs To Be Erected Prior To Beginning of Actual Construction

Wood for Signs Shall Be ¾” Waterproofing Resin Bonded Exterior Grade Plywood (Douglas Fir Plywood Association of Equal)

Payment for Furnishing, Erecting, Maintenance and Removing Construction Identification Signs Will Not Be made Directly. Such Costs Shall be Included in the Overall Bid Submitted.

To Be Erected as Indicated on title Sheet.

Your Tax Dollars at Work
Hidalgo County Pct. 1
A.C. Cuellar, Commissioner

"Goolie Road Paving Improvements"

Hidalgo County Commissioner's Court

RAMON GARCIA	-	COUNTY JUDGE
A.C. CUELLAR	-	COMMISSIONER PCT #1
EDDIE CANTU	-	COMMISSIONER PCT #2
JOE M. FLORES	-	COMMISSIONER PCT #3
JOSEPH PALACIOS	-	COMMISSIONER PCT #4

Project Contractor: _____

LeFEVRE
ENGINEERING &
MANAGEMENT CONSULTING, LLC
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722

EMPLOYEE RIGHTS
UNDER THE DAVIS-BACON ACT

FOR LABORERS AND MECHANICS EMPLOYED ON FEDERAL OR FEDERALLY ASSISTED CONSTRUCTION PROJECTS

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

PREVAILING WAGES — You must be paid not less than the wage rate listed in the Davis-Bacon Wage Decision posted with this Notice for the work you perform.

OVERTIME — You must be paid not less than one and one-half times your basic rate of pay for all hours worked over 40 in a work week. There are few exceptions.

ENFORCEMENT — Contract payments can be withheld to ensure workers receive wages and overtime pay due, and liquidated damages may apply if overtime pay requirements are not met. Davis-Bacon contract clauses allow contract termination and debarment of contractors from future federal contracts for up to three years. A contractor who falsifies certified payroll records or induces wage kickbacks may be subject to civil or criminal prosecution, fines and/or imprisonment.

APPRENTICES — Apprentice rates apply only to apprentices properly registered under approved Federal or State apprenticeship programs.

PROPER PAY — If you do not receive proper pay, or require further information on the applicable wages, contact the Contracting Officer listed below:

or contact the U.S. Department of Labor's Wage and Hour Division.

For additional information:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

U.S. Wage and Hour Division

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

WH 1321(Revised April 2009)

DERECHOS DEL EMPLEADO
BAJO LA LEY DAVIS-BACON

PARA OBREROS Y MECÁNICOS EMPLEADOS EN PROYECTOS DE CONSTRUCCIÓN FEDERAL O CON ASISTENCIA FEDERAL

LA SECCIÓN DE HORAS Y SUELDOS DEL DEPARTAMENTO DE TRABAJO DE EEUU

SALARIOS PREVALECIENTES
No se le puede pagar menos de la tasa de pago indicada en la Decisión de Salarios Davis-Bacon fijada con este Aviso para el trabajo que Ud. desempeña.

SOBRETIEMPO
Se le ha de pagar no menos de tiempo y medio de su tasa básica de pago por todas las horas trabajadas en exceso de 40 en una semana laboral. Existen pocas excepciones.

CUMPLIMIENTO
Se pueden retener pagos por contratos para asegurarse que los obreros reciban los salarios y el pago de sobretiempo debidos, y se podría aplicar daños y perjuicios si no se cumple con las exigencias del pago de sobretiempo. Las cláusulas contractuales de Davis-Bacon permiten la terminación y exclusión de contratistas para efectuar futuros contratos federales hasta tres años. El contratista que falsifique los registros certificados de las nóminas de pago o induzca devoluciones de salarios puede ser sujeto a procesamiento civil o criminal, multas y/o encarcelamiento.

APRENDICES
Las tasas de aprendices sólo se aplican a aprendices correctamente inscritos bajo programas federales o estatales aprobados.

PAGO APROPIADO
Si Ud. no recibe el pago apropiado, o precisa de información adicional sobre los salarios aplicables, póngase en contacto con el Contratista Oficial que aparece abajo:

o póngase en contacto con la Sección de Horas y Sueldos del Departamento de Trabajo de EEUU.

Para obtener información adicional:

1-866-4-USWAGE
(1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

WH 1321 SPA (Revised April 2009)

Equal Employment Opportunity is

THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

La igualdad de oportunidades de empleo es

LA LEY

Empleadores privados, gobiernos locales y estatales, instituciones educativas, agencias de empleo y organizaciones de trabajo

Los postulantes y empleados de la mayoría de los empleadores privados, los gobiernos locales y estatales, las instituciones educativas, las agencias de empleo y las organizaciones de trabajo están protegidos por la ley federal contra la discriminación en función de:

RAZA, COLOR, RELIGIÓN, SEXO, PROCEDENCIA

El Título VII de la Ley de Derechos Civiles (Civil Rights Act) de 1964, con sus modificaciones, protege a los postulantes y a los empleados contra la discriminación en lo que respecta a la contratación, los ascensos, los despidos, los pagos, las compensaciones adicionales, la capacitación laboral, la clasificación, las referencias y los demás aspectos del empleo, en función de raza, color, religión, sexo (incluidas las embarazadas) o procedencia. La discriminación religiosa se refiere a la falta de adaptación razonable a las prácticas religiosas de un empleado, siempre y cuando dicha adaptación no provoque una dificultad económica desmedida para la compañía.

DISCAPACIDAD

Los Títulos I y V de la Ley de Estadounidenses con Discapacidades (Americans with Disabilities Act) de 1990, con sus modificaciones, protege a las personas idóneas contra la discriminación por discapacidad en lo que respecta a la contratación, los ascensos, los despidos, los pagos, las compensaciones adicionales, la capacitación laboral, la clasificación, las referencias y los demás aspectos del empleo. La discriminación por discapacidad se refiere a la falta de adaptaciones razonables para las limitaciones físicas o mentales de una persona idónea que tiene una discapacidad y que es un postulante o un empleado, salvo que dichas adaptaciones provoquen una dificultad económica desmedida para la compañía.

EDAD

La Ley contra la Discriminación Laboral por Edad (Age Discrimination in Employment Act) de 1967, con sus modificaciones, protege a los postulantes y empleados de 40 años o más contra la discriminación por cuestiones de edad en lo que respecta a la contratación, los ascensos, los despidos, los pagos, las compensaciones adicionales, la capacitación laboral, la clasificación, las referencias y los demás aspectos del empleo.

SEXO (SALARIOS)

Además de lo establecido en el Título VII de la Ley de Derechos Civiles, con sus modificaciones, la Ley de Igualdad en las Remuneraciones (Equal Pay Act) de 1963, con sus modificaciones, también prohíbe la discriminación sexual en el pago de los salarios a las mujeres y los hombres que realicen básicamente el mismo trabajo, en empleos que requieran las mismas habilidades, esfuerzo y responsabilidad, en condiciones laborales similares, en el mismo establecimiento.

GENÉTICA

El Título II de la Ley de No Discriminación por Información Genética (Genetic Information Nondiscrimination Act, GINA) de 2008 protege a los postulantes y empleados contra la discriminación basada en la información genética en lo que respecta a la contratación, los ascensos, los despidos, los pagos, las compensaciones adicionales, la capacitación laboral, la clasificación, las referencias y los demás aspectos del empleo. La GINA también limita la adquisición de información genética por parte de los empleadores y condiciona de manera estricta su divulgación. La información genética incluye las pruebas genéticas de los postulantes, empleados o integrantes de sus familias, la manifestación de enfermedades o trastornos de los miembros de la familia (historia médica familiar) y las solicitudes o la recepción de servicios genéticos por parte de los postulantes, empleados o integrantes de sus familias.

REPRESALIAS

Todas estas leyes federales prohíben a las entidades cubiertas que tomen represalias en contra de una persona que presenta una cargo por discriminación, participa en un procedimiento por discriminación o que, de algún otro modo, se opone a una práctica laboral ilícita.

QUÉ DEBE HACER SI CONSIDERA QUE ES VÍCTIMA DE LA DISCRIMINACIÓN

Existen plazos estrictos para presentar cargos por discriminación laboral. A fin de preservar la capacidad de la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC) de actuar en representación suya y proteger su derecho a iniciar una demanda privada si fuese necesario en última instancia, debe comunicarse con la EEOC apenas sospeche que se produjo un hecho de discriminación: Comisión para la Igualdad de Oportunidades en el Empleo de los Estados Unidos, 1-800-669-4000 (línea gratuita) o 1-800-669-6820 (línea gratuita TTY para las personas con problemas auditivos). Puede encontrar información sobre las sucursales de la EEOC en www.eeoc.gov o en la mayoría de las guías telefónicas en la sección Gobierno Federal o Gobierno de los Estados Unidos. También puede obtener información adicional sobre la EEOC, incluso cómo presentar un cargo, en www.eeoc.gov.

Empleadores que tengan contratos o subcontratos con el gobierno federal

Los postulantes y empleados de las compañías que tengan un contrato o subcontrato con el gobierno federal están protegidos por la ley federal contra la discriminación en función de:

RAZA, COLOR, RELIGIÓN, SEXO, PROCEDENCIA

El Decreto Ejecutivo 11246, con sus modificaciones, prohíbe la discriminación en el trabajo en función de raza, color, religión, sexo o procedencia y exige que se implementen acciones afirmativas para garantizar la igualdad de oportunidades en todos los aspectos laborales.

PERSONAS CON DISCAPACIDADES

La Sección 503 de la Ley de Rehabilitación *(Rehabilitation Act)* de 1973, con sus modificaciones, protege a las personas idóneas contra la discriminación por discapacidad en lo que respecta a la contratación, los ascensos, los despidos, los pagos, las compensaciones adicionales, la capacitación laboral, la clasificación, las referencias y los demás aspectos del empleo. La discriminación por discapacidad se refiere a la falta de adaptaciones razonables para las limitaciones físicas o mentales de una persona idónea que tiene una discapacidad y que es un postulante o un empleado, salvo que dichas adaptaciones provoquen una dificultad económica desmedida para la compañía. La Sección 503 también exige que los contratistas federales implementen acciones afirmativas para emplear y avanzar en el empleo de personas idóneas con discapacidades en todos los niveles laborales, incluido el nivel ejecutivo.

VETERANOS DISCAPACITADOS, RECIÉN RETIRADOS, BAJO PROTECCIÓN Y CON MEDALLA POR SERVICIO A LAS FUERZAS ARMADAS

La Ley de Asistencia a la Readaptación de Veteranos de Vietnam *(Vietnam Era Veterans' Readjustment Assistance Act)* de 1974, con sus modificaciones, 38 U.S.C. 4212, prohíbe la discriminación laboral y exige que se implementen acciones afirmativas para emplear y avanzar en el empleo de los veteranos discapacitados, recién retirados (en el plazo de los tres años posteriores a la baja o al cese del servicio activo), otros veteranos bajo protección (los veteranos que prestaron servicio durante una guerra o en una campaña o expedición para la cual se les autorizó una insignia de campaña) y los veteranos con medalla por servicio a las Fuerzas Armadas (aquellos que durante el servicio activo, participaron en una operación militar de los Estados Unidos por la cual se los reconoció con una medalla por servicio a las Fuerzas Armadas).

REPRESALIAS

Quedan prohibidas las represalias contra una persona que presenta una demanda por discriminación, participa en un procedimiento de la Oficina de Programas de Cumplimiento de Contratos Federales (*Office of Federal Contract Compliance Programs*, OFCCP) o que se oponga, de algún otro modo, a la discriminación según estas leyes federales.

Toda persona que considere que un contratista violó sus obligaciones de acción afirmativa o no discriminación según las autoridades mencionadas anteriormente debe comunicarse de inmediato con:

La Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP), Departamento de Trabajo de los Estados Unidos, 200 Constitution Avenue, N.W., Washington, D.C. 20210, teléfono 1-800-397-6251 (línea gratuita) o (202) 693-1337 (línea TTY). También puede enviar un mensaje de correo electrónico a la OFCCP (OFCCP-Public@dol.gov) o bien, llamar a una de sus oficinas regionales o del distrito, las cuales aparecen en la mayoría de las guías telefónicas en la sección Gobierno de los Estados Unidos, Departamento de Trabajo.

Programas o actividades que reciben asistencia financiera federal

RAZA, COLOR, PROCEDENCIA, SEXO

Además de las protecciones establecidas en el Título VII de la Ley de Derechos Civiles de 1964 y sus modificaciones, el Título VI de dicha ley, con sus modificaciones, prohíbe la discriminación por raza, color o procedencia en los programas o las actividades que reciban asistencia financiera federal. La discriminación laboral está cubierta por el Título VI si el objetivo principal de la asistencia financiera es brindar empleo, o si la discriminación laboral provoca o puede provocar discriminación cuando se proporcionan los servicios de dichos programas. El Título IX de las Reformas Educativas de 1972 prohíbe la discriminación laboral según el sexo en los programas o las actividades educativas que reciben asistencia financiera federal.

PERSONAS CON DISCAPACIDADES

La Sección 504 de la Ley de Rehabilitación de 1973, con sus modificaciones, prohíbe la discriminación laboral por discapacidad en cualquier programa o actividad que reciba asistencia financiera federal. Queda prohibida la discriminación en todos los aspectos laborales contra las personas discapacitadas que, con o sin adaptaciones razonables, pueden desempeñar las funciones esenciales del trabajo.

Si cree que ha sido víctima de discriminación en algún programa de una institución que reciba asistencia financiera federal, debe comunicarse de inmediato con la agencia federal que brinda dicha asistencia.

EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

EMPLOYEE RIGHTS
UNDER THE FAIR LABOR STANDARDS ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

FEDERAL MINIMUM WAGE
$7.25 PER HOUR
BEGINNING JULY 24, 2009

OVERTIME PAY

At least 1½ times your regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

An employee must be at least **16** years old to work in most non-farm jobs and at least **18** to work in non-farm jobs declared hazardous by the Secretary of Labor.

Youths **14** and **15** years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs under the following conditions:

No more than

- **3** hours on a school day or **18** hours in a school week;
- **8** hours on a non-school day or **40** hours in a non-school week.

Also, work may not begin before **7 a.m.** or end after **7 p.m.**, except from June 1 through Labor Day, when evening hours are extended to **9 p.m.** Different rules apply in agricultural employment.

TIP CREDIT

Employers of "tipped employees" must pay a cash wage of at least $2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least $2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference. Certain other conditions must also be met.

ENFORCEMENT

The Department of Labor may recover back wages either administratively or through court action, for the employees that have been underpaid in violation of the law. Violations may result in civil or criminal action.

Employers may be assessed civil money penalties of up to $1,100 for each willful or repeated violation of the minimum wage or overtime pay provisions of the law and up to $11,000 for each employee who is the subject of a violation of the Act's child labor provisions. In addition, a civil money penalty of up to $50,000 may be assessed for each child labor violation that causes the death or serious injury of any minor employee, and such assessments may be doubled, up to $100,000, when the violations are determined to be willful or repeated. The law also prohibits discriminating against or discharging workers who file a complaint or participate in any proceeding under the Act.

ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa and the Commonwealth of the Northern Mariana Islands.
- Some state laws provide greater employee protections; employers must comply with both.
- The law requires employers to display this poster where employees can readily see it.
- Employees under 20 years of age may be paid $4.25 per hour during their first 90 consecutive calendar days of employment with an employer.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

For additional information:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

U.S. Wage and Hour Division

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division

WHD Publication 1088 (Revised July 2009)

DERECHOS DEL EMPLEADO

BAJO LA LEY DE NORMAS JUSTAS DE TRABAJO

SECCIÓN DE HORAS Y SUELDOS DEL DEPARTAMENTO DE TRABAJO DE EEUU

SALARIO MÍNIMO FEDERAL

$7.25 POR HORA

A PARTIR DEL 24 DE JULIO DE 2009

PAGO DE SOBRETIEMPO

Por lo menos tiempo y medio (1½) de su tasa regular de pago por todas las horas trabajadas en exceso de 40 en una semana laboral.

EMPLEO DE MENORES DE EDAD

El empleado ha de tener por lo menos **16** años de edad para trabajar en la mayoría de los trabajos no agrícolas y por lo menos tener **18** años para trabajar en trabajos no agrícolas declarados arriesgados por el/la Secretario(a) de Trabajo.

Jóvenes de **14** y **15** años de edad pueden trabajar fuera de horas escolares en varios trabajos que no sean en fabricación, minería, o arriesgados, bajo las siguientes condiciones:

No más de

- **3** horas en un día escolar o **18** horas en una semana escolar;
- **8** horas en un día no escolar o **40** horas en una semana no escolar.

Además, el trabajo no puede empezar antes de las **7 de la mañana** o terminar después de las **7 de la tarde** salvo del primero de junio hasta el Día de Labor, cuando las horas de la tarde se extienden hasta las **9 de la noche**. Se aplican reglas distintas al empleo agrícola.

CRÉDITO POR PROPINAS

Empresarios de empleados que reciben propinas han de pagar un salario en efectivo de por lo menos $2.13 por hora si declaran un crédito por propina contra sus obligaciones hacia el salario mínimo. Si las propinas del empleado combinadas con el salario en efectivo que paga el empresario de por lo menos $2.13 por hora no equivalen al salario mínimo por hora, el empresario ha de suplir la diferencia. También se tiene que cumplir con otras condiciones.

CUMPLIMIENTO

El Departamento de Trabajo puede recuperar salarios atrasados administrativamente o mediante acción legal en los tribunales, para empleados a los cuales se les haya pagado por debajo y en violación de la ley.

A los empresarios se les puede imponer penas pecuniarias civiles de hasta $1,100 por cada infracción intencional o repetida de las provisiones de la ley del pago del salario mínimo y del pago de sobretiempo y hasta $11,000 por cada empleado que sea empleado en violación de las provisiones de la ley sobre el empleo de menores. Adicionalmente, se puede imponer una pena pecuniaria civil de hasta $50,000 por cada infracción de las provisiones sobre el empleo de menores si causa la muerte o una lesión seria de un empleado menor de edad, y se pueden doblar dichas avaluaciones, hasta $100,000, cuando se determinan que las infracciones son intencionales o repetidas. La ley también prohíbe la discriminación o el despido del trabajador por haber presentado una denuncia o por participar en cualquier procedimiento bajo la Ley.

INFORMACIÓN ADICIONAL

- Ciertas ocupaciones y ciertos establecimientos están exentos de las provisiones de pago de salario mínimo y de sobretiempo.
- Se aplican provisiones especiales a trabajadores de Samoa Americana y de la Comunidad de las Islas Marianas del Norte.
- Algunas leyes estatales proveen más protecciones al empleado; el empresario ha de cumplir con ambas.
- La ley exige que los empresarios pongan este cartel donde los empleados lo puedan ver fácilmente.
- A los empleados menores de 20 años de edad se les puede pagar menos de $4.25 por hora durante los primeros 90 días civiles consecutivos de empleo con un empresario.
- Se les puede pagar menos del salario mínimo bajo ciertos certificados especiales emitidos por el Departamento de Trabajo a ciertos estudiantes de tiempo completo, estudiantes aprendices y a trabajadores con impedimentos.

Para información adicional:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

U.S. Wage and Hour Division

WWW.WAGEHOUR.DOL.GOV

U.S. Department of Labor | Wage and Hour Division

WHD 1088SPA (Revised July 2009)

Certificate of Substantial Completion

PROJECT: Goolie Road Paving Improvements

PROJECT NUMBER:

OWNER: Hidalgo County Precinct No. 1

CONTRACTOR:

The Work performed under this Contract has been reviewed and found, to the Engineer's best knowledge, information and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated above is the date of issuance established by this Certificate, which is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below: Construction time is stopped at the day of Issuance.

_____	_____	_____
Engineer	By	Date of Issuance

A list of items to be completed or corrected is attached hereto. The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment.

Cost estimate of Work that is incomplete or defective: $_____.

The Contractor will complete or correct the Work on the list of items attached hereto and complete the work by _____
Date

The Owner accepts the Work or designated portion as substantially complete and will assume full possession at _____ a.m./p.m. on _____.
Date

_____	_____	_____
Owner	By	Date

CERTIFICATE OF CONSTRUCTION COMPLETION

THIS IS TO CERTIFY THAT ON _____ DAY OF _____A FINAL INSPECTION was made of the project herein described.

CONTRACT

CONTRACT DATE: _____
OWNER: _____
CONSTRUCTION CONTRACTOR: _____
OF THE CITY OF _____ STATE OF _____

PROJECT DESCRIPTION

CONSTRUCTION OF _____

CONTRACT NO: _____
Located in or near the City/Precinct Of _____

THIS IS TO CERTIFY"

1. That the work has been completed in accordance with the plans and specifications and all addenda, change orders, supplemental agreements thereto, and with the following exceptions:

   _____

2. That the sum of _____, deducted from the final payment of the Contractor is a fair and equitable settlement for the foregoing except work.

3. That the contractor has presented a "Certificate of Release" starting under oath, that all claims arising out of the performance of work have been fulfilled, and the Owner is released from all claims arising under or by virtue of said contract.

4. That the CONTRACTOR has presented in behalf of itself and its sureties, satisfactory evidence that it is bound to repair, replace, and make good any faulty workmanship and/or materials discovered in the work within a period of one year from this date, as provided in said contract.

5. Amount of Original Contract _____
   Present Amount of Contract _____
   Total Amount of earned to Date _____
   Less: previous payments _____
   Balance _____
   Authorized deductions _____
   AMOUNTY OF FINAL PAYMENT _____

6. That the final payment in the amount of _____ _____ is now due and payable.

_____
Engineer's Signature & License #

CONCURRED BY:

_____
Contractor's Name

By:_____

Title: _____

CONCURRED BY:

_____
City/Precinct

By:_____

Title: _____

ASAGO CONSTRUCTION
"QUALITY AND SERVICE"

RAUL IGLESIAS
Manger

ASAGO, LLC
2113 Pecos
Mission, TX 78572
(956)607-0741 office
(956)585-7040 fax
iglesias@hiline.net

October 1, 2008

Mr. Javier Hinojosa, P.E.
Javier Hinojosa Engineering
4126 E. Dove Ave.
Mcallen, TX 78504

RE: Hidalgo County Colonia Access Program
Drainage and Paving Construction at El Sol Subdivision Unit # 1 & 2
Contract No.: C-CAP-08-021-7-01

Mr. Hinojosa:

The following is the list of suppliers used in the above mentioned projects as per the County's request:

Rio Valley Pipe 7301 W. Exp. 83 Mission, TX 78572 (956)-584-5770

If you have any questions, please call me at (956) 607-0741

Best regards,
Raul Iglesias
Raul Iglesias, Manger

DRAFT

Exhibit E-H

PARTIAL/FINAL WAIVER OF LEIN

THE STATE OF TEXAS

COUNTY OF_____

The undersigned contracted with _____
_____to furnish_____
in connection with certain improvements to real property located in_____
County, Texas, and owned by_____
Which improvements are described as follows:

_____
_____
_____

In consideration of Pay Estimate No _____in the amount of_____
_____DOLLAR($_____)and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and confessed, the undersigned does hereby waive and release any mechanic's lien or materialmen's lien or claims of lien that the undersigned has or hereafter has on the above mentioned real property on account of any labor performed or materials furnished or to be furnished or labor performed and materials furnished by the undersigned pursuant to the above-mentioned contract or any constitutional lien that the undersigned may have.

Undersigned hereby guarantees that all bids for labor performed and/or materials furnished in the erection and construction of such improvements on the Property have been fully paid and satisfied and Undersigned does further guarantee that if for any reason a lien or liens are filed for material or labor against said Property arising out of any bills for material or labor in connection with the erection or construction of said improvements thereon, Undersigned will obtain a settlement of such lien or liens and a proper release thereof shall be obtained.

_____
CONTRACTOR

BY:_____
TITLE

SWORN TO AND SUBSCRIBED BEFORE ME, on this the_____day of_____,20__to certify which witness my hand and seal of office.

_____
NOTARY PUBLIC in and for the State of Texas

My Commission Expires: _____

Exhibit E-I

CONTRACTOR'S AFFIDAVIT OF PAYMENTS OF DEBTS AND CLAIMS

PROJECT: **PROJECT NO.**
OWNER:
CONTRACTOR:
ENGINEER:

The Contactor in accordance with the Contract Documents, hereby certifies that, except as listed below, all obligations for all materials and equipment furnished, for all work labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or his property might in any way be held responsible have been paid in full or have otherwisse been satisfied in full.

EXCEPTIONS: (If none, write "NONE". The Contractor shall furnish a bond acceptable to the Owner for each exception.)

CONTRACTOR

By

Title

Subscribed and sworn to before me this day of

Notary Public:

My Commission Expires:

Prevailing Wage Rates
Certification Statement

Date _____

Project Name _____ **CSJ#** _____

Contractor _____ **Application#** _____

I, _____ do hereby state:
(Name of Project Director)

1. That a payroll (form WH-347 or similar form) was submitted for contract work Performed for the period covered by the attached application.
2. That a statement of compliance(form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates Stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.

_____
Signature

CONTRACTOR'S AFFIDAVIT OF RELEASE OF LIENS

PROJECT: **PROJECT NO.**
OWNER:
CONTRACTOR:
ENGINEER:

The Contractor, in accordance with the Contract Documents, and in consideration for the full and final payment to the Contractor for all services in connection with the project, does hereby waive and release any and all liens, or any and all claims to liens which the Contractor may have on or affecting the project as a result of its contract(s) for the Project or for performing labor and/or furnishing materials in any way connected with the construction of any aspect of the project. The Contractor further certifies and warrants that all subcontractors of labor and/or materials for the Project, except as listed below, have been paid in full for all labor and/or materials supplied to, for through or at the direct or indirect request of the Contractor prior to, through and including the date of this affidavit.

EXCEPTIONS: (If none, write "NONE". The Contractor shall furnish a bond acceptable to the Owner for each exception.)

CONTRACTOR

By

Title

Subscribed and sworn to before me this day of

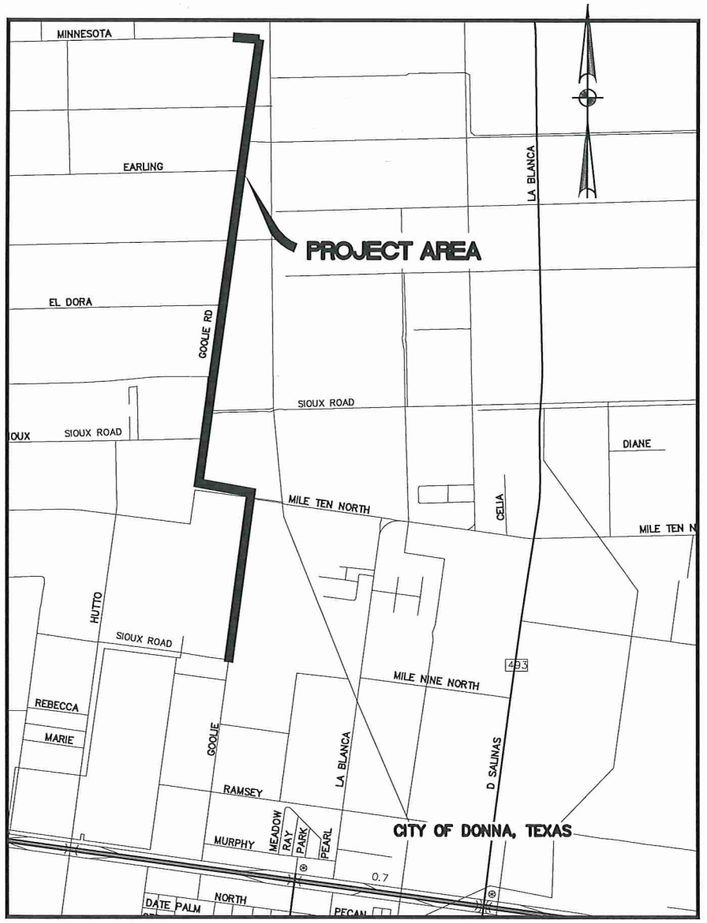
Notary Public:

My Commission Expires:

Form L

HIDALGO COUNTY PRECINCT NO. 1
STREET IMPROVEMENTS TO:
GOOLIE ROAD (MILE 9 TO MINNESOTA RD.)

HIDALGO COUNTY, TEXAS



SCALE 1"=2000'

JUNE 2016

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35	DRIVEWAY INDEX SHEET

HIDALGO COUNTY OFFICIALS

RAMON GARCIA _____ COUNTY JUDGE
A.C. CUELLAR, JR. _____ COMMISSIONER PCT. No. 1
EDDIE CANTU _____ COMMISSIONER PCT. No. 2
JOE M. FLORES _____ COMMISSIONER PCT. No. 3
JOSEPH PALACIOS _____ COMMISSIONER PCT. No. 4

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER
6-30-16

EMIGDIO SALINAS, P.E. — DATE 6-30-16

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.
Texas Registered Engineering Firm F-11722

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687-5363

Drawn	LH	Date	JUNE 2016
Checked	ES	Job No.	P194
Approved	ES	Sheet	1 of 35

Z:\Projects\Hidalgo\Precinct 1\P194 Goolie Road\DWG\SHEETS\-Cover Sheet.dwg Jun 30,2016 - 2:32PM Project Manager

GENERAL

1. CONTRACTOR SHALL CONTACT LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC (LEMC) AT 956-687-5362, 72 HOURS PRIOR TO START OF ANY CONSTRUCTION WITHIN PROJECT SITE.
2. CONTRACTOR TO NOTIFY ALL UTILITY COMPANIES WITHIN THE CONSTRUCTION AREA 72 HOURS PRIOR TO EXCAVATION NEAR THEIR UTILITIES.
3. CONTRACTOR TO VERIFY LOCATION AND ELEVATION OF EXISTING FACILITIES PRIOR TO CONSTRUCTION OF PROPOSED FACILITIES (NO SEPARATE PAY). ANY DISCREPANCIES SHALL BE BROUGHT TO THE ATTENTION OF LeFEVRE ENGINEERING MANAGEMENT CONSULTING, LLC. IN WRITING PRIOR TO COMMENCEMENT OF CONSTRUCTION. ANY DAMAGE TO EXISTING FACILITIES INCURRED AS A RESULT OF THIS CONSTRUCTION OPERATION WILL BE REPAIRED BY THE CONTRACTOR AT HIS OWN EXPENSE.
4. CONTRACTOR TO OBTAIN ALL CONSTRUCTION PERMITS NOT SUPPLIED BY OWNER AT HIS EXPENSE PRIOR TO COMMENCEMENT OF WORK. OWNER'S ENGINEER TO APPLY FOR AND PROVIDE TxDOT PERMIT TO WORK IN R.O.W. AND ANY RELATED CROSSING PERMITS.
5. CONTRACTOR SHALL GIVE NOTICE TO ALL AUTHORIZED INSPECTORS, SUPERINTENDENTS, OR PERSONS IN CHARGE OF PRIVATE AND PUBLIC UTILITIES OR RAILROADS AFFECTED BY HIS OPERATIONS PRIOR TO COMMENCEMENT OF WORK. CONTRACTOR SHALL ASSURE HIMSELF THAT ALL CONSTRUCTION PERMITS HAVE BEEN OBTAINED PRIOR TO COMMENCEMENT OF WORK. REQUIRED PERMITS THAT CAN ONLY BE ISSUED TO CONTRACTOR WILL BE OBTAINED AT HIS EXPENSE.
6. CONTRACTOR SHALL BE RESPONSIBLE FOR MAINTAINING ADEQUATE DRAINAGE AT ALL TIMES DURING CONSTRUCTION OF PROPOSED FACILITIES. NATURAL GROUND ADJACENT TO UTILITY TRENCH EXCAVATION TO BE CLEARED AND GRUBBED PRIOR TO PLACEMENT OF EXCESS TRENCH MATERIAL (NO ADDITIONAL PAYMENT – INCLUDE IN COST OF UNDERGROUND UTILITIES CONSTRUCTION.)
7. FILL TO BE PLACED IN MAXIMUM 6-INCH LIFTS AND COMPACTED TO A MINIMUM OF 95% STANDARD PROCTOR DENSITY PER ASTM D-698, UNLESS OTHERWISE NOTED.
8. CONTRACTOR IS RESPONSIBLE FOR CLEANING MUD AND/OR DIRT TRACKED ONTO EXISTING STREETS BY HIS WORKMEN'S, SUPPLIER'S, OR SUBCONTRACTOR'S VEHICLES. STREETS MUST BE CLEANED WITHIN 2 HOURS OF WHEN THE TRACKING OCCURS. NO SEPARATE PAY.
9. RETESTING OF ANY TESTING FAILURES WILL BE THE CONTRACTOR'S RESPONSIBILITY. NO SEPARATE PAY
10. WHERE CONTRACTOR'S WORK AND/ OR EQUIPMENT CAUSES AN OBSTRUCTION TO TRAFFIC, CONTRACTOR SHALL PROVIDE AND INSTALL TRAFFIC CONTROL DEVICES IN ACCORDANCE WITH PART IX OF THE "TEXAS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES" (TEXAS M.U.D.C.D., MOST RECENT EDITION AS REVISED) DURING CONSTRUCTION. A WRITTEN TRAFFIC CONTROL PLAN SHALL BE SUBMITTED PRIOR TO CONSTRUCTION FOR REVIEW BY THE ENGINEER & OTHER APPROPRIATE PERSONS.
11. LOCATION OF EXISTING UNDERGROUND UTILITIES AND SERVICE LINES (WATER, SEWER, GAS, TELEPHONE, ELECTRICAL, ETC.) ARE DETERMINED FROM AVAILABLE RECORDS AND ARE APPROXIMATE. CONTRACTOR TO LOCATE LINES AND/ OR OBSTRUCTIONS AHEAD OF EXCAVATION.
12. ANY SOIL BORINGS THE CONTRACTOR REQUIRES ARE TO BE DONE BY THE CONTRACTOR AT HIS EXPENSE.
13. OVERHEAD LINES MAY EXIST ON THE ALIGNMENTS. CLEARLY VISIBLE LINES ARE NOT MARKED, AND CONTRACTOR TO NOTE THEIR LOCATION PRIOR TO CONSTRUCTION. TEXAS LAW, SECTION 752, HEALTH & SAFETY CODE, FORBIDS ALL ACTIVITIES IN WHICH
14. PERSONS OR OBJECTS MAY COME WITHIN SIX (6) FEET OF LIVE OVERHEAD HIGH VOLTAGE LINES. CONTRACTORS ARE LEGALLY RESPONSIBLE FOR SAFETY OF CONSTRUCTION WORKERS UNDER THIS LAW. THIS LAW CARRIES BOTH CRIMINAL AND CIVIL LIABILITY.
15. CONTRACTOR TO MAKE ARRANGEMENTS WITH THE APPROPRIATE UTILITY COMPANY FOR SECURING POLES, IF NECESSARY, WHILE CONSTRUCTION PASSES BY POLES. COSTS OF SECURING POLES WILL BE PAID FOR BY THE CONTRACTOR, NO SEPARATE PAY.
16. CONSTRUCTION STAKING (ALIGNMENT AND GRADE) TO BE PROVIDED BY THE CONTRACTOR AT NO SEPARATE PAY.
17. SURPLUS EXCAVATED MATERIAL SHALL BE REMOVED AND DISPOSED OF OFF SITE AS DIRECTED BY THE ENGINEER. IF THE ENGINEER NOTIFIES THE CONTRACTOR THAT THE OWNER DOES NOT HAVE USE FOR THIS MATERIAL, THE SURPLUS MATERIAL BECOMES THE PROPERTY OF THE CONTRACTOR, AND IT IS HIS RESPONSIBILITY TO DISPOSE OF THE MATERIAL.
18. ALL WORK SHALL BE DONE IN ACCORDANCE WITH APPLICABLE LOCAL REQUIREMENTS.
19. CONTRACTOR SHALL PROTECT EXISTING UNDERGROUND FACILITIES DURING INSTALLATION OF PROPOSED WORK.
20. PAVED SURFACES SHALL BE PROTECTED FROM DAMAGE FROM TRACKED EQUIPMENT. ANY REPAIRS TO DAMAGED PAVED SURFACES WILL BE PAID BY THE CONTRACTOR. NO SEPERATE PAY.
21. IRON RODS DISTURBED DURING CONSTRUCTION TO BE REPLACED BY REGISTERED PUBLIC LAND SURVEYOR TO ORIGINAL PROPERTY CORNER AT NO SEPARATE PAY.
22. THE CONTRACTOR SHALL BE RESPONSIBLE TO MAINTAIN AN UPDATED REDLINED "AS-BUILT" SET OF PLANS ON SITE FOR INSPECTION BY THE ENGINEER, THE ENGINEER'S REPRESENTATIVE, AND THE OWNER'S REPRESENTATIVE.
23. WORK PERFORMED UNDER THIS CONTRACT IS GOVERNED BY REQUIREMENTS OF SEVERAL PUBLIC, GOVERNMENTAL, AND PRIVATE ENTITIES. CONTRACTOR SHALL COMPLY WITH ALL REQUIREMENTS OF GOVERNING ENTITIES.

GENERAL CONT.

24. SURVEY PERFORMED BY ARANDA & ASSOCIATES – 2016. ELEVATIONS BASED UPON STATIC GPS OBSERVATIONS; NAVD 88 HORIZ: STATE PLANE COORDINATES (NAD83) ZONE SOUTH TEXAS – 4205
25. EXISTING MANHOLES LOCATED ON ROADWAYS SHALL BE ADJUSTED TO THE PROPOSED GRADE. NOT SEPARATE PAY.
26. DEMOLITION, REMOVAL, & DISPOSAL OF ALL EXCESS CONCRETE, CURBS, REBAR, ETC. TO BE DONE IN A LEGAL MANNER AT CONTRACTOR'S EXPENSE.
27. ALL MANHOLES AND/OR OTHER STRUCTURES TO BE ADJUSTED BY THE CONTRACTOR TO MEET FIANL GRADES, A MAXIMUM OF 18 INCHES OF THROAT RINGS WILL BE ALLOWED. (NO SEPARTE PAY)
28. UPON COMPLETION OF CONSTRUCTION, CONTRACTOR SHALL RETURN THE SITE TO ORIGINAL CONTOURS UNLESS DIFFERENT FINISHED ELEVATIONS ARE SHOWN ON PLANS. CONTRACTOR TO ASSURE NO AREAS OF PONDING ARE PRESENT.
29. NO TRAFFIC SHALL BE ALLOWED ON THE FINISHED WEARING SURFACE UNTIL AT LEAST 12 HOURS AFTER COMPLETION OF ROLLING.
30. HOT MIX ASPHALT CONCRETE TRANSPORT TRUCKS TO BE EQUIPPED WITH CANVAS COVERS TO BE UTILIZED DURING MATERIAL HAULING. MATERIAL DELIVERED TO SITE AT IMPROPER TEMPERATURE SHALL BE REJECTED. HOT MIX SHALL BE LAID AT A MINIMUM TEMPERATURE OF 260°F AS PER TXDOT SPECIFICATION ITEM 341.
31. ANY SETTLEMENT UNDER PAVEMENT DUE TO INADEQUATE COMPACTION OF UTILITY LINE BACK FILL SHALL BE CAUSE FOR RECOMPACTION OF TRENCH AND REPLACEMENT OF PAVEMENT SECTION.
32. SUBGRADE AND SUBBASE QUANTITIES (SY) ARE BASED ON SURFACE AREAS IN RELATION TO THE PROPOSED TYPICAL ROAD SECTIONS. SHOULD ANY ADDITIONAL CUT OR FILL BE REQUIRED, IT SHALL BE SUBSIDIARY TO THE BID ITEM 0260-6027 6" LIME TREAT (3%) EXIST. MATL (SUBGRADE)

TRAFFIC CONTROL NOTES:

MAINTENANCE OF WORK ZONE TRAFFIC CONTROL SERVICE:

1. THOSE PORTIONS OF THE PROJECT WHICH REQUIRE CONSTRUCTION UNDER TRAFFIC WILL BE MAINTAINED IN A CONDITION ACCEPTABLE TO THE ENGINEER. THIS WORK WILL BE SUBSIDIARY TO THE VARIOUS BID ITEMS.
2. AT ANYTIME DURING THE PROSECUTION OF THIS PROJECT IF OTHER SIGNS, BARRICADES, ETC. ARE DEEMED NECESSARY TO CONTROL AND PROVIDE SAFETY FOR THE TRAVELING PUBLIC. THE CONTRACTOR SHALL PROVIDE THESE ADDITIONAL TRAFFIC CONTROL DEVICES. PAYMENT FOR THIS WILL NOT BE PAID FOR DIRECTLY, BUT WILL BE CONSIDERED SUBSIDIARY TO BID.
3. THE CONTRACTOR SHALL TAKE CARE TO ASSURE THAT ALL TRAFFIC CONTROL DEVICES AND WORK ZONE PAVEMENT MARKINGS BE KEPT IN A HIGHLY VISIBLE CONDITION (CLEAN, UPRIGHT, AND PROPER LOCATION) THE CONTRACTOR SHALL HAVE ADEQUATE REPLACEMENT TRAFFIC CONTROL DEVICES AVAILABLE, AT ALL TIMES, TO REPLACE THOSE DAMAGED.

SIGNING:

4. THE CONTRACTOR SHALL COVER OR TEMPORARILY REMOVE EXISTING SIGNS THAT CONFLICT WITH THE SUGGESTED TRAFFIC CONTROL PLAN OR THE INTENT THEREOF.
5. EXISTING SIGNS THAT DON NOT CONFLICT WITH THE SUGGESTED TRAFFIC CONTROL PLAN OR THE INTENT THEREOF, BUT REQUIRE RELOCATION DUE TO PHYSICAL CONFLICTS SHALL NOT BE RELOCATED UNTIL TEMPORARY SIGN SUPPORTS HAVE BEEN INSTALLED TO ALLOW FOR THE IMMEDIATE RELOCATION OF ANY SUCH SIGNS.
6. THESE SIGNING MEASURES SHALL NOT BE PAID, OR DIRECTLY, BUT SHALL BE CONSIDERED SUBSIDIARY TO BID.

PUBLIC ACCESS AND PEDESTRIAN SAFETY:

7. ANY PORTIONS OF THIS PROJECT THAT COINCIDE WITH EXISTING PUBLIC ROADS AND/OR PRIVATE DRIVES SHALL BE KEPT OPEN TO TRAFFIC AT ALL TIMES, UNLESS OTHERWISE DIRECTED OR APPROVED BY THE ENGINEER.
8. THE CONTRACTOR SHALL BE REQUIRED TO MAINTAIN TWO-WAY TRAFFIC ON ALL PUBLIC ROADWAYS AT AL TIMES UNLESS OTHERWISE NOTED ON THE PLANS.
9. FOR PEDESTRIAN SAFETY, THE CONTRACTOR SHALL INSTALL ORANGE PLASTIC CONSTRUCTION FENCING (3 FT TALL MINIMUM) AROUND ALL OPEN EXCAVATIONS. THE PLACEMENT OF THIS FENCING SHALL NOT OBSTRUCT SIGHT LINES OF THE TRAVELING PUBLIC.
10. THESE MEASURES FOR PUBLIC ACCESS AND PEDESTRIAN SAFETY WILL NOT BE PAID FOR DIRECTLY BUT SHALL BE CONSIDERED SUBSIDIARY TO BID.
11. INSTALLATION AND MAINTENANCE OF ALL WORK ZONE SIGNS, BARRICADES, AND PAVEMENT MARKINGS IS THE RESPONSIBILITY OF THE CONTRACTOR, AND SHALL CONFORM TO BARRICADE AND CONSTRUCTION (BC) STANDARDS AND/OR THE TEXAS MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES (MUTCD)
12. CONSTRUCTION IN ANY AREA THAT IS ADVERSELY AFFECTING TRAFFIC FLOW AND SAFETY MUST BE PURSUED DILIGENTLY BY THE CONTRACTOR. IF IN THE OPINION OF THE ENGINEER, THE CONTRACTOR IS NOT DILIGENTLY PURSUING THE CONSTRUCTION IN THOSE AREAS. THE ENGINEER MAY REQUIRE THE CONTRACTOR TO CHANGE HIS WORK SCHEDULE TO EXPEDITE COMPLETION IN THOSE AREAS OF CONCERN.
13. THE CONTRACTOR MAY REQUE3ST TO ALTER THE TRAFFIC CONTROL PLAN, BUT ANY REQUESTS MAY BE SUBMITTED TO THE ENGINEER IN WRITING. IF THE REQUEST FOR A CHANGE IN THE TRAFFIC CONTROL IS EXTENSIVE, THE ENGINEER MAY REQUIRE THE CONTRACTOR TO PROVIDE PLAN SHEET REVISIONS OUTLINING HIS CHANGE: THESE PLAN SHEET REVISIONS WILL BE PROVIDED BY THE CONTRACTOR AT HIS OWN EXPENSE. ANY CHANGES TO THE TRAFFIC CONTROL PLAN WILL BE SUBJECT TO THE ENGINEER'S WRITTEN APPROVAL.
14. FLASHING WARNING LIGHTS AND/OR FLAGS SHALL BE USED TO CALL ATTENTION TO THE EARLY WARNING SIGNS.
15. STEADY BURN (TY D) WARNING LIGHTS SHALL BE USED TO MARK CHANNELIZING DEVICES AT NIGHT AS NEEDED.
16. ADDITIONAL SIGNS, BARRICADES, AND/OR OTHER CHANNELIZING DEVICES MAY BE REQUIRED AND/OR ADJUSTED AS DIRECTED BY THE ENGINEER.
17. WHEN CONSTRUCTION OPERATIONS RESULT IN DROP OF MORE THAN 2 INCHES NEXT TO TRAVEL WAY A 3:1 SLOPE AND 4.0 FEET BUFFER ZONE WILL BE REQUIRED DURING NON WORKING HOURS.

TRAFFIC CONTROL NOTES (CONT'D):

18. FOR POSTED SPEEDS EXCEEDING 30 MPH, ADVISORY SPEED SIGNS WITH APPROPRIATE WARNING SIGNS, SHALL BE POSTED IN THE VICINITY SPECIFIC WORK ZONES WITH THE PROJECT LIMITS, UNLESS OTHER SIDE DIRECTED BY THE ENGINEER.
19. LENGTH AND SPACING OF CHANNELIZING DEVICES SHALL BE AS SHOWN ON THE BC STANDARDS AND THE "T.M.U.T.C.D." OTHER SIGNS MAY BE USED IN ADDITION TO THOSE REQUIRED BY BARRICADE STANDARDS.
20. ALL WORK SHALL BE DONE EXPEDITIOUSLY DURING DAYLIGHT HOURS, OR AS DIRECTED BY THE ENGINEER. NECESSARY FLAGGERS AND APPROPRIATE SIGNING TO SAFELY GUIDE TRAFFIC THROUGH THE WORK AREA WILL BE REQUIRED AS DIRECTED BY THE ENGINEER.
21. REFER TO STANDARD TRAFFIC CONTROL SHEETS FOR OTHER PERTINENT INFORMATION NOT SHOWN.
22. WORK BEYOND THE PROJECT LIMITS WILL BE PERMITTED PROVIDED DRUMS ARE INSTALLED AS PER TRAFFIC CONTROL BARRIER DEVICES AND THE WORK DOES NOT CREATE A DROP OFF OF MORE THAN TWO (2) INCHES.
23. CONTRACTOR TO USE A POWER BROOM FOR CLEANING ROADWAY AND TO MAINTAIN CLEAN AT ALL TIMES. THIS IS NOT A PAID ITEM.
24. ROADWAY BARRELS TO BE USED WHEN WORKING OUTSIDE OF THE ROADWAY AS TO DELINEATE THE WORK AREA.
25. CROSSWALKS, STOP BARS AND OTHER AFFECTED TRAFFIC MARKINGS SHALL BE REPLACED BY THE CONTRACTOR AS NEEDED AT THE CONTRACTOR'S EXPENSE.
26. A STORM WATER POLLUTION PREVENTION PLAN (SW3P_ IS NOT REQUIRED, DUE TO CONTRACTOR NEVER DISTURBING AREAS GREATER THAN AN 1-ACRE. THE CONTRACTOR WILL BE REQUIRED TO FOLLOW STORM WATER POLLUTION CONTROL AS PER SPECIFICATION 1570 AND PLANS.
28. ACCESS TO MAIL BOXES SHALL BE PROVIDED AT ALL TIMES. ANY MAIL BOXES DAMAGED DURING CONSTRUCTION SHALL BE REPLACED AND SHALL BE AS PER TXDOT STANDARDS.

PAVING CONSTRUCTION NOTES:

1. HOT MIX ASPHALT CONCRETE TO BE IN ACCORDANCE WITH TXDoT SPECIFICATION TYPE "D" ITEM 340.
2. SUBGRADE EXCAVATION, MIXING OF LIME, AND RECOMPACTION TO BE INCLUDED IN PRICE BID PER SQUARE YARD FOR "LIME TREATED SUBGRADE."
3. CONTRACTOR TO FILL BEHIND CURBS AND WALKS AND SHAPE TO INSURE PROPER DRAINAGE.
4. CONSTRUCTION JOINTS TO EXISTING PAVEMENT SHALL BE MADE BY EITHER CUTTING BACK EXISTING TO PRODUCE A SLIGHTLY BEVELED EDGE FOR THE FULL THICKNESS OF THE WEARING COURSE OR A SUITABLE LAP JOINT SHALL BE MADE. SAW CUTTING REQUIRED.
5. NO TRAFFIC SHALL BE ALLOWED ON THE FINISHED WEARING SURFACE UNTIL AT LEAST 12 HOURS AFTER COMPLETION OF ROLLING.
6. HOT MIX ASPHALT CONCRETE TRANSPORT TRUCKS TO BE EQUIPPED WITH CANVAS COVERS TO BE UTILIZED DURING MATERIAL HAULING. MATERIAL DELIVERED TO SITE AT IMPORPER TEMPERATURE SHALL BE REJECTED. HOT MIX SHALL BE LAID AT A MINIMUM TEMPERATURE OF 225F.
7. WHEN TYING INTO EXISTING CURB, EXPOSE REBAR AND FORM EXPANSION JOINT PER DETAIL SHEET.
8. ANY SETTLEMENT UNDER PAVEMENT DUE TO INADEQUATE COMPACTION OF UTILITY LINE BACK FILL SHALL BE CAUSE FOR RECOMPACTION OF TRENCH AND REPLACEMENT OF PAVEMENT SECTION.

STORMWATER NOTES:

1. ALL MATERIALS AND CONSTRUCTION SHALL CONFORM TO THE COUNTY OF HIDALGO, PLANS AND SPECIFICATIONS, EXCEPT AS NOTED HEREIN AND APPROVED BY THE COUNTY.
2. CONTRACTOR SHALL BE RESPONSIBLE FOR MAINTAINING TRENCH SAFETY REQUIREMENTS IN ACCORDANCE WITH CITY STANDARDS, TEXAS LAW, AND O.S.H.A. STANDARDS FOR ALL EXCAVATION IN EXCESS OF FIVE FEET IN DEPTH.
3. THE LOCATION OF ALL UTILITIES LOCATED ON THESE PLANS ARE TAKEN FROM EXISTING PUBLIC RECORDS. THE EXACT LOCATION AND ELEVATION OF ALL PUBLIC UTILITIES MUST BE DETERMINED BY THE CONTRACTOR. IT SHALL BE THE DUTY OF THE CONTRACTOR TO ASCERTAIN WHETHER ANY ADDITIONAL FACILITIES OTHER THAN THOSE SHOWN ON THE PLANS MAY BE PRESENT.
4. IT WILL BE THE RESPONSIBILITY OF THE CONTRACTOR TO PROTECT ALL PUBLIC UTILITIES IN THE CONSTRUCTION OF THIS PROJECT. ALL MANHOLES, CLEAN-OUTS, VALVE BOXES, FIRE HYDRANTS, ETC. MUST BE ADJUSTED TO PROPER LINE AND GRADE BY THE CONTRACTOR PRIOR TO AND AFTER THE PLACING OF PERMANENT PAVING. UTILITIES MUST BE MAINTAINED TO PROPER LINE AND GRADE DURING CONSTRUCTION OF THE PAVING FOR THIS DEVELOPMENT.
5. DRAINAGE SHOULD BE MAINTAINED AWAY FROM THE FOUNDATIONS, BOTH DURING AND AFTER CONSTRUCTION.
6. BACKFILL FOR UTILITY LINES SHOULD BE CAREFULLY PLACED SO THAT THEY WILL BE STABLE. WHERE UTILITY LINES PASS THROUGH THE PARKING LOT, THE TOP 6" SHOULD BE COMPACTED SIMILARLY TO THE REMAINDER OF THE LOT. UTILITY DITCHES SHOULD BE VISUALLY INSPECTED DURING THE EXCAVATION PROCESS TO ENSURE THE UNDESIRABLE FILL IS NOT USED.
7. ALL EARTHWORK OPERATIONS SHALL CONFORM TO THE RECOMMENDATIONS PER THE GEO-TECHNICAL REPORT.
8. ALL PROPOSED SPOT SHOTS ARE GUTTER/TOP OF PAVEMENT/FINISHED GRADE ELEVATIONS UNLESS OTHERWISE SPECIFIED.
9. ALL REINFORCED CONCRETE PIPE (RCP) TO BE CLASS IV UNLESS NOTED OTHERWISE.

LEGEND

— — — —	STORM SEWER LINE
x100.00	SPOT GRADE
— 91.0 —	CONTOURS
	ASPHALT PAVING
	CONCRETE PAVEMENT
	CALICHE DRIVEWAY
— E —	ELECTRIC LINE
	POWER POLE
OHE	OVER HEAD ELECTRIC
GAS	GAS LINE
	FENCE
	GATE VALVE & BOX
	FIRE HYDRANT
W	WATER LINE
	WATER METER
	STREET SIGN
TEL	TELEPHONE LINE
	TELEPHONE PEDESTAL
	DRIVEWAY INDICATOR
	SHEET REFERENCE

NO.	DATE	REVISION	APPROV.
1			
2			
3			
4			

HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD

GENERAL CONTRUCTION NOTES

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.5362
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
Checked	E.S.
Date	JUNE, 2016
Job No.	P-194
Sheet	2 of 35

C:\Users\Project Manager\Documents\Drawing3.dwg May 20,2016 - 4:08PM Project Manager

GOOLIE RD.

EXIST. 50.00' R.O.W.

SIOUX ROAD (MILE 9 RD) (80' R.O.W.)

10+00 GOOLIE ROAD
℄ MILE 9 ROAD
N=16595944.43
E=1129804.01

TBM #1
POWER POLE
ELE=86.52
N. 16596116.67
E. 1229854.26.

THE WEST 50 ACRES OF BLOCK 8 & 16 VOL. 4 PG. 6

MATCH LINE "A"

MATCH LINE "B"

TBM #2
POWER POLE
ELE=85.27
N. 16597649.10
E. 1130087.86

MATCH LINE "C"

TBM #3
POWER POLE
ELE=83.49
N. 16598600.44
E. 1130229.30

TBM #4
POWER POLE
ELE=82.65
N. 16599299.29
E. 1129761.78

MATCH LINE "D"

CONTRACTOR SHALL CONTACT THE FOLLOWING ENTITIES 48 HOURS PRIOR TO CONSTRUCTION:

TEXAS ONE CALL:	1-800-245-4545
HIDALGO COUNTY PCT 1:	956-968-8733
CITY OF DONNA:	956-464-6917
TEXAS GAS SERVICE:	956-444-3936
AT&T:	956-279-1985
NORTH ALAMO WSC:	956-383-1618

CURVE TABLE

CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	63.62'	40.00'	57.13'	S81°24'50"E
C2	60.49'	37.97'	54.30'	S07°24'17"W
C3	50.33'	252.50'	50.25'	N81°22'37"W
C4	50.34'	244.37'	50.25'	S81°34'30"E
C5	50.33'	252.50'	50.25'	N81°12'70"E
C6	50.33'	252.50'	50.25'	N81°22'37"W
C7	142.00'	82.00'	127.41'	S81°22'37"E

NO.	DATE	REVISION	APPROV.
1			
2			
3			
4			

HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

SURVEY CONTROL PLAN

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEVI(MC)
Fax. 956.687.5363

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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TBM #5
POWER POLE
ELE=82.88
N. 16599591.94
E. 1129261.54

GOOLIE RD.

EXIST. 40.00' R.O.W.

E. SIOUX RD (60' R.O.W.)

GOOLIE ROAD
℄ E. SIOUX ROAD
N=16600311.6
E=1129382.62

MATCH LINE "D"

MATCH LINE "E"

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	63.62'	40.00'	57.13'	S81°24'50"E
C2	60.49'	37.97'	54.30'	S07°24'17"W
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NORTH ALAMO WSC:	956-383-1618

GOOLIE ROAD
℄ E. SIOUX ROAD
N=16600863.14
E=1129466.28

TBM #6
POWER POLE
ELE=79.81
N. 16600934.66
E. 1129501.40

MATCH LINE "E"

MATCH LINE "F"

TBM #7
POWER POLE
ELE=80.08
N. 16602330.08
E. 1129712.57

MATCH LINE "F"

MATCH LINE "G"

TBM #8
POWER POLE
ELE=80.89
N. 16603356.84
E. 1129870.33

MATCH LINE "G"

MATCH LINE "H"

NO.	DATE	REVISION	APPROV.
1			
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING AND DRAINAGE IMPROVEMENTS

SURVEY CONTROL PLAN

STATE OF TEXAS
ENRIQUE SALINAS
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6-30-16

Civil Engineering
Environmental Engineering
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Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
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Date	JUNE, 2016
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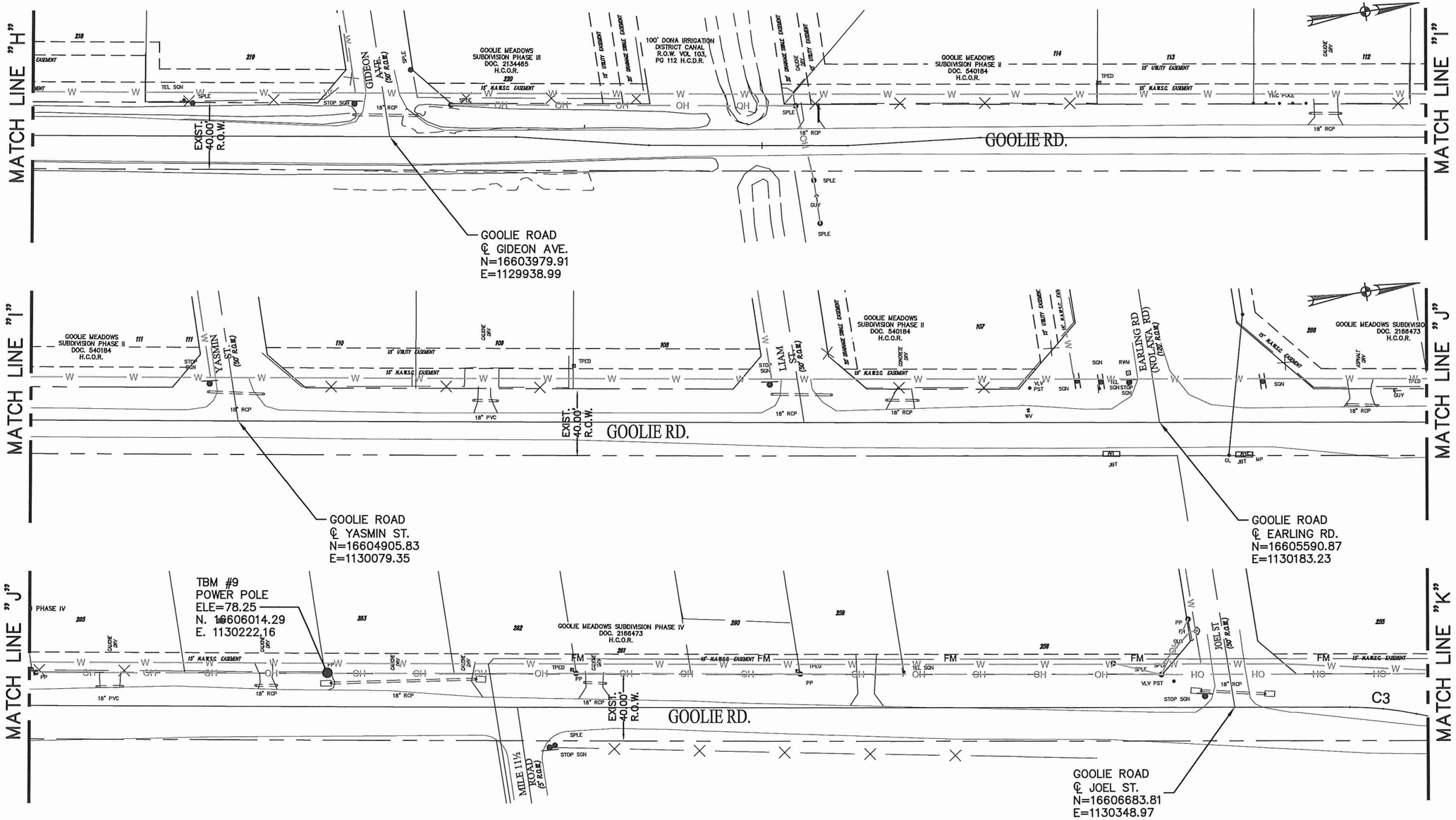

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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

SURVEY CONTROL PLAN

STATE OF TEXAS
ENRIQUE SALINAS
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LICENSED PROFESSIONAL ENGINEER
6-30-16

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Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5583
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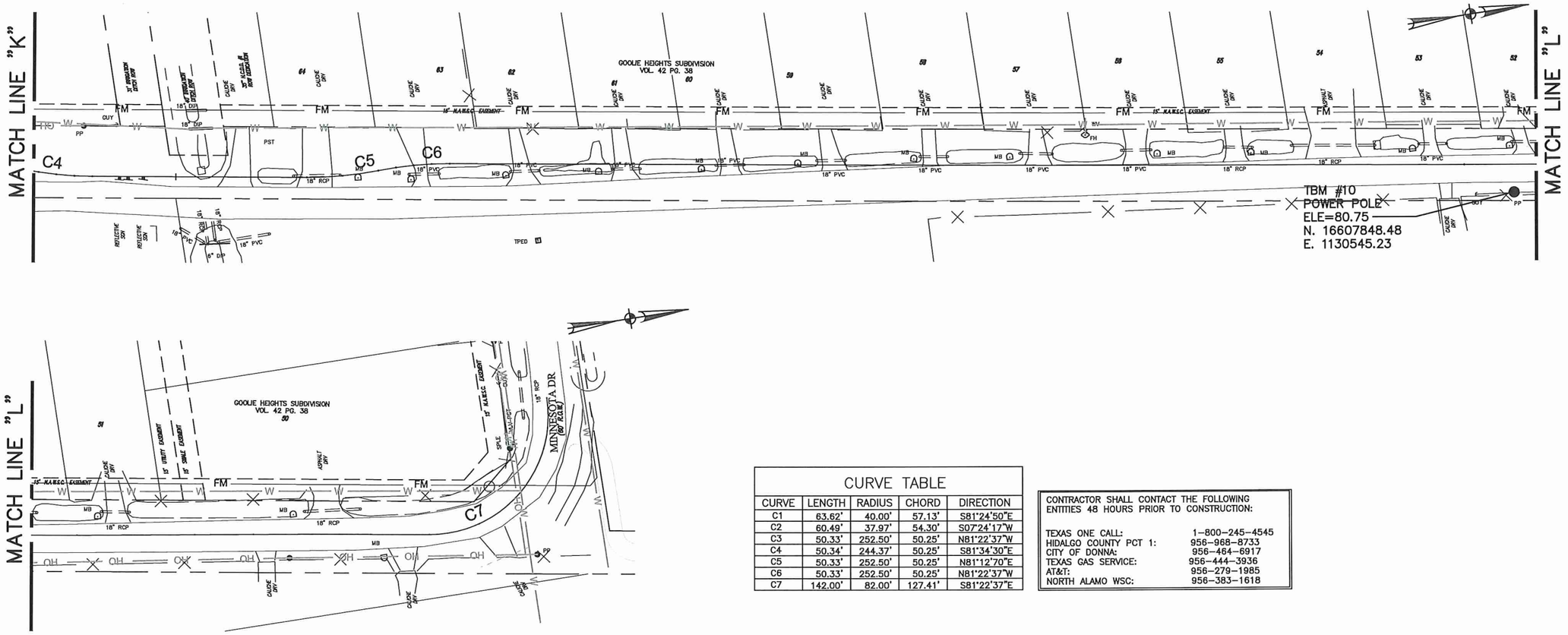

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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

SURVEY CONTROL PLAN

STATE OF TEXAS
EMIGDIO SALINAS
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LICENSED
PROFESSIONAL ENGINEER
5-30-16

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Environmental Engineering
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McAllen, Texas 78504
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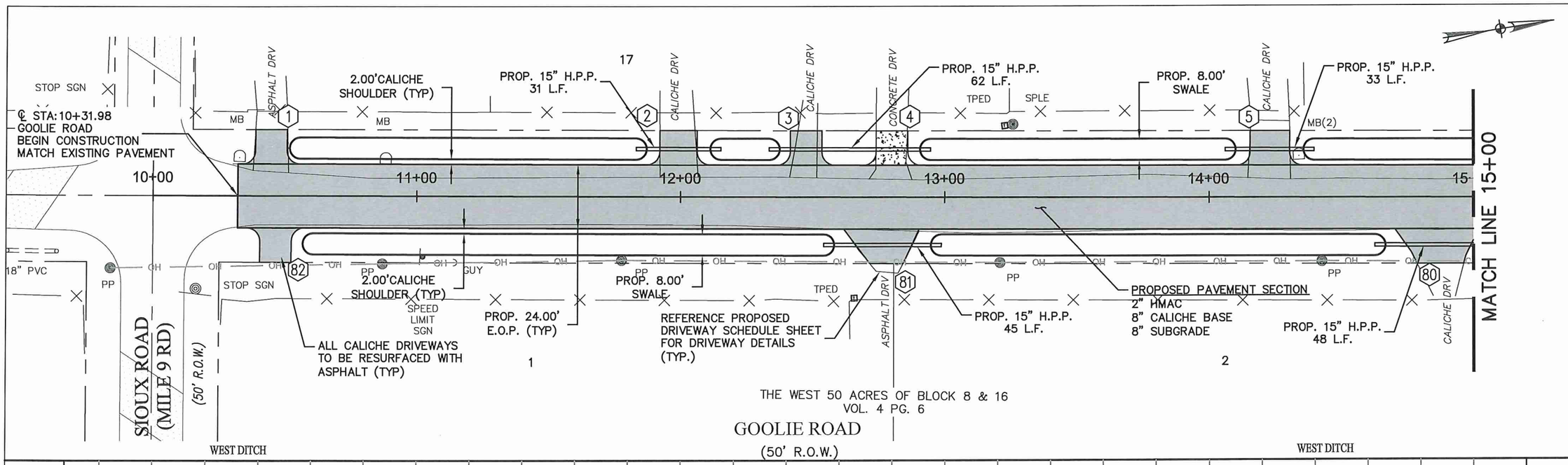

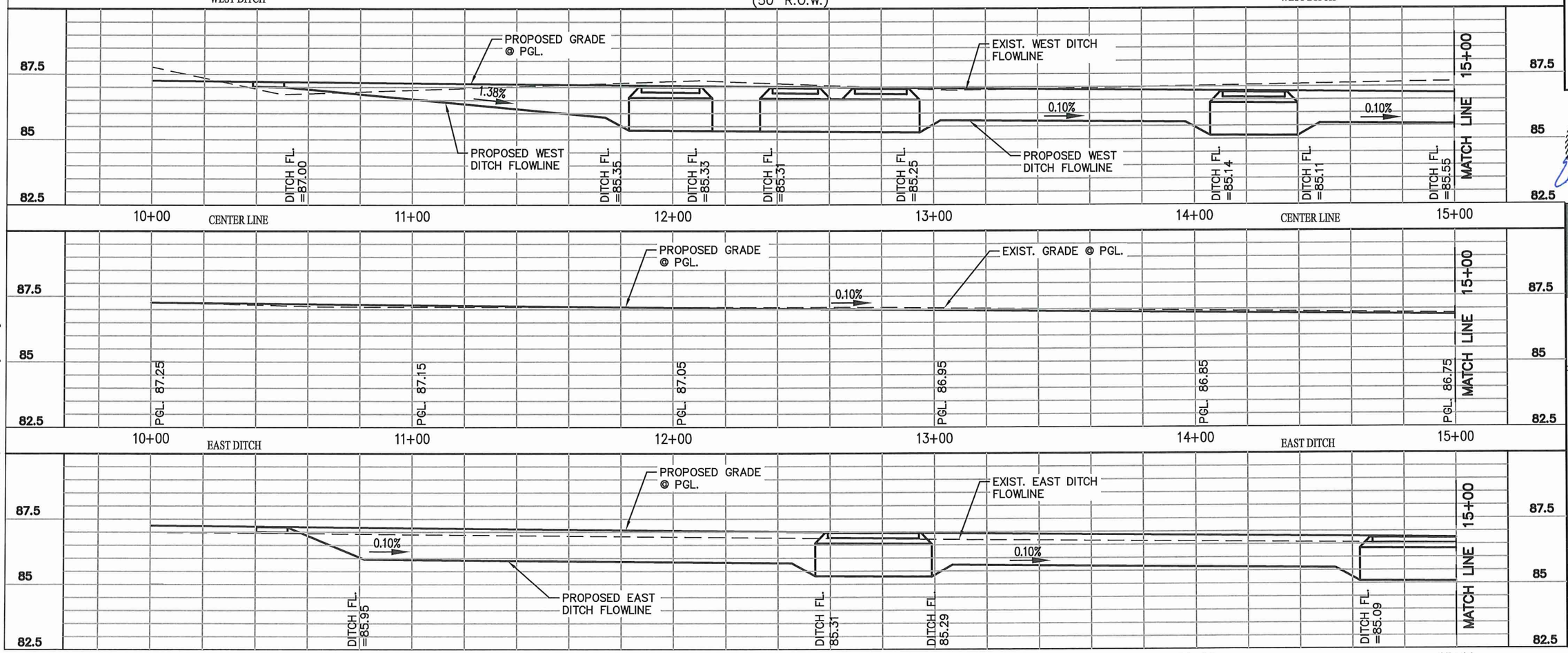

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 10+31.98 TO 15+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
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PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
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McAllen, Texas 78504
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LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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Date	JUNE, 2016
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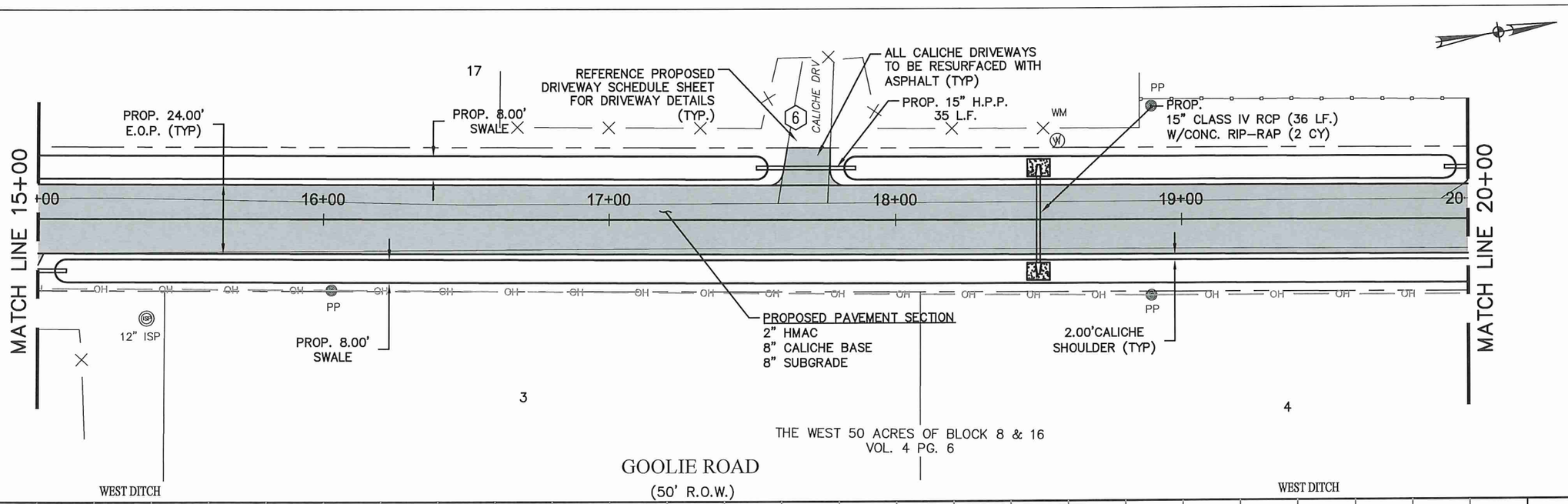

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 15+00 TO 20+00

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
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610 Nolana, Suite 500
McAllen, Texas 78504
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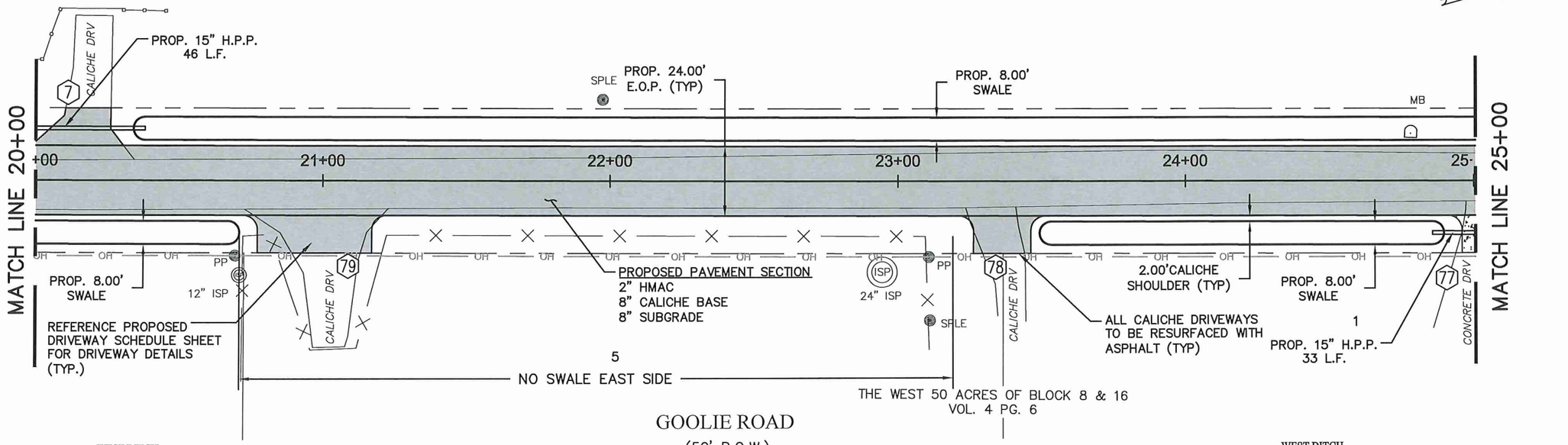

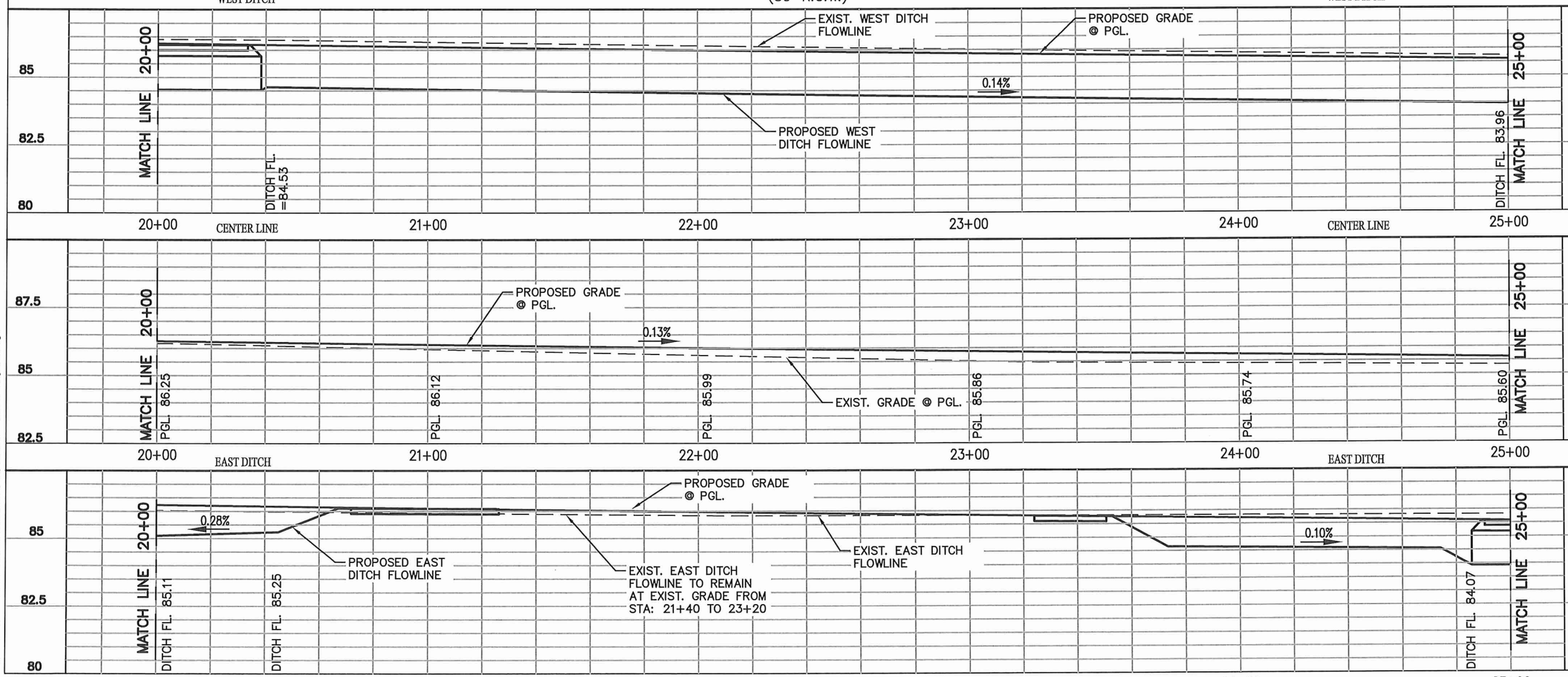

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 20+00 TO 25+50

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 620
McAllen, Texas 78504
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Fax. 956.687.5363

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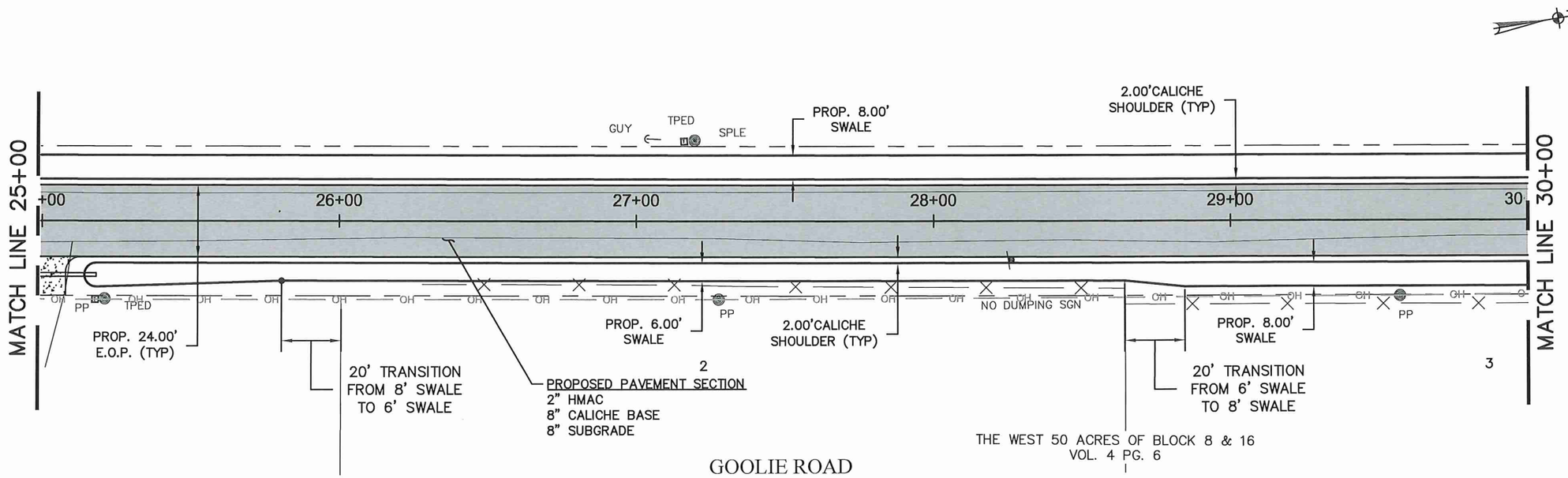
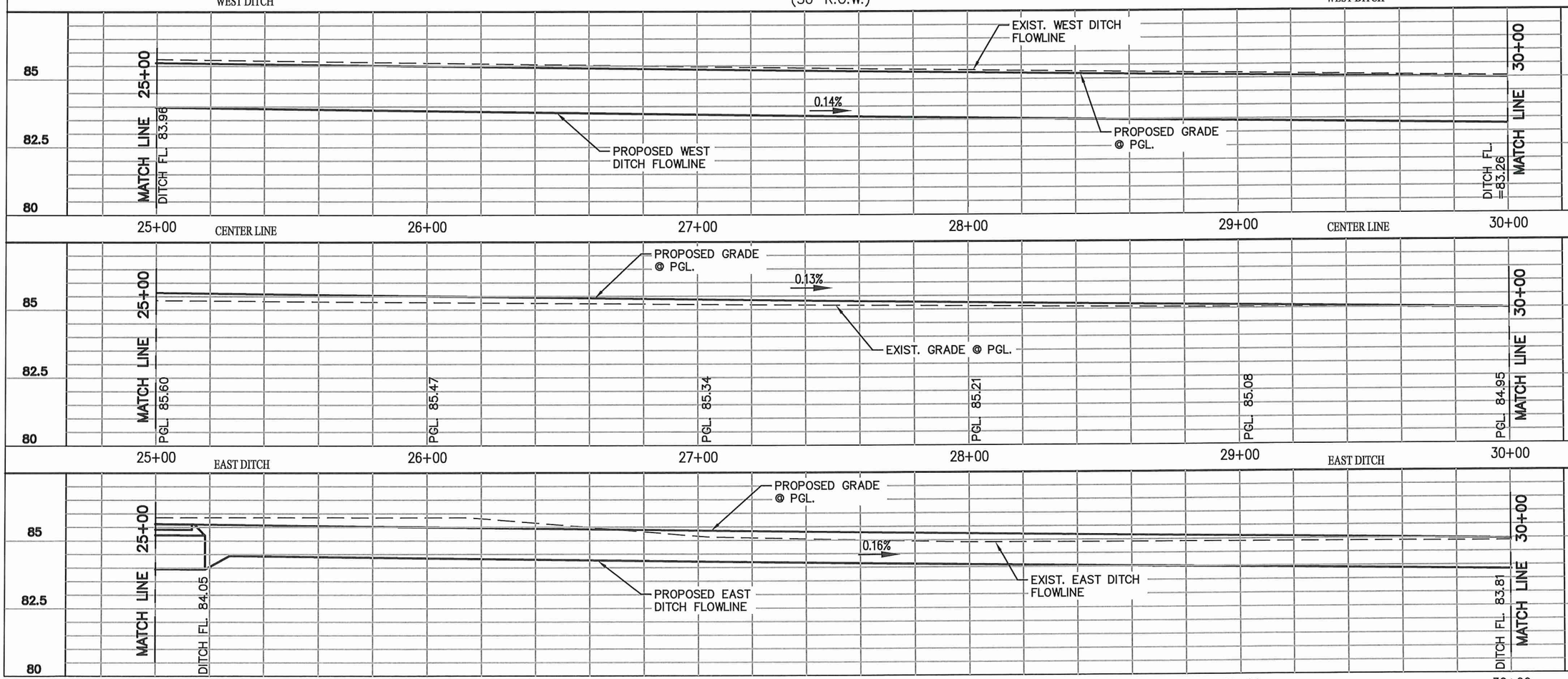


GOOLIE ROAD
(50' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 25+00 TO 30+00

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5863

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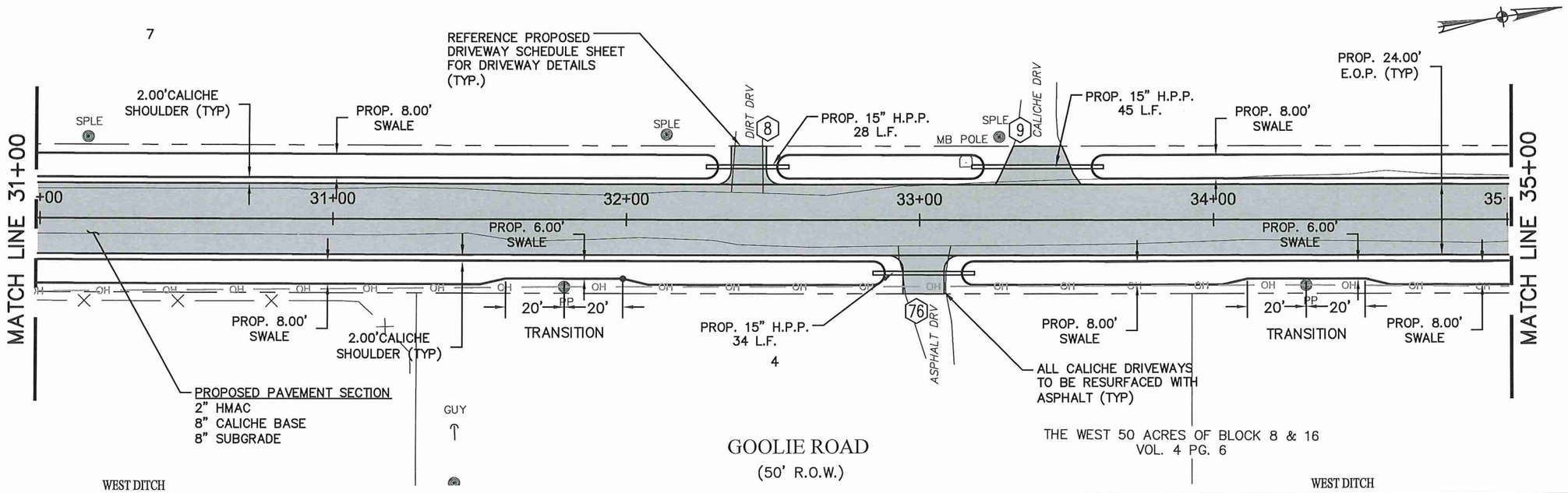

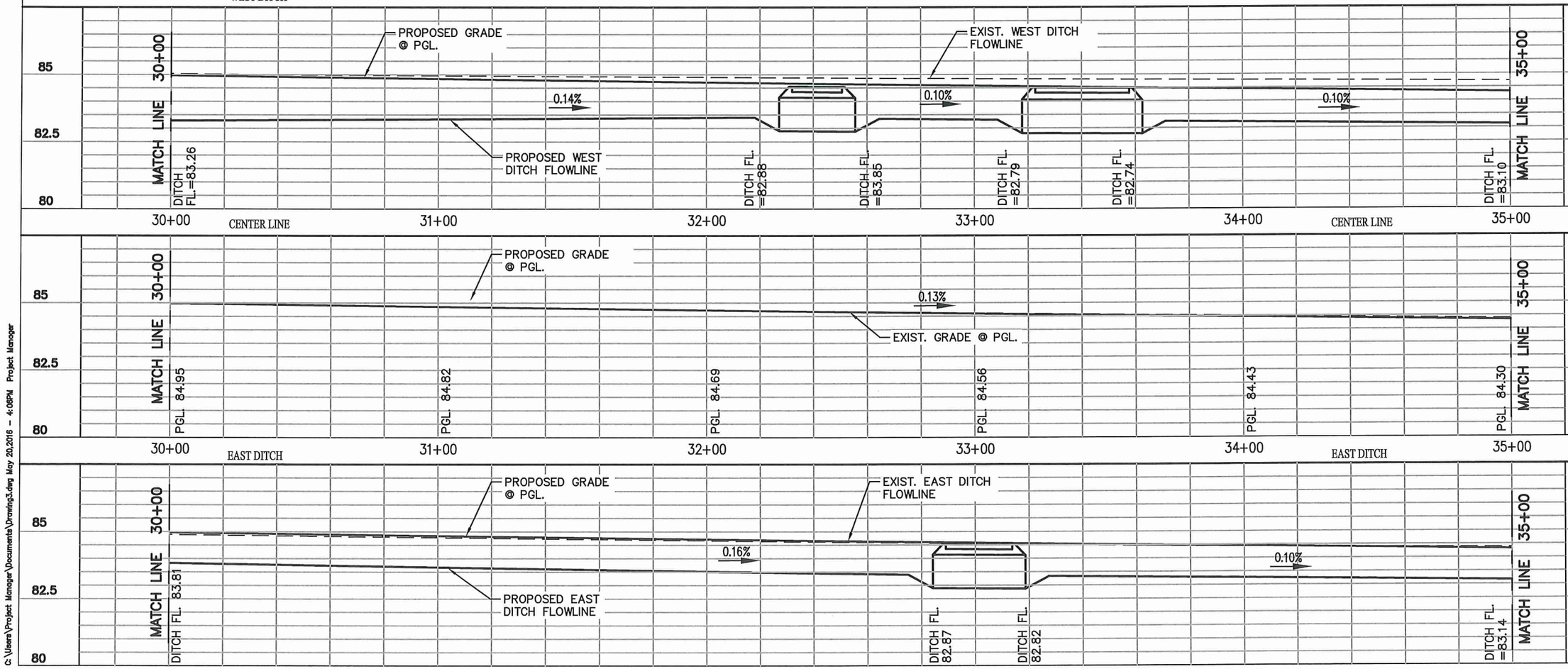

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 31+00 TO 35+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
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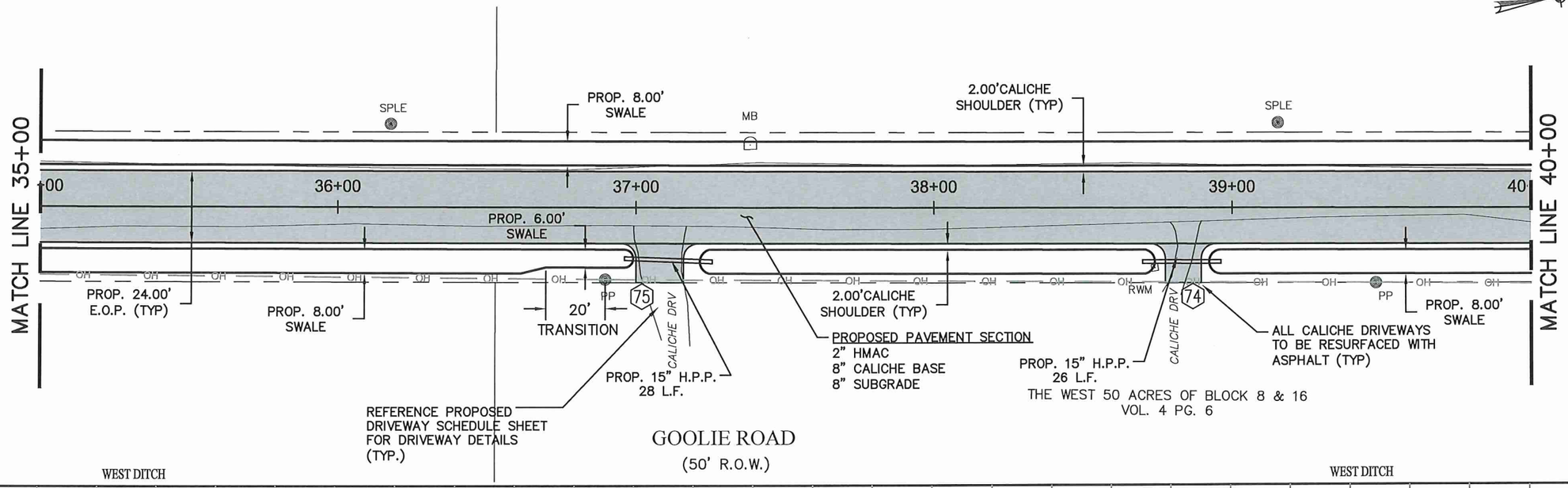

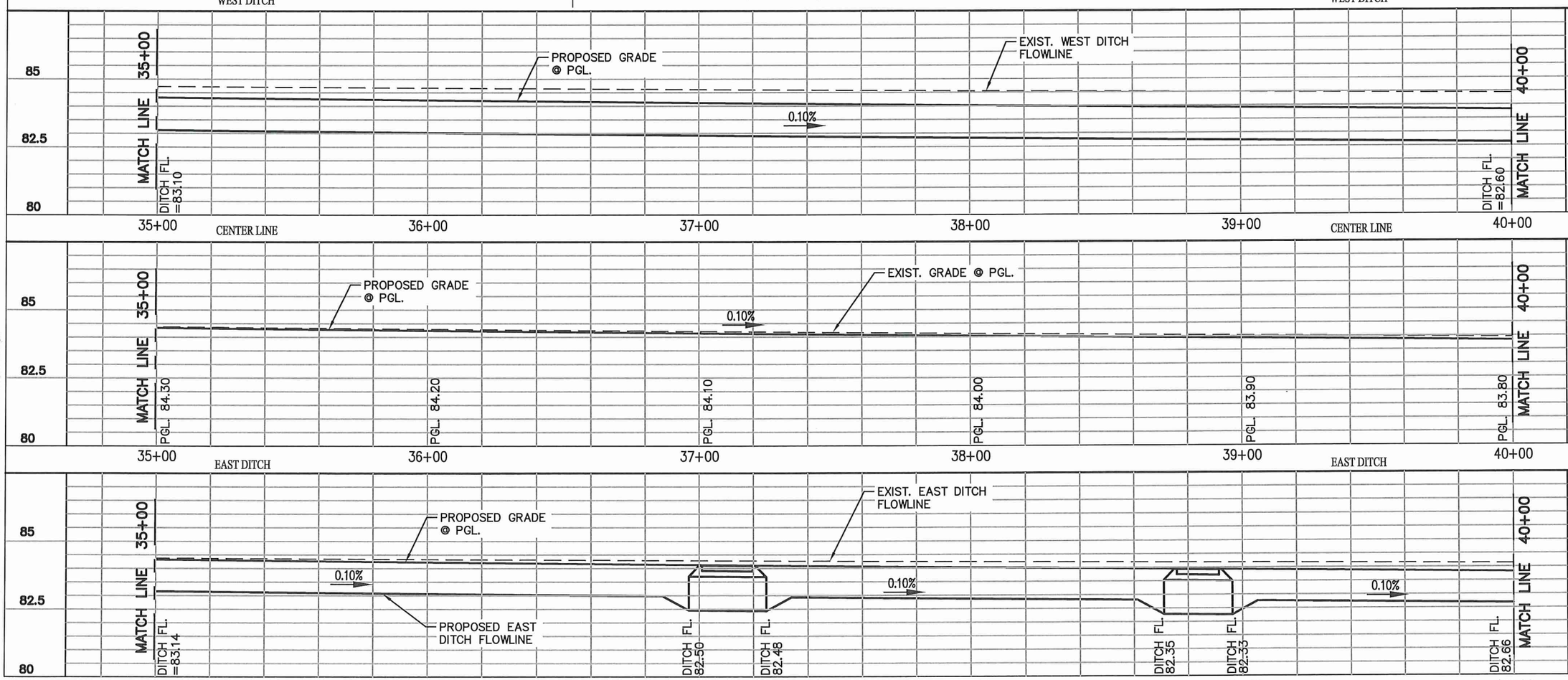

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 35+00 TO 40+00

STATE OF TEXAS
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6-30-16

Civil Engineering
Environmental Engineering
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Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
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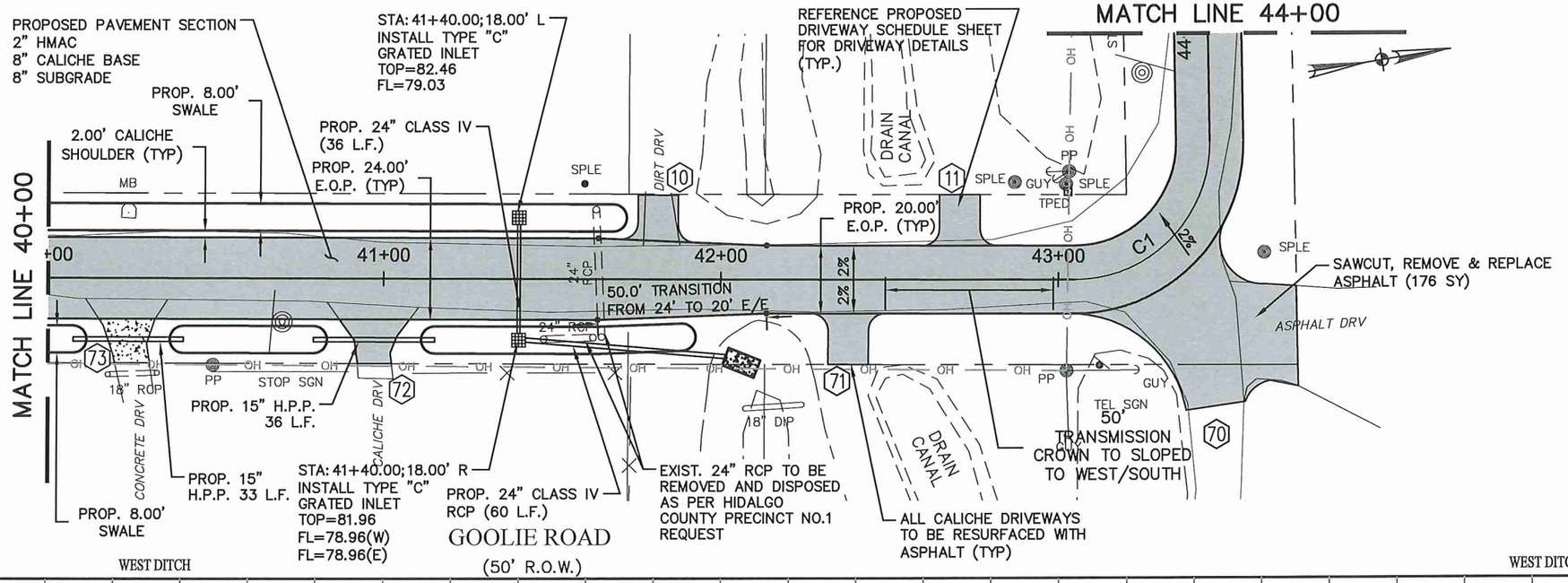

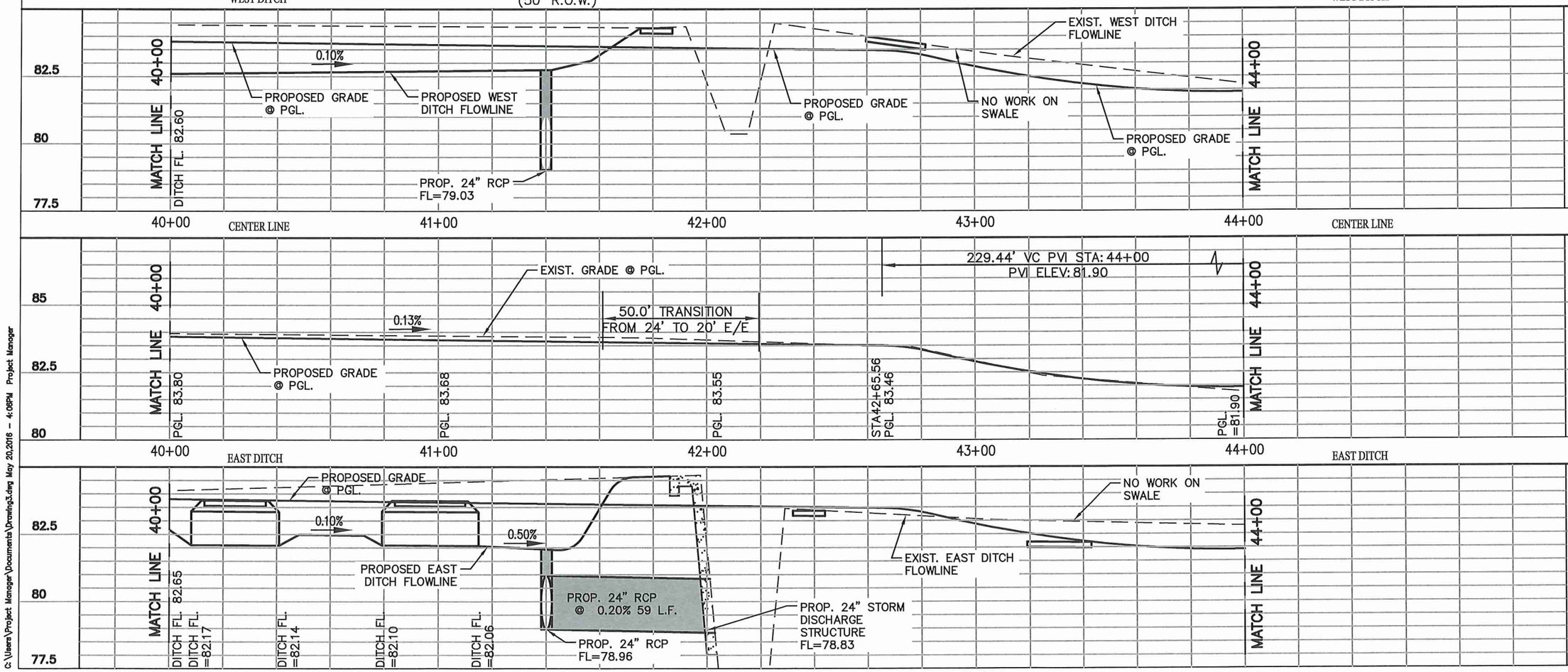

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 40+00 TO 44+00

STATE OF TEXAS
ENRIQUE SALINAS
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LICENSED PROFESSIONAL ENGINEER
5-30-16

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Environmental Engineering
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612 Nolana, Suite 520
McAllen, Texas 78504
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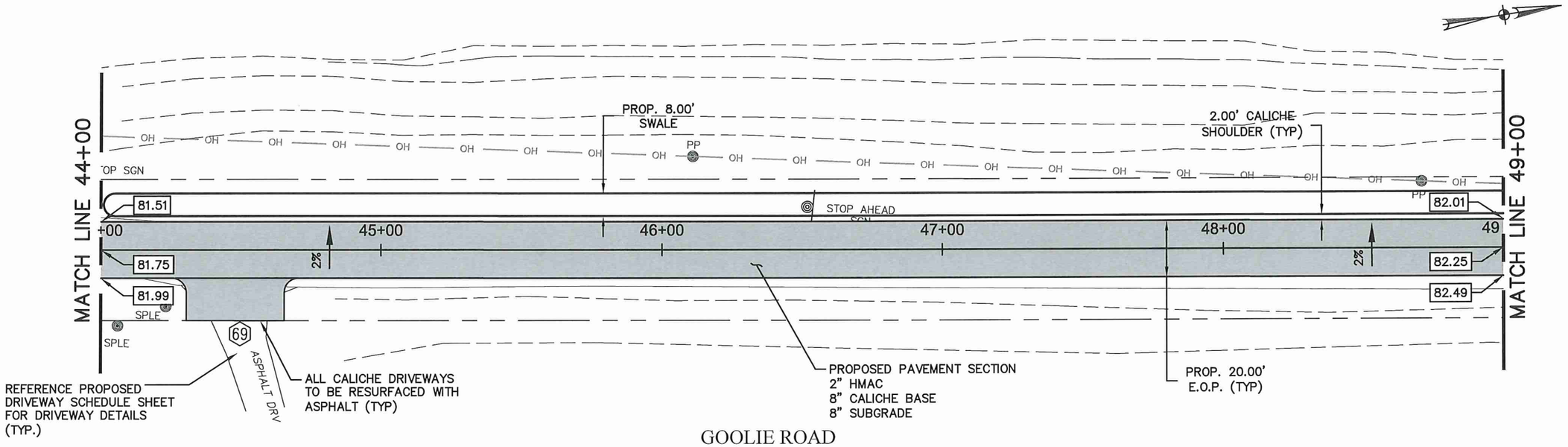

GOOLIE ROAD

(50' R.O.W.)

NO.	DATE	REVISION	APPROV.
1			
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 44+00 TO 49+00

STATE OF TEXAS
ENRIQUE SALINAS
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6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 620
McAllen, Texas 78504
Tel. 956.687.LEMC
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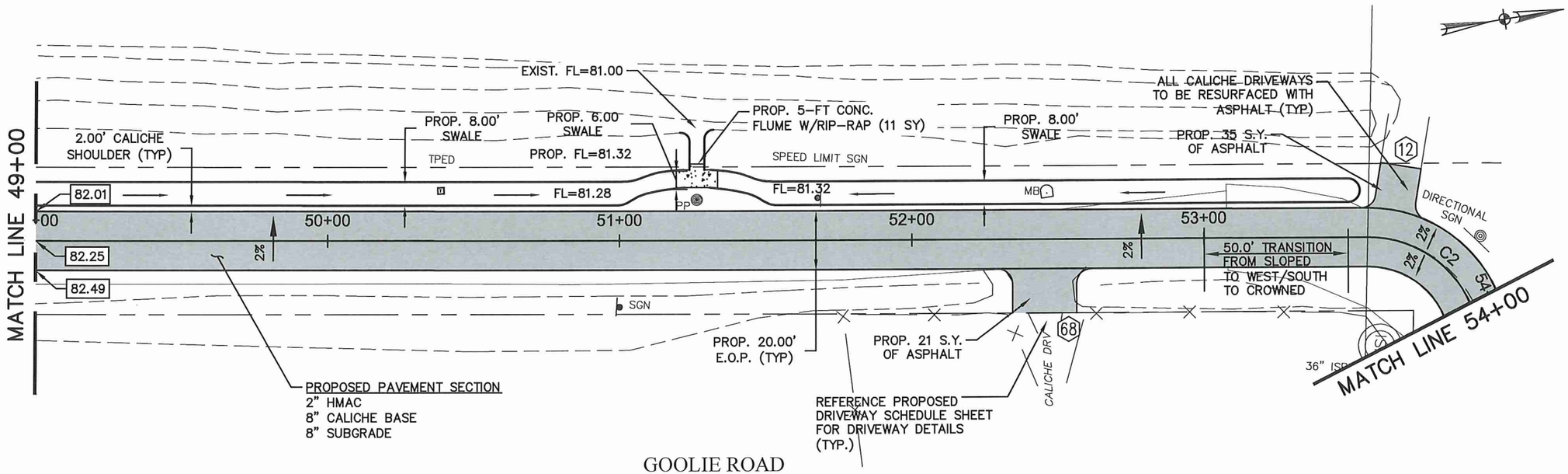
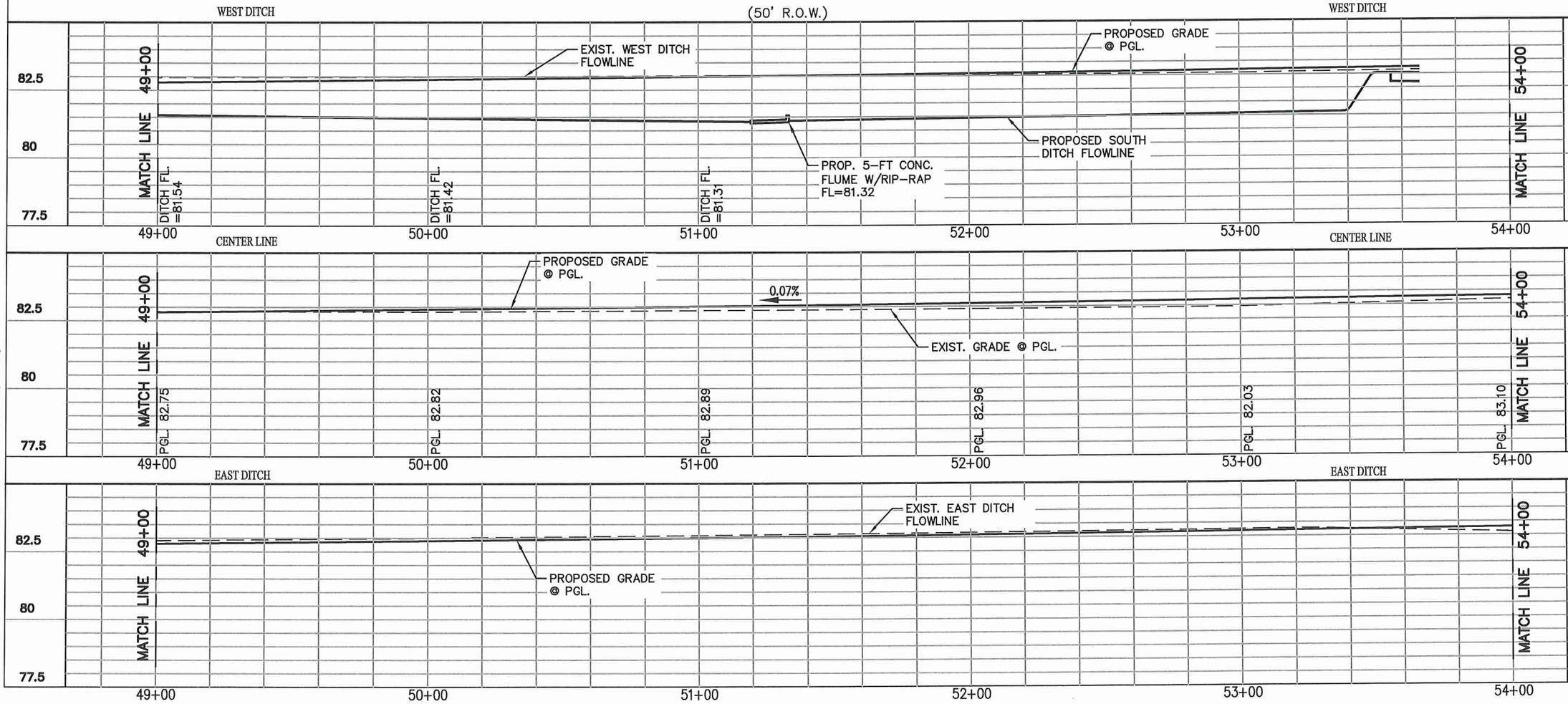


GOOLIE ROAD

(50' R.O.W.)



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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 49+00 TO 54+00

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Environmental Engineering
Planning
Project Management
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Job No.	P-194
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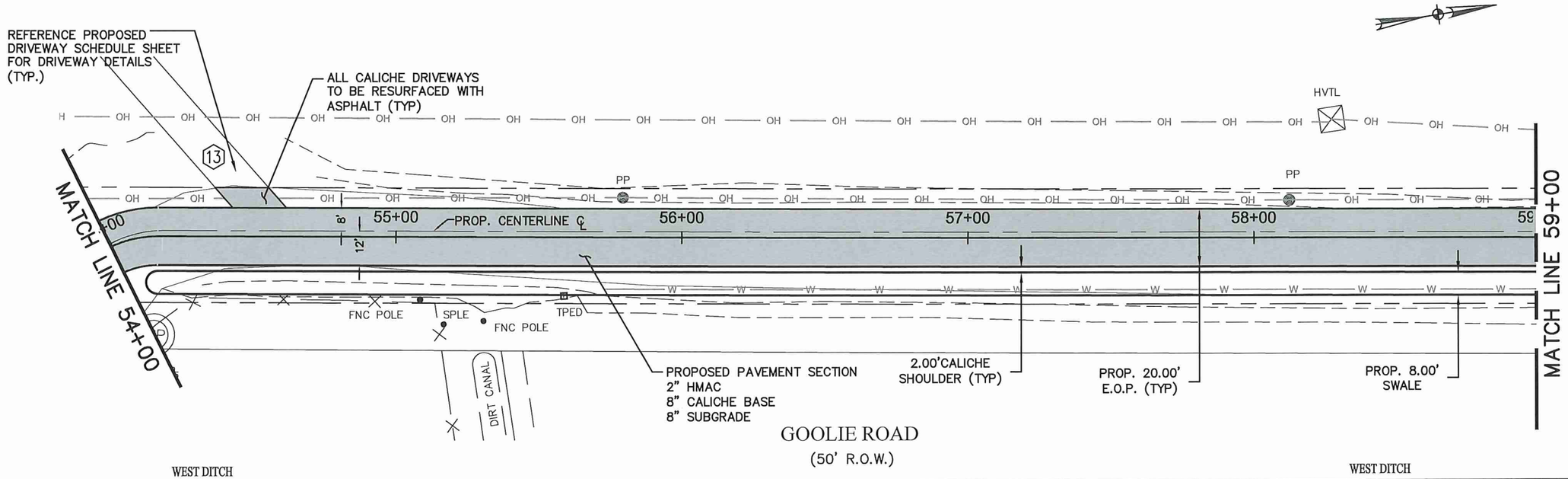
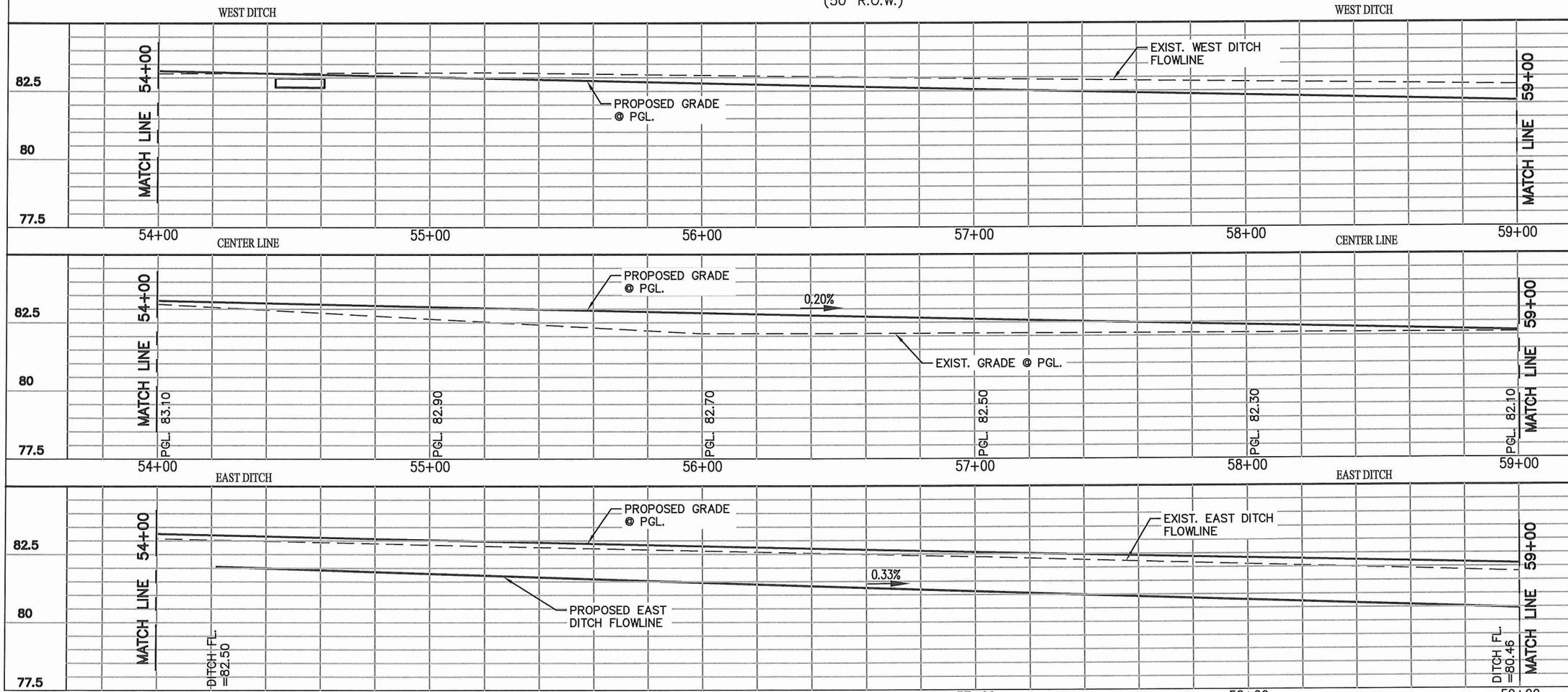
C:\Users\Project Manager\Documents\Drawing3.dwg May 20,2016 - 4:08PM Project Manager



GOOLIE ROAD
(50' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 54+00 TO 59+00

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5563
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, L.L.C.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
Checked	E.S.
Date	JUNE, 2016
Job No.	P-194
Sheet	16 of 35

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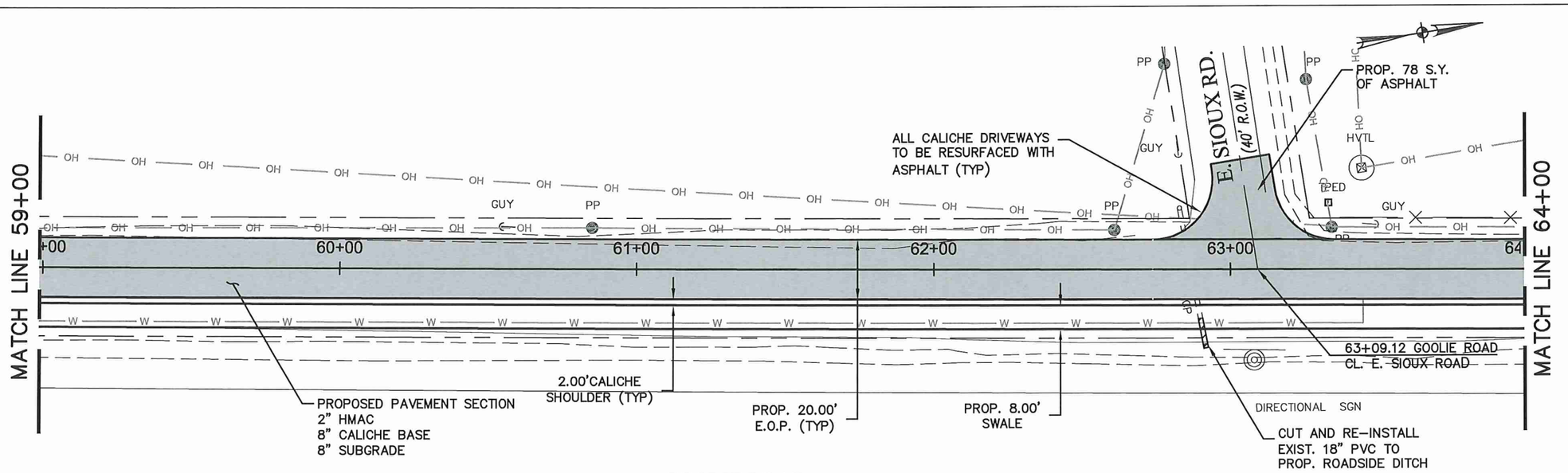
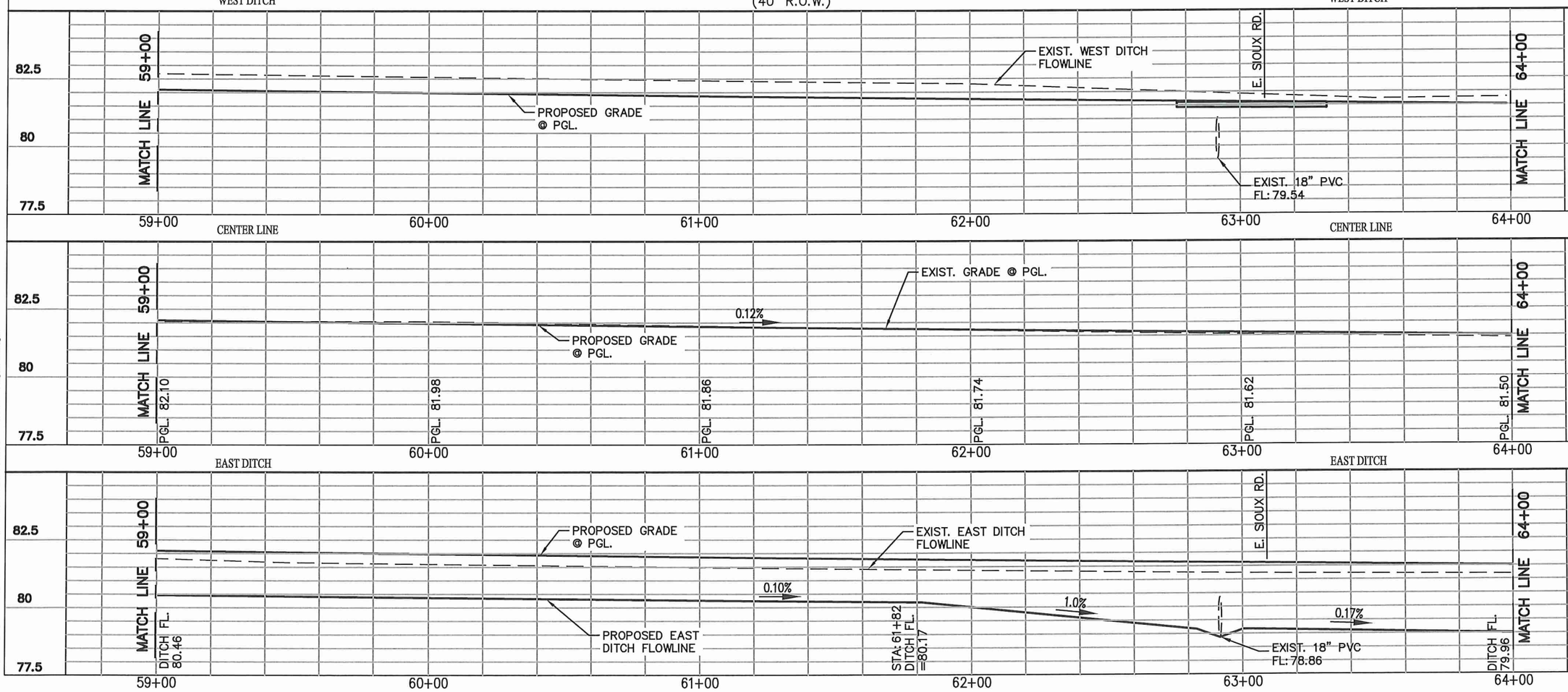


GOOLIE ROAD
(40' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 59+00 TO 64+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.5500
Fax. 956.687.5363
Texas Registered Engineering Firm F-1722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
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Date	JUNE, 2016
Job No.	P-194
Sheet	17 of 35

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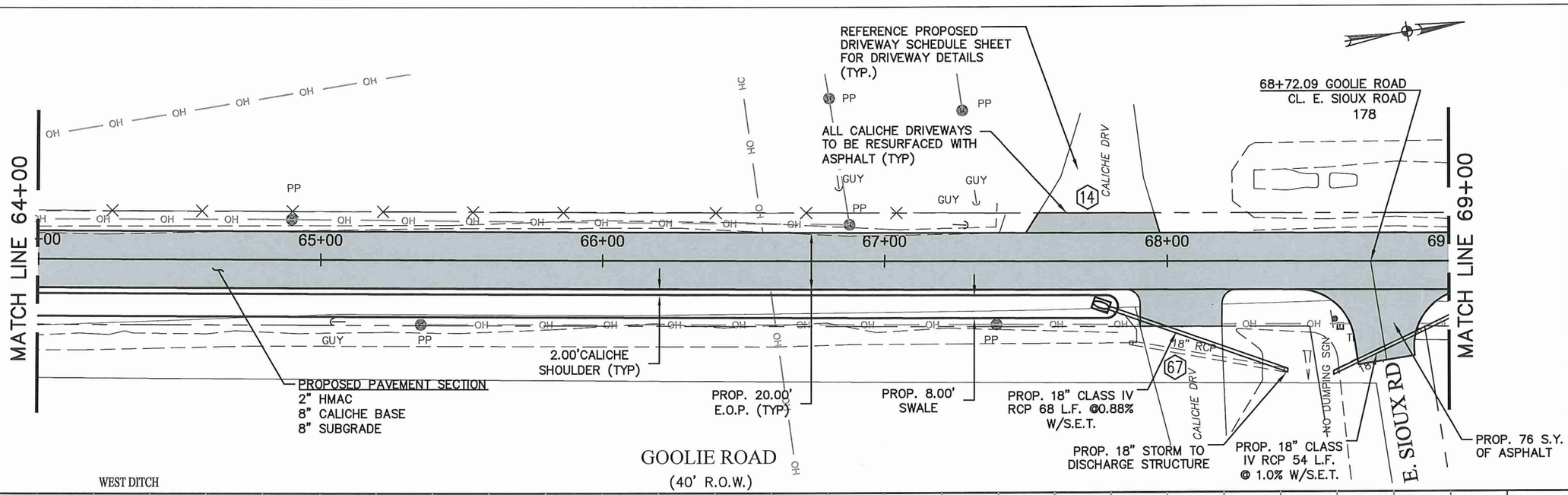

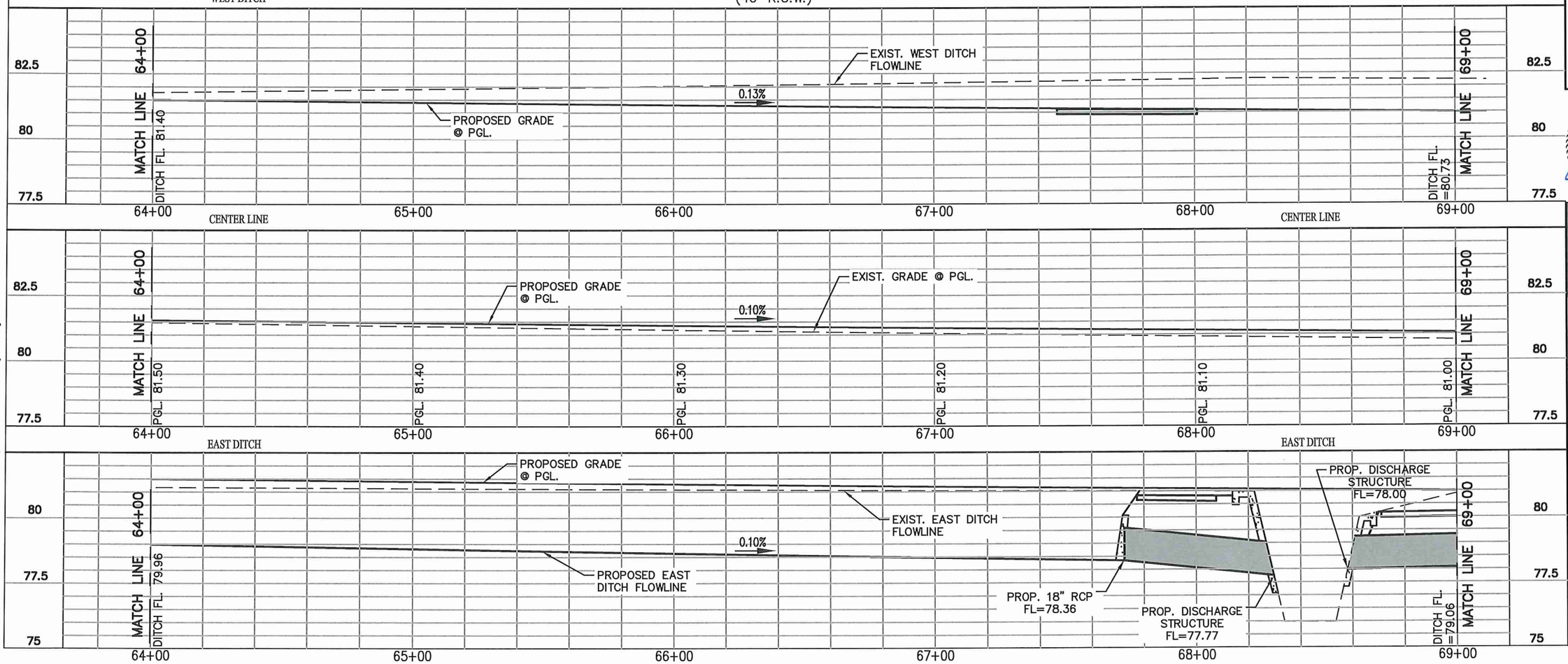

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 64+00 TO 69+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5863

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
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Date	JUNE, 2016
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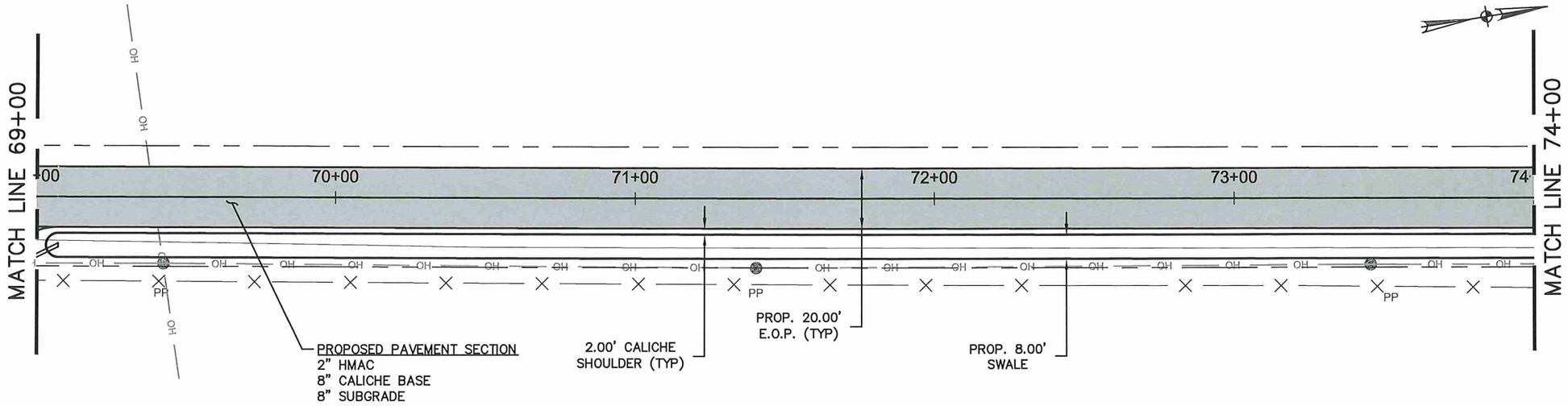
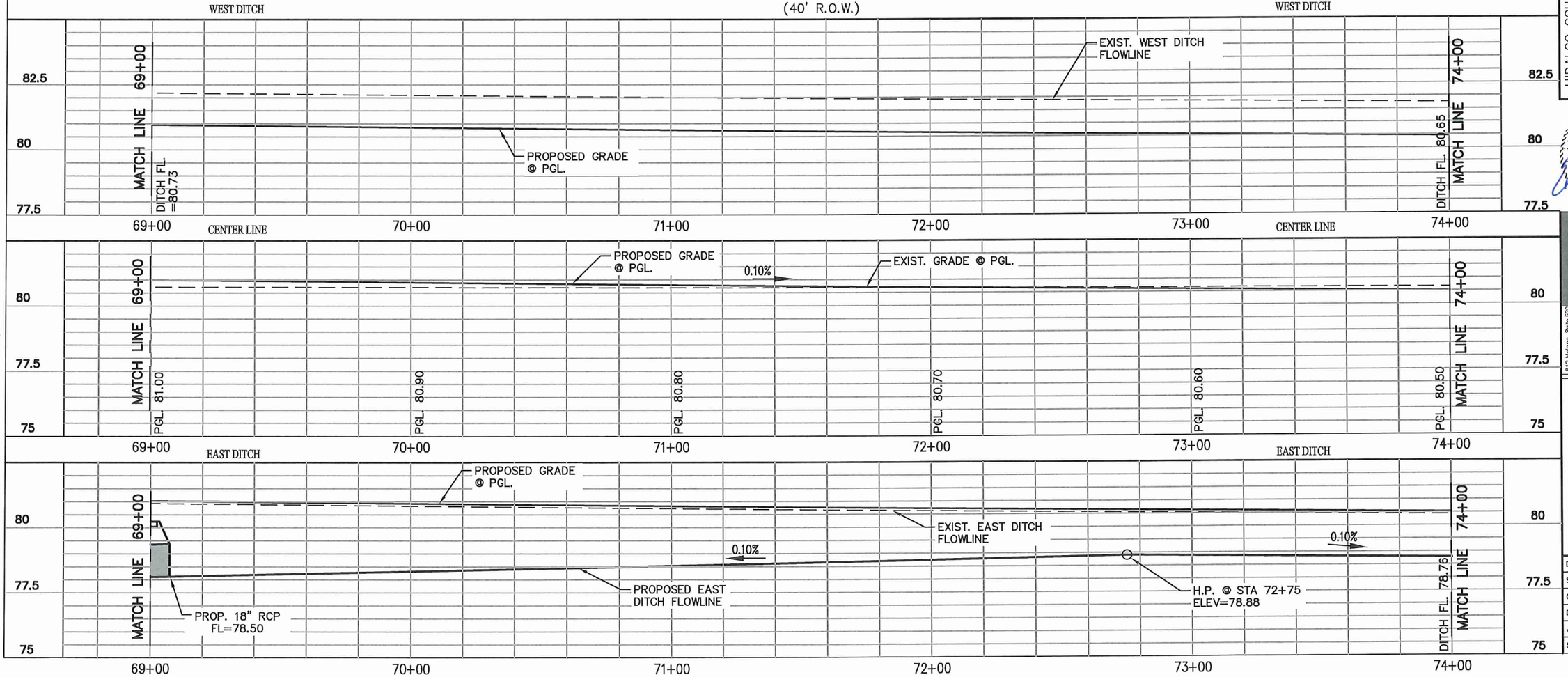


GOOLIE ROAD

(40' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 69+00 TO 74+00

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.
Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 620
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
Checked	E.S.
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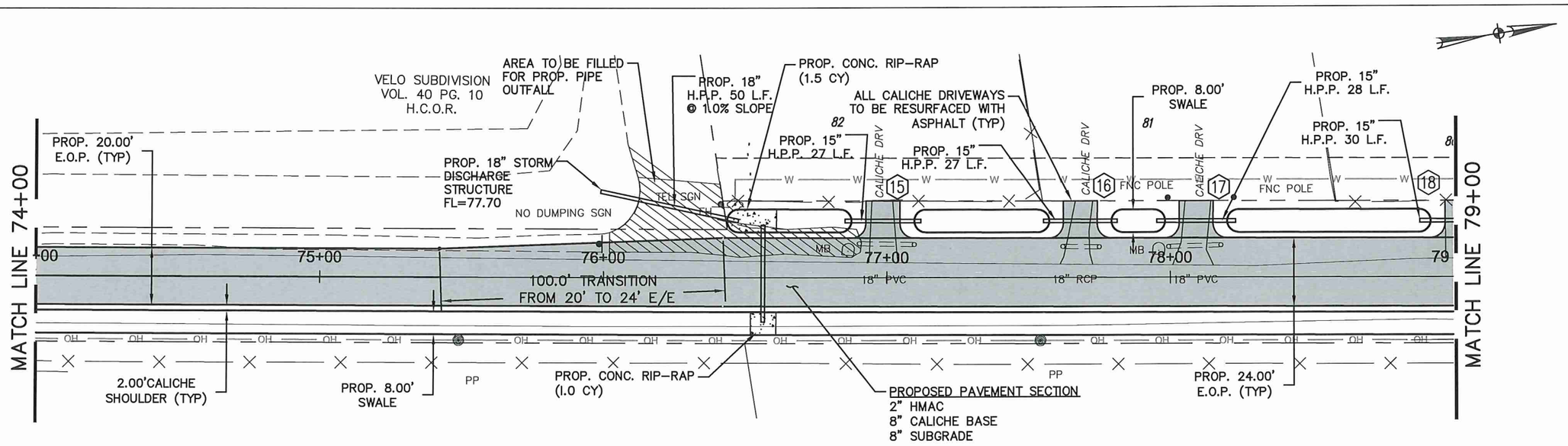
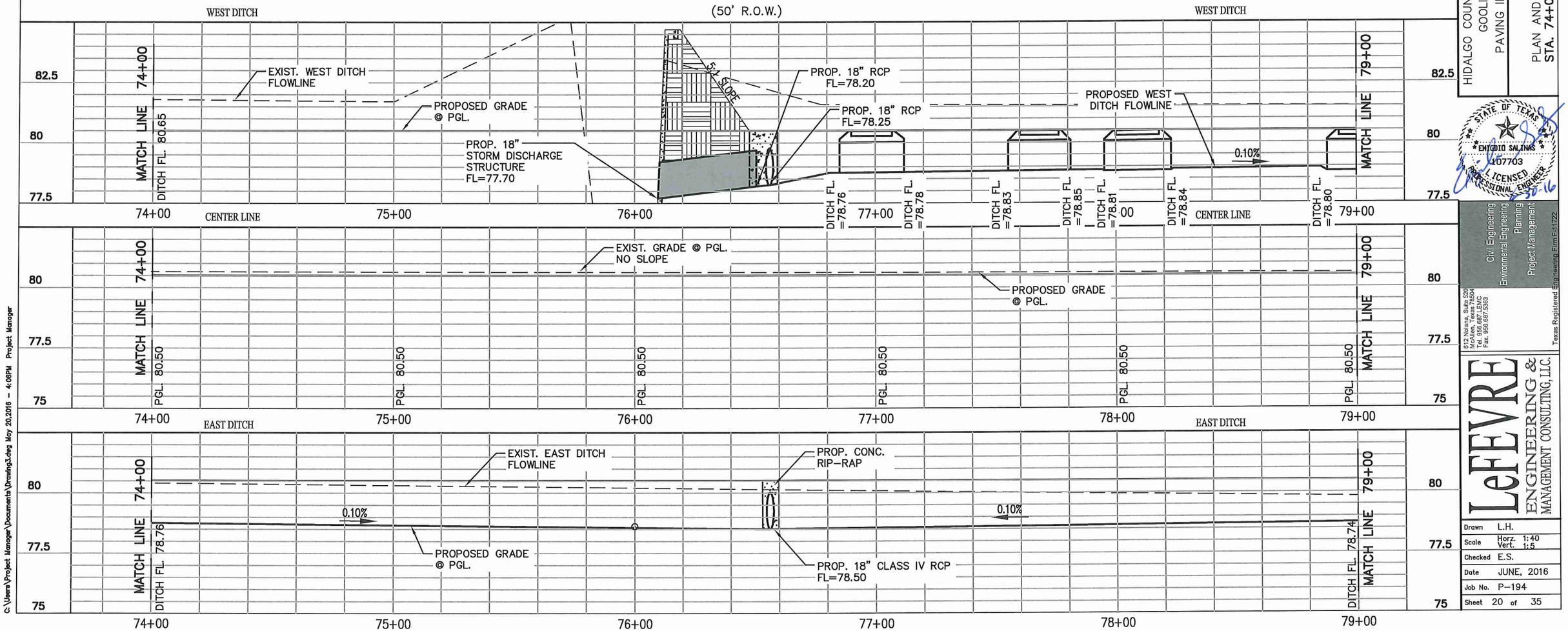


GOOLIE ROAD
(50' R.O.W.)



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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 74+00 TO 79+00

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.
Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.1400
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

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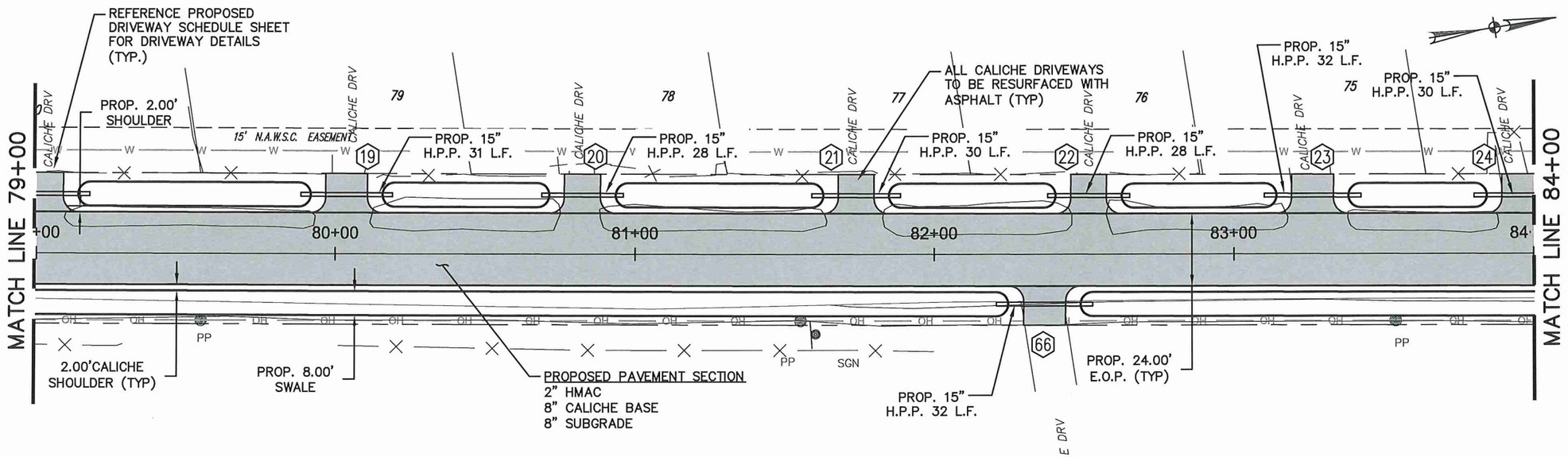
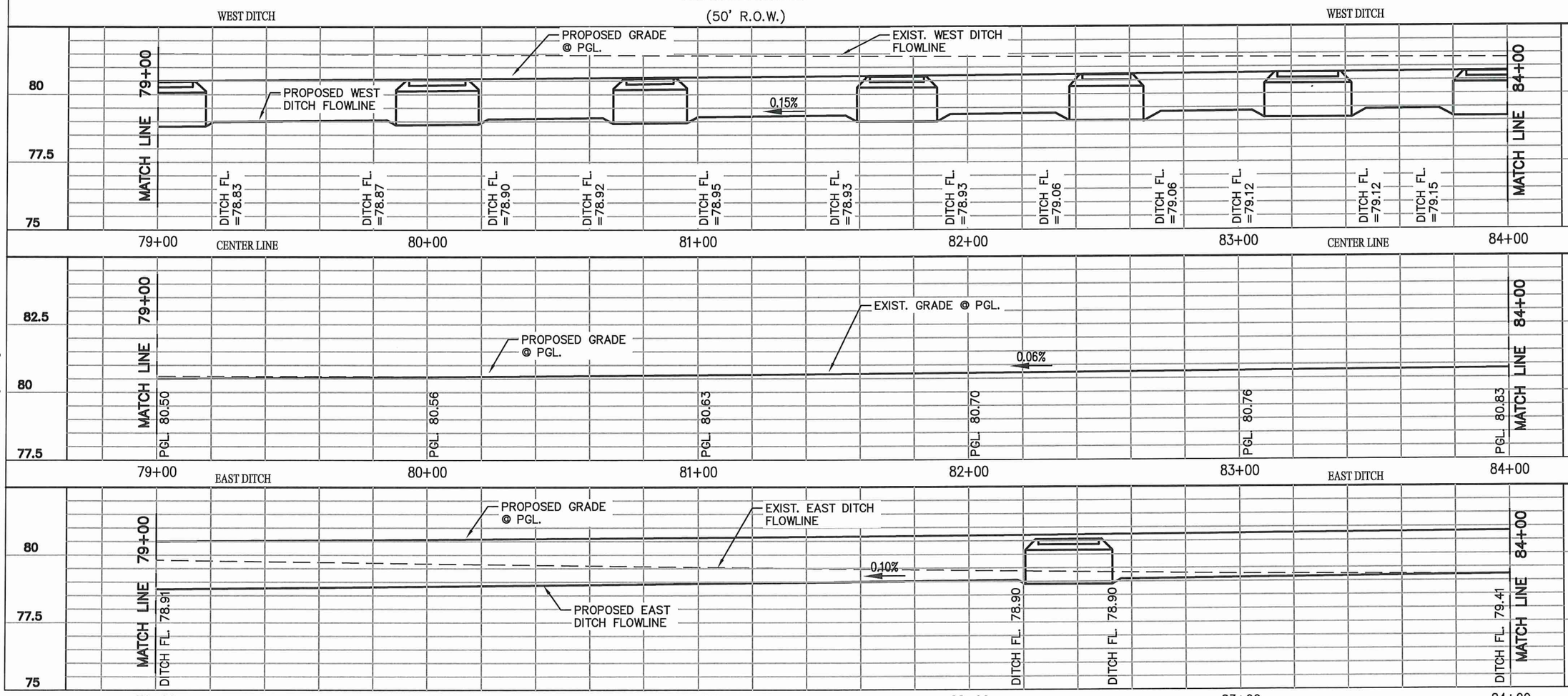


GOOLIE ROAD

(50' R.O.W.)



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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 79+00 TO 84+00

STATE OF TEXAS
ENIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
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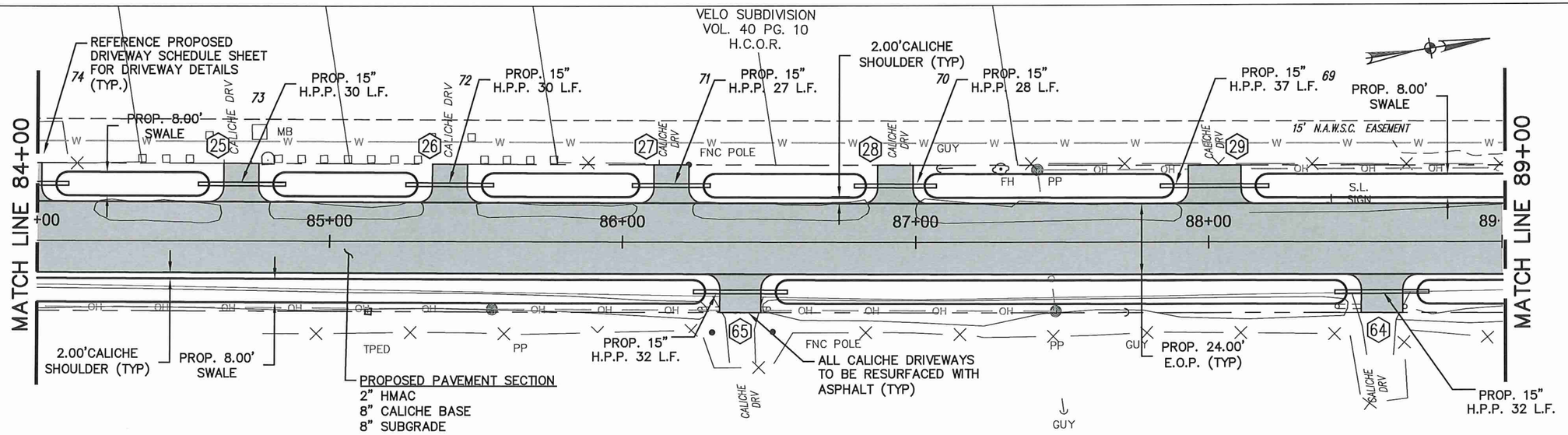

GOOLIE ROAD
(50' R.O.W.)

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 84+00 TO 89+00

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363

Texas Registered Engineering Firm F-1722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
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Date	JUNE, 2016
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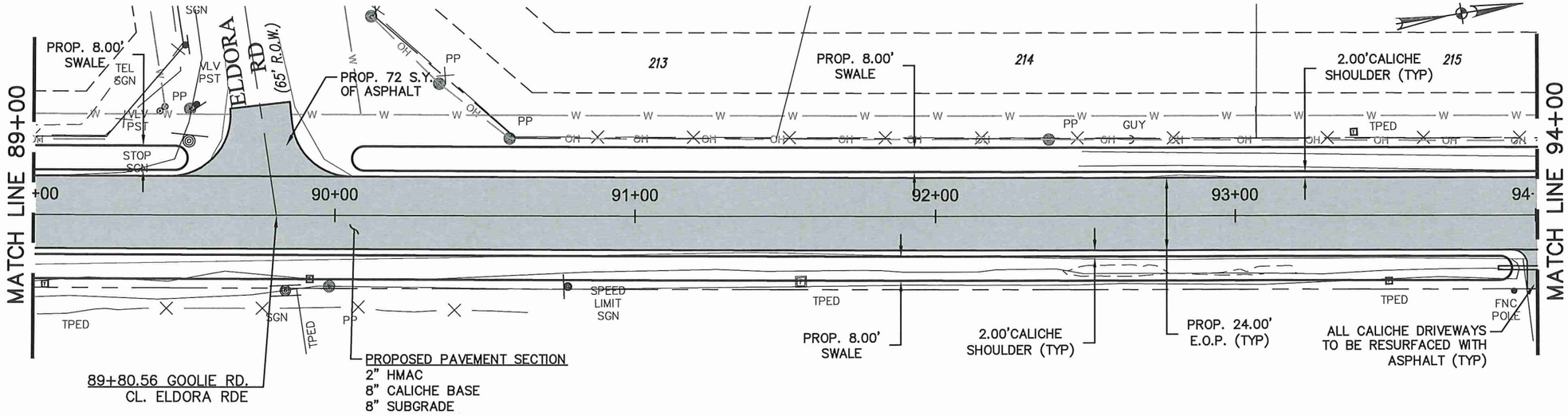
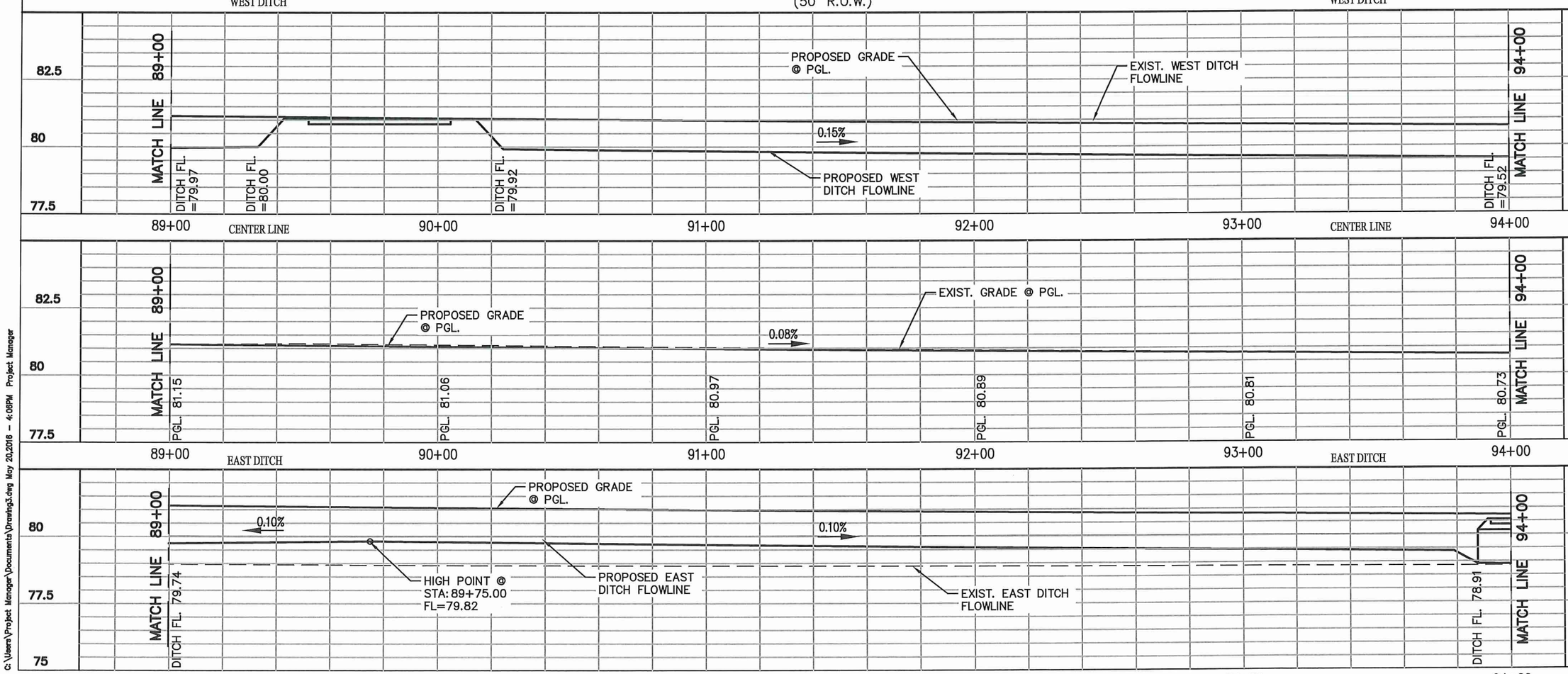


GOOLIE ROAD
(50' R.O.W.)



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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 89+00 TO 94+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363
Texas Registered Engineering Firm F-1722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
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Date	JUNE, 2016
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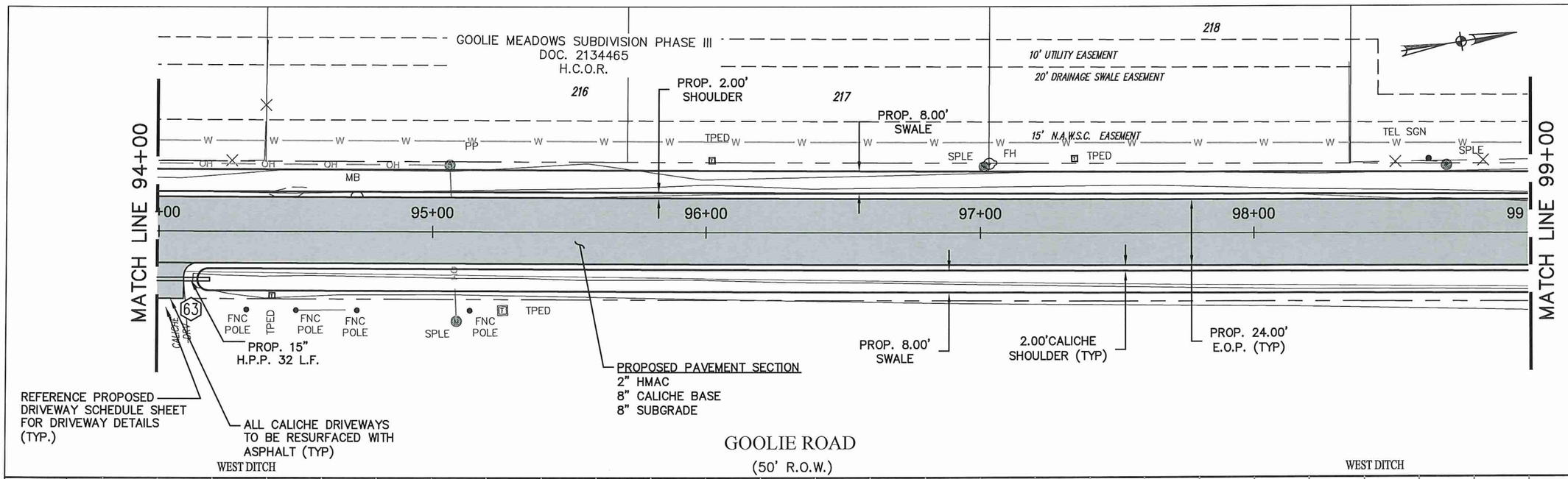

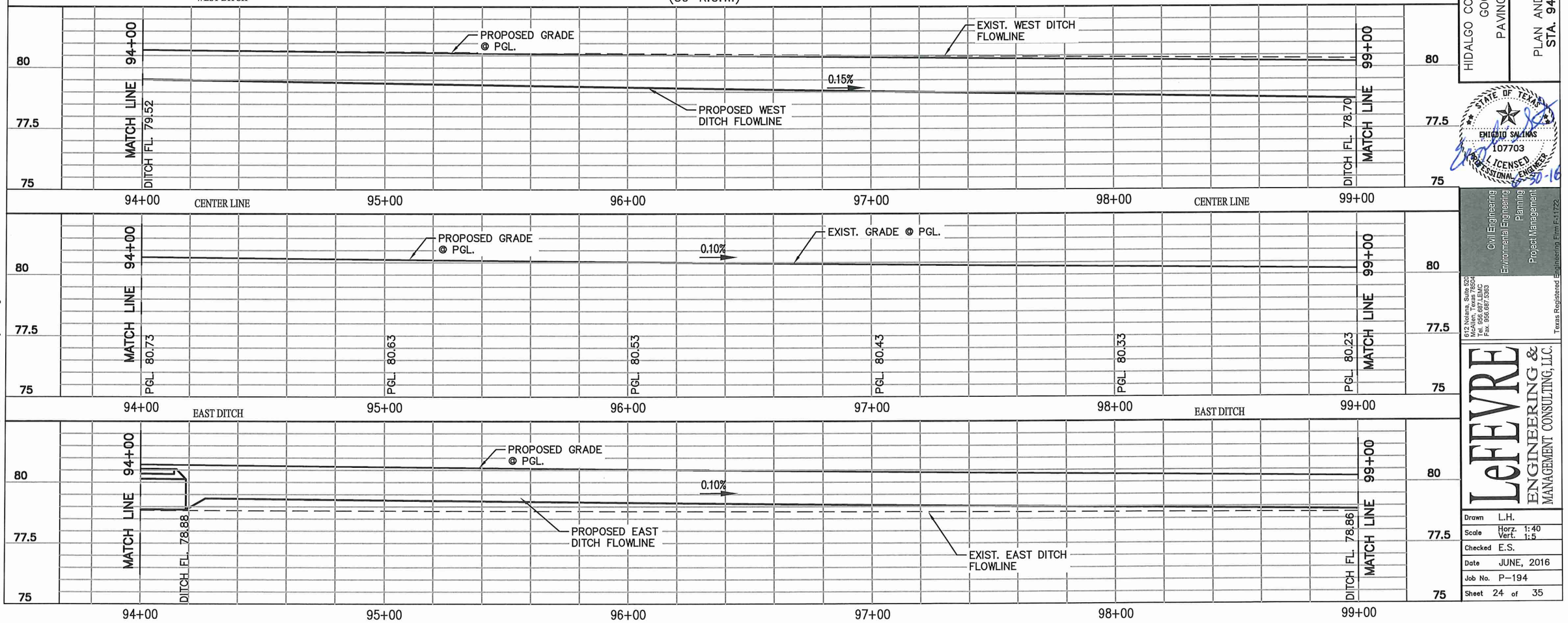

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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 94+00 TO 99+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.1616
Fax. 956.687.5363

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
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Date	JUNE, 2016
Job No.	P-194
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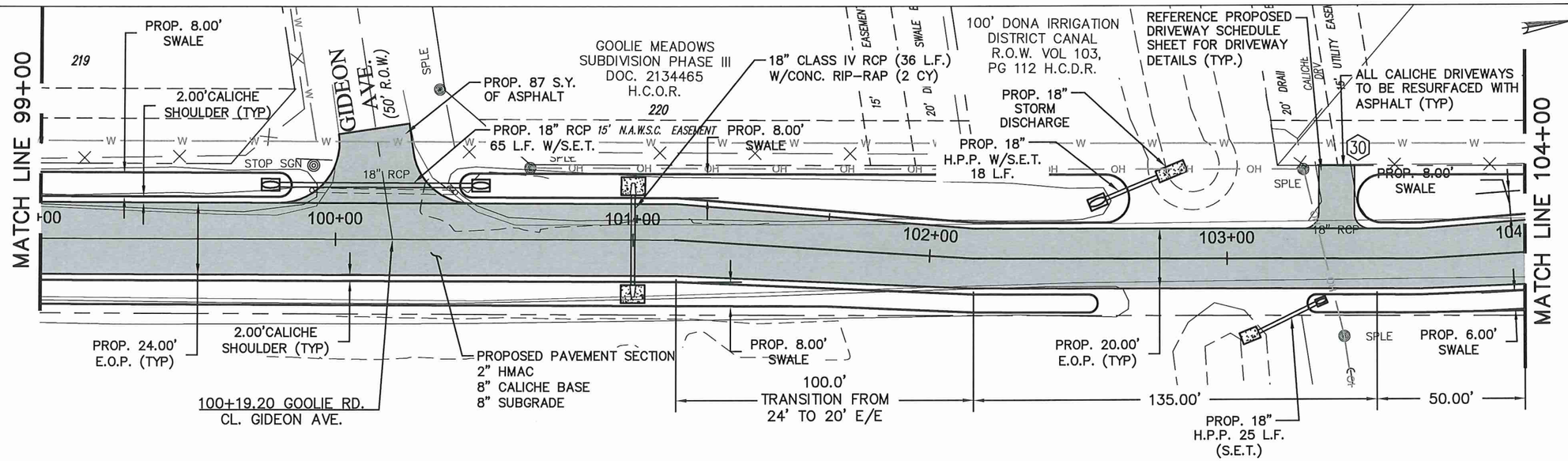

GOOLIE ROAD
(50' R.O.W.)

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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 99+00 TO 104+00

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
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Date	JUNE, 2016
Job No.	P-194
Sheet	25 of 35

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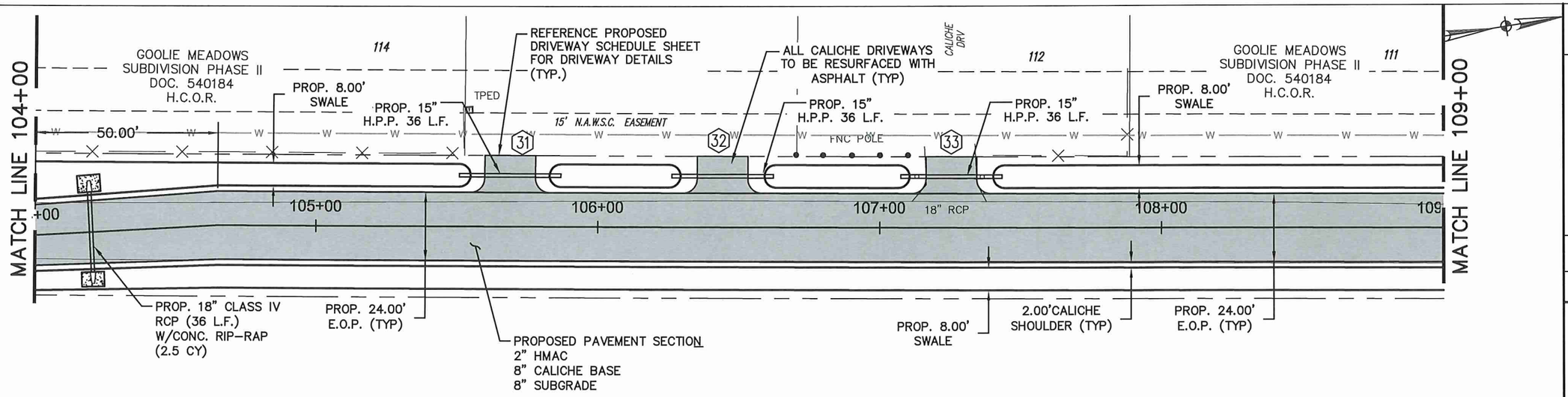
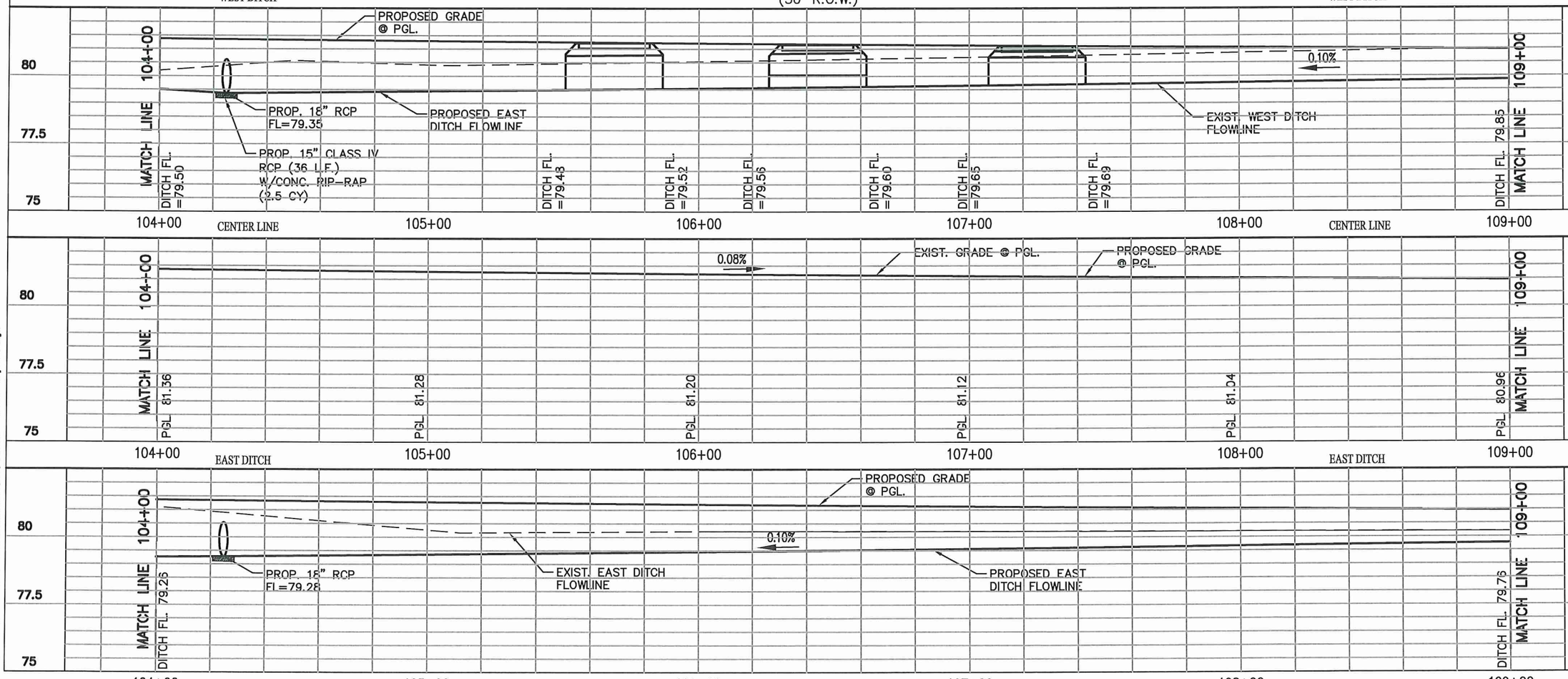


GOOLIE ROAD
(50' R.O.W.)



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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 104+00 TO 109+00

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER

Civil Engineering
Environmental Engineering
Planning
Project Management

610 Nolana, Suite 620
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363

Texas Registered Engineering Firm F-1722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
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Date	JUNE, 2016
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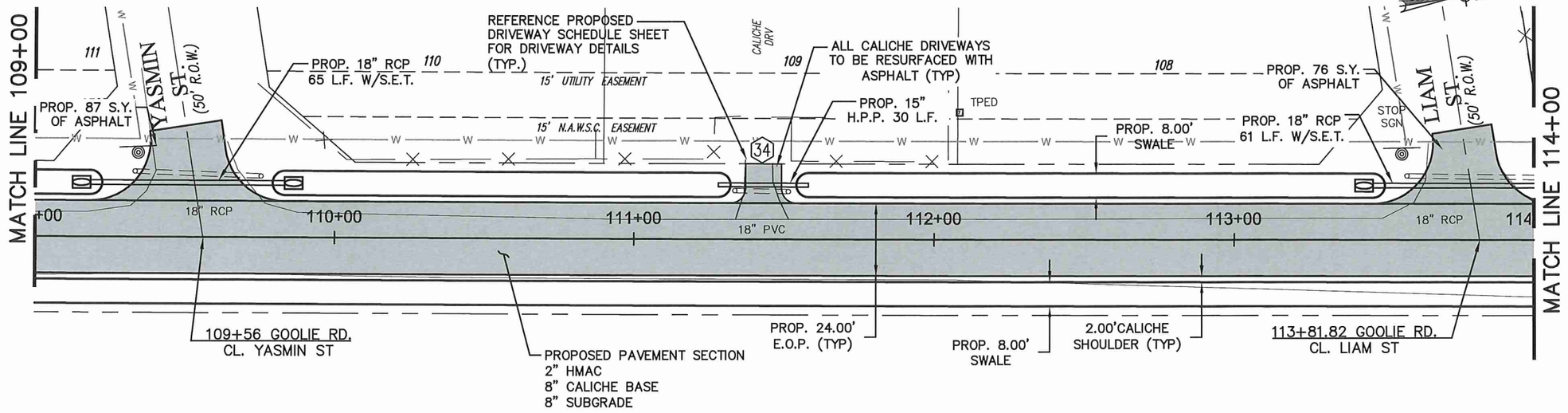
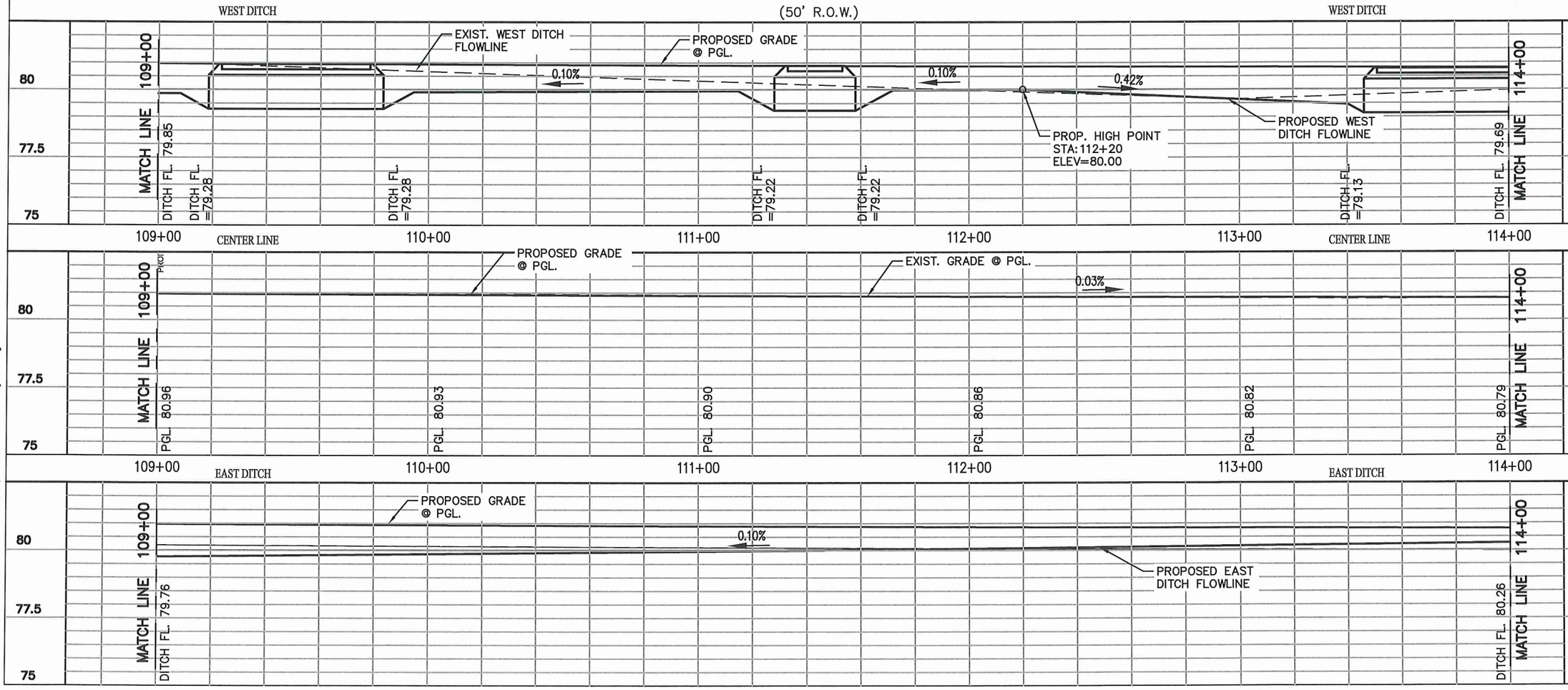


GOOLIE ROAD
(50' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 109+00 TO 114+00

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

Texas Registered Engineering Firm F-11722

610 Nolana, Suite 620
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5363

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
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Job No.	P-194
Sheet	27 of 35

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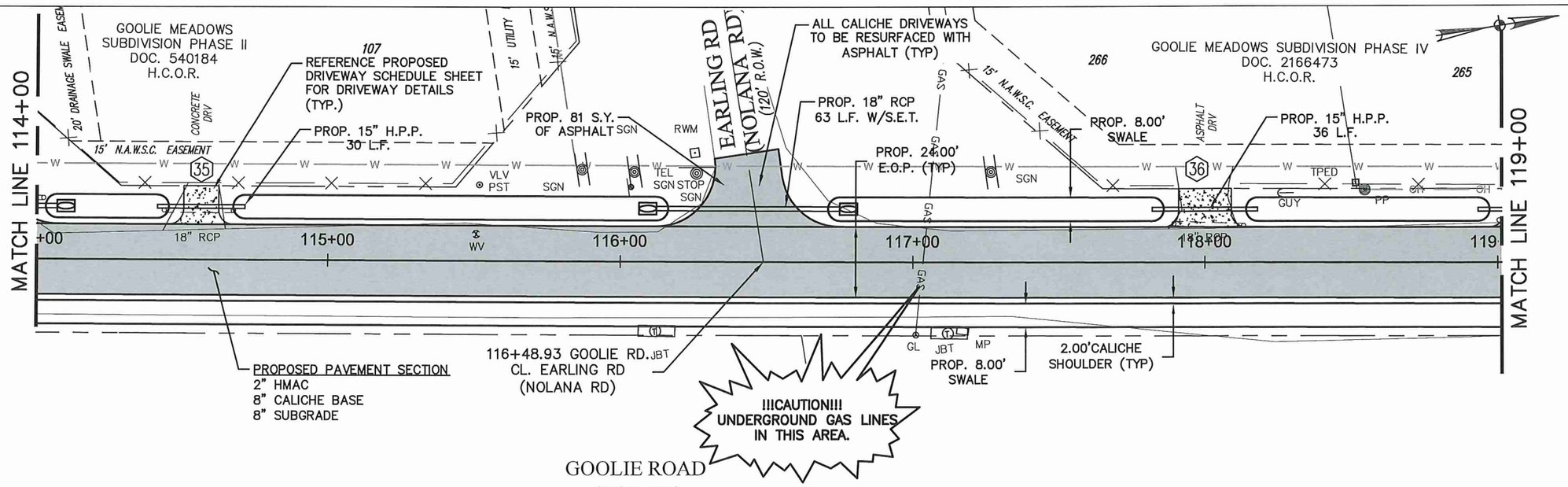

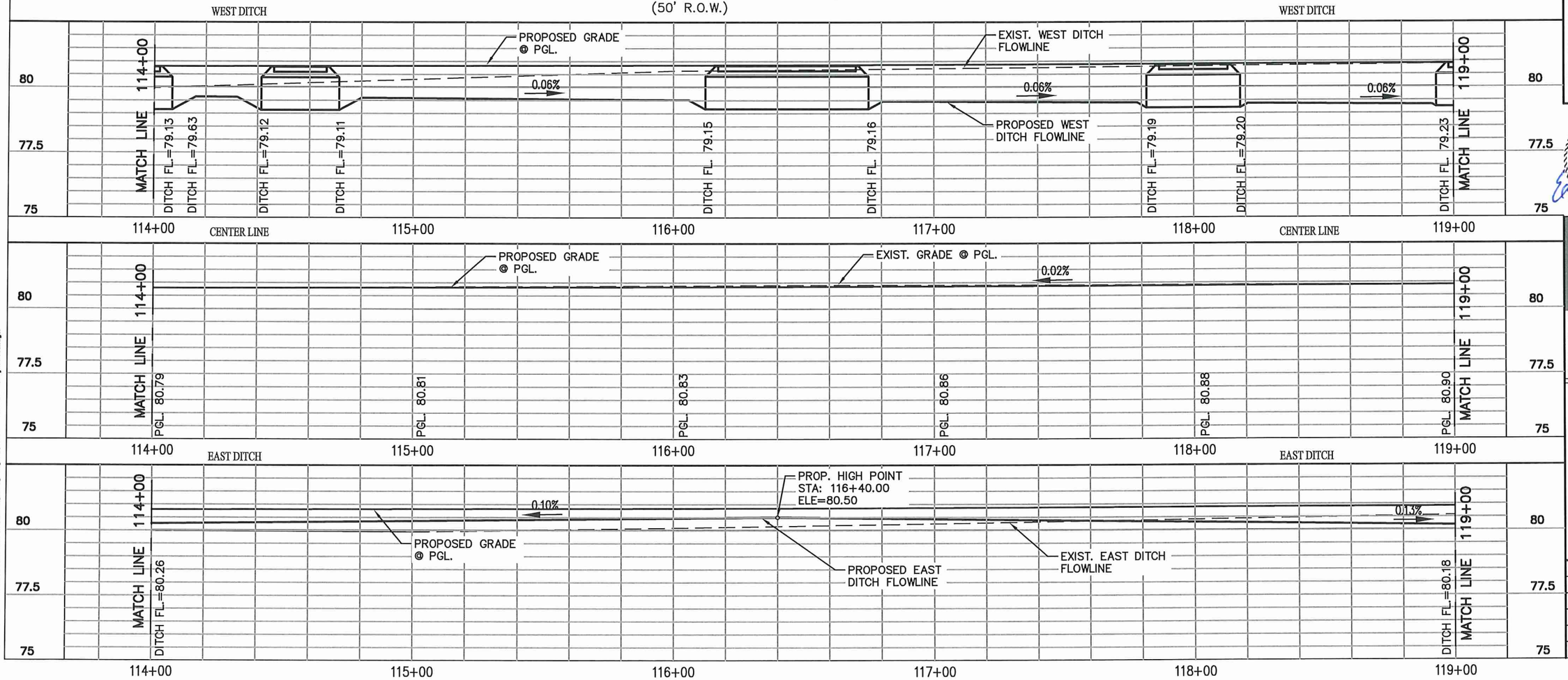

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 114+00 TO 119+50

STATE OF TEXAS
EMIGDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.5500
Fax. 956.687.5563
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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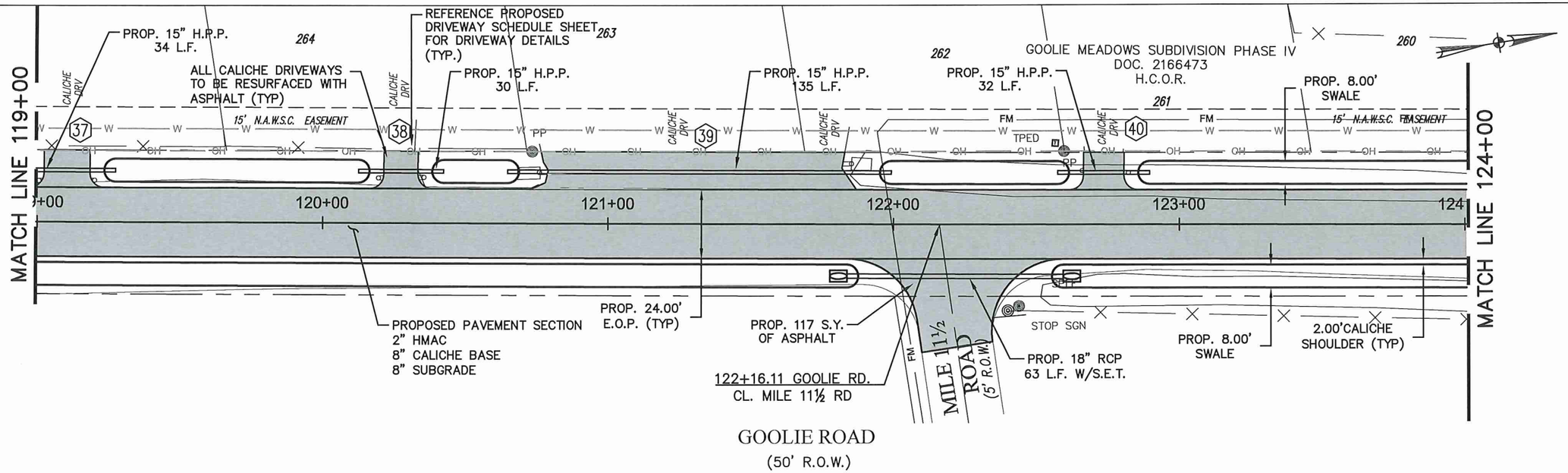
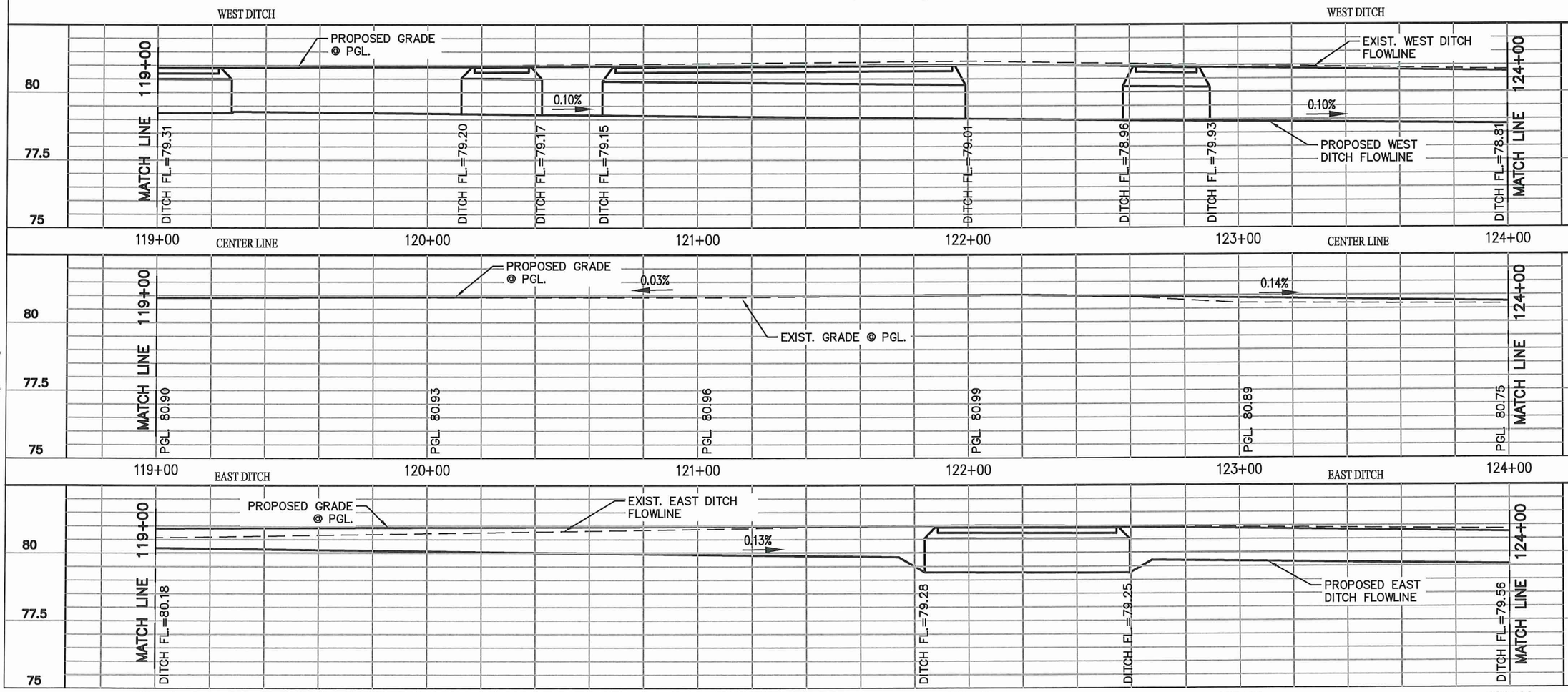
Job No.	P-194
Sheet	28 of 35

C:\Users\Project Manager\Documents\Drawing3.dwg May 20,2016 - 4:08PM Project Manager





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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 119+00 TO 124+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5863
Texas Registered Engineering Firm F-1722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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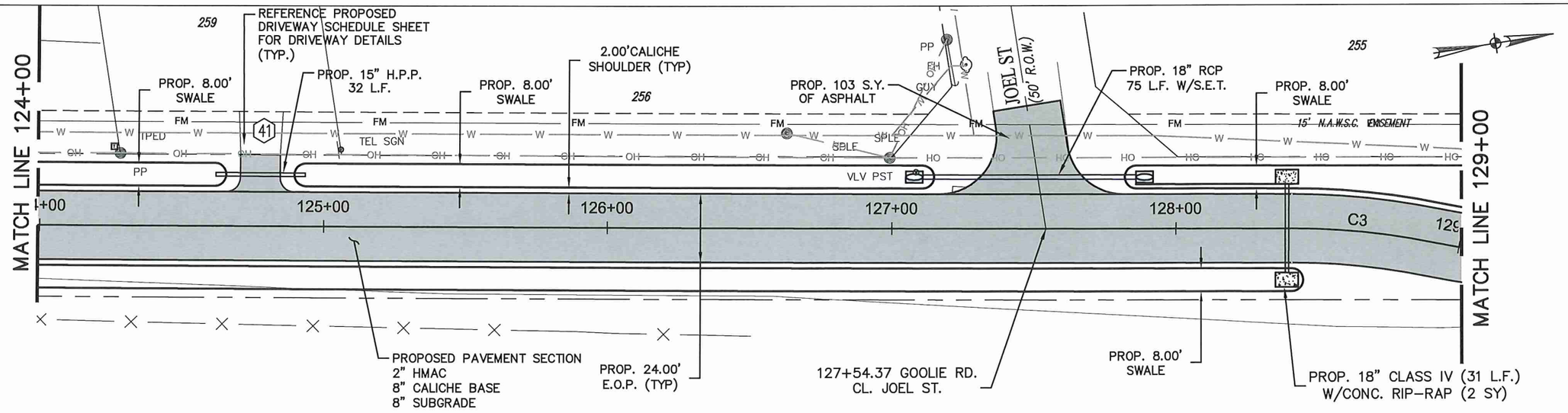
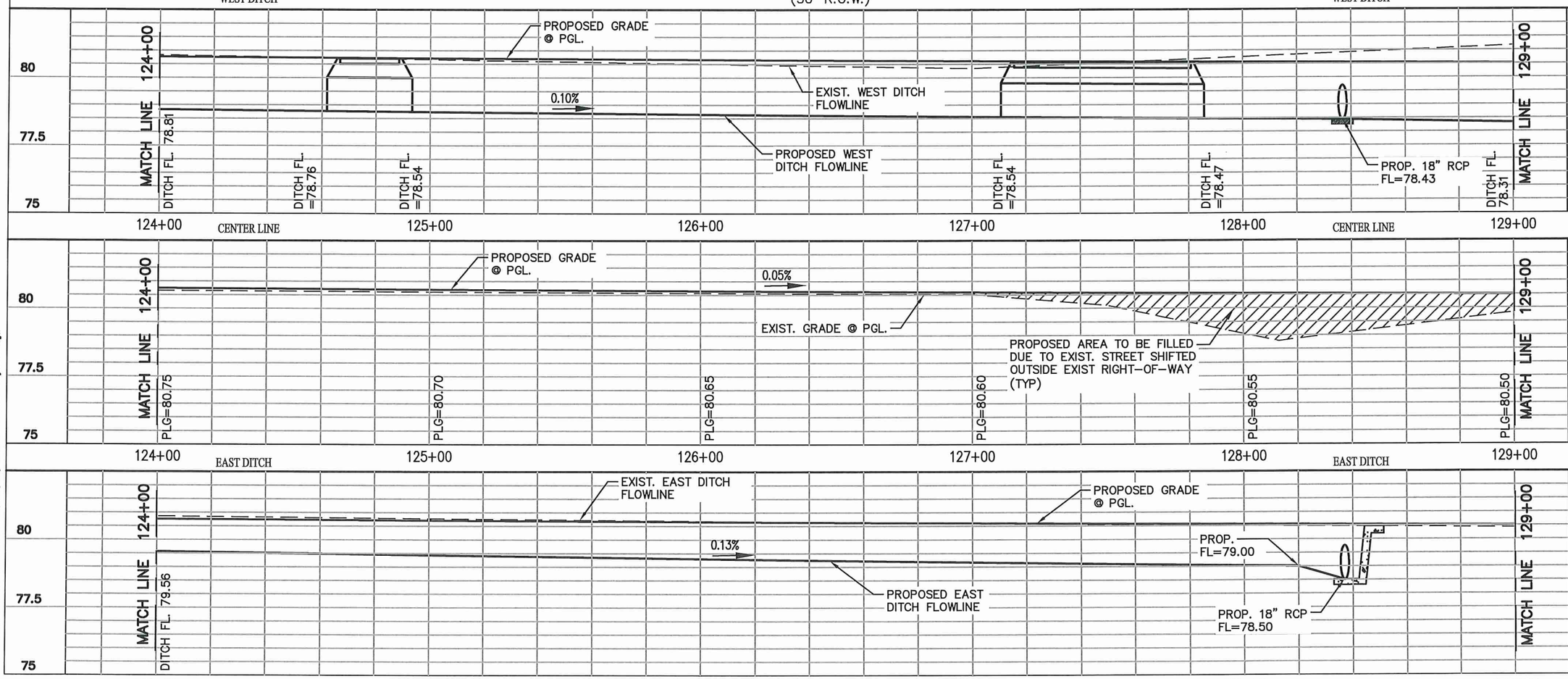


GOOLIE ROAD
(50' R.O.W.)



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HIDALGO COUNTY PRECINCT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 124+00 TO 129+00

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5863
Texas Registered Engineering Firm F-11722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
Checked	E.S.
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PROP. 36" STORM DISCHARGE STRUCTURE FL=73.30

PROP. 18" CLASS IV RCP 42 L.F. W/S.E.T. @2.0%

PROP. 18.0' SWALE

STA: 130+17.47
PROP. 5'X5' TYPE "M" MANHOLE
TOP=81.00
FL=73.25 (36")
FL=77.45 (18"S)
FL=77.30 (18"N)

REFERENCE PROPOSED DRIVEWAY SCHEDULE SHEET FOR DRIVEWAY DETAILS (TYP.)

PROP. 18" CLASS IV RCP 50 L.F. W/S.E.T. @2.0%

PROP. 15" H.P.P. 28 L.F.

PROP. 15" H.P.P. 27 L.F.

PROP. 15" H.P.P. 29 L.F.

PROP. 8.00' SWALE

PROP. 15" H.P.P. 30 L.F.

GOOLIE HEIGHTS SUBDIVISION
VOL. 42 PG. 38

MATCH LINE 129+00

MATCH LINE 134+00

EXIST. DRAIN DITCH TO BE FILLED AND COMPACTED, AS PER PLAN & SPECIFICATIONS

REMOVE EXIST. 18" RCP (2) 78L.F. & REPLACE W/36" CLASS III RCP (78)L.F. @ 0.02% SLOPE

PROP. 36" STORM DISCHARGE STRUCTURE FL=73.14

PROPOSED PAVEMENT SECTION
2" HMAC
8" CALICHE BASE
8" SUBGRADE

PROP. 18" CLASS IV RCP (36L.F.) @ .20%

PROP. 24.00' E.O.P. (TYP)

PROP. 8.00' SWALE

2.00'CALICHE SHOULDER (TYP)

GOOLIE ROAD
(50' R.O.W.)

WEST DITCH

EXIST. WEST DITCH FLOWLINE

PROPOSED GRADE @ PGL.

PROP. 18" RCP FL=78.43

PROPOSED WEST DITCH FLOWLINE

PROP. 18" RCP FL=78.29

PROP. 18" RCP FL=78.30

EAST DITCH

PROPOSED GRADE @ PGL.

EXIST. GRADE @ PGL.

NO SLOPE

EXIST. EAST DITCH FLOWLINE

PROP. 18" RCP FL=78.50

PROPOSED EAST DITCH FLOWLINE

NO DITCH

CENTER LINE

129+00 130+00 131+00 132+00 133+00 134+00

80 77.5 75

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IIMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 129+00 TO 134+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.3883

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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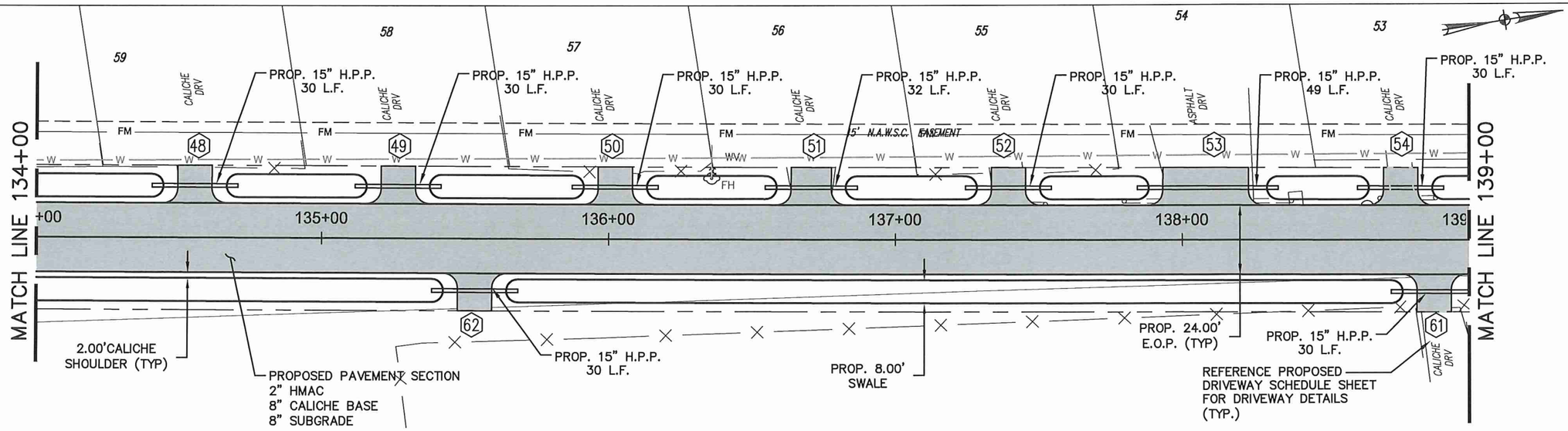
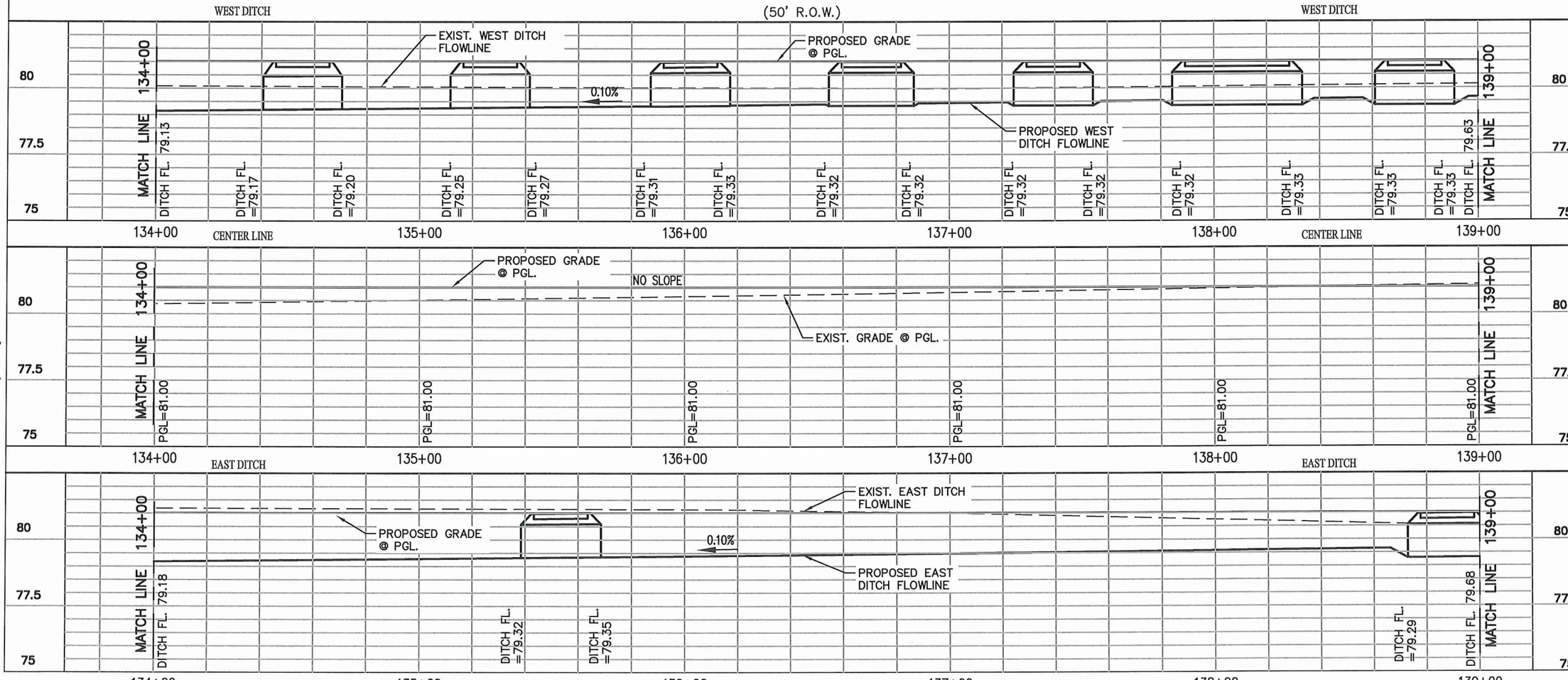


GOOLIE ROAD

(50' R.O.W.)



NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 134+00 TO 139+00

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.LEVC
Fax. 956.687.5363

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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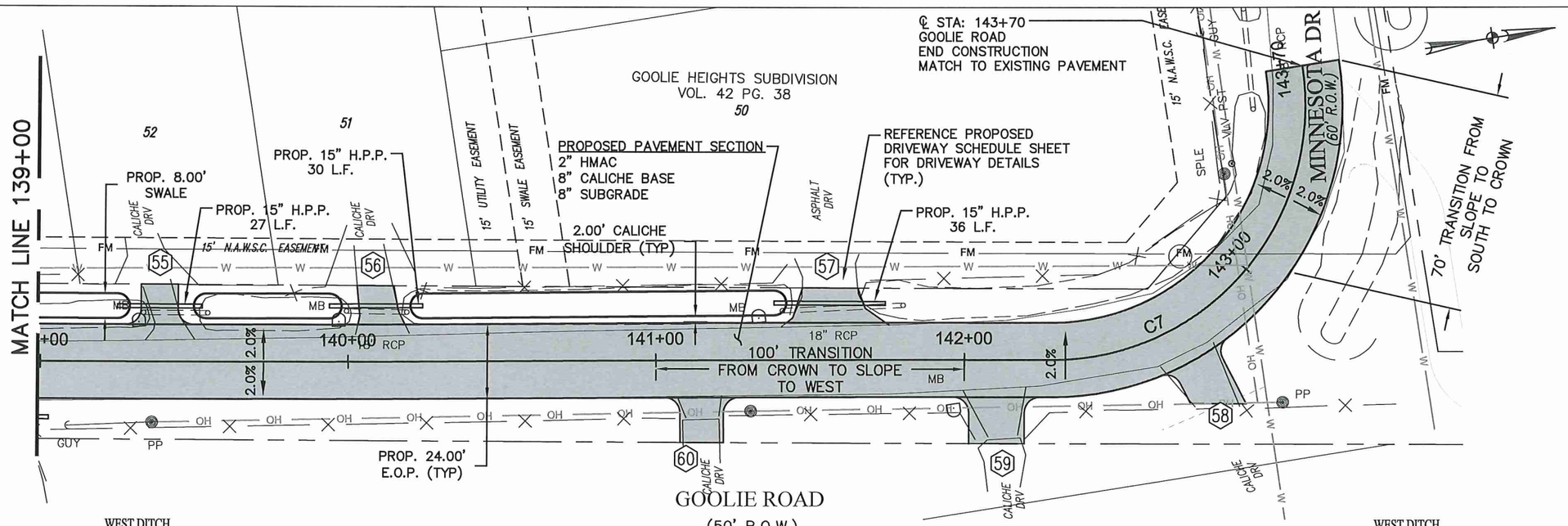

NO.	DATE	REVISION	APPROV.
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HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

PLAN AND PROFILE SHEET
STA. 139+00 TO 143+70

STATE OF TEXAS
EMIDIO SALINAS
107703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 620
McAllen, Texas 78504
Tel. 956.687.LEMC
Fax. 956.687.5563
Texas Registered Engineering Firm F-1722
LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

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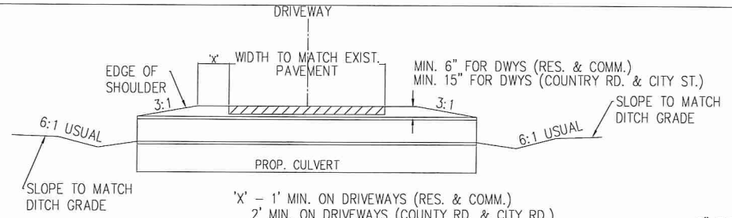
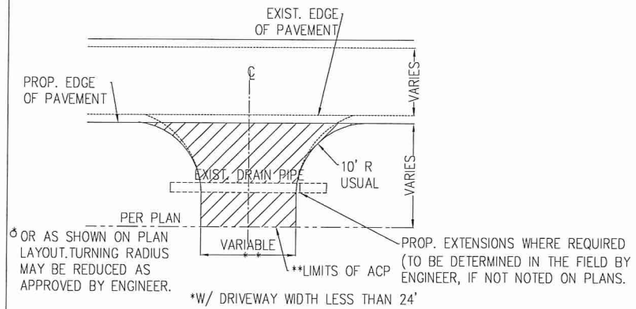


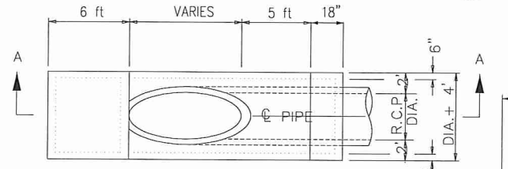
'X' – 1' MIN. ON DRIVEWAYS (RES. & COMM.)
2' MIN. ON DRIVEWAYS (COUNTY RD. & CITY RD.)
* – 6:1 SLOPE USUAL
UNLESS OTHERWISE NOTED ON PLANS

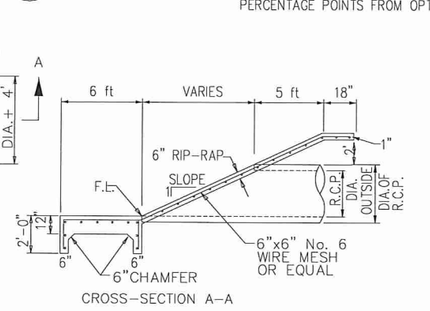
TYPICAL DRIVEWAY PROFILE DETAIL (1/*)
SCALE: N.T.S.



*W/ DRIVEWAY WIDTH LESS THAN 24'

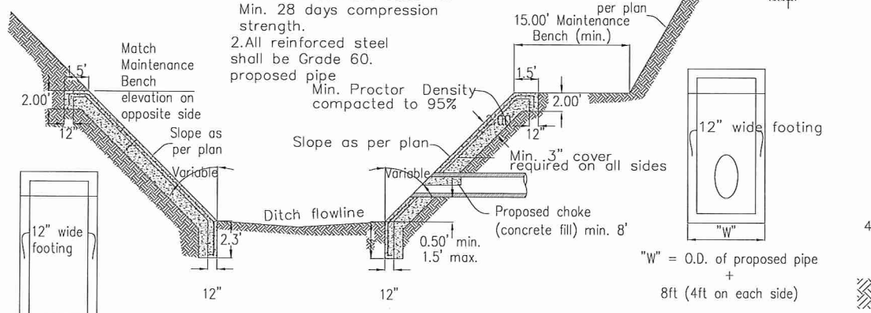
PLAN FOR PRIVATE DRIVEWAYS (2/*)
SCALE: N.T.S.



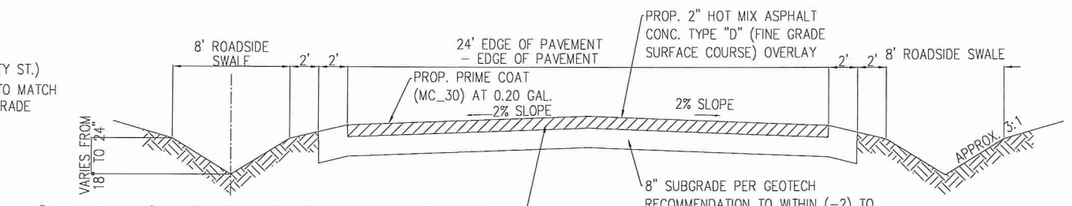


NOTES :
1. CONCRETE TO HAVE 3000 PSI MIN. 28 DAYS COMPRESSION STRENGTH.
2. STEEL TO HAVE 40,000 PSI YIELD STRENGTH.
3. DOWEL AT CONSTRUCTION JOINTS SHALL HAVE 36 X DIA. EMBEDMENT.

SLOPED END SECTION (3/*)
SCALE: N.T.S.



TYPICAL DISCHARGE STRUCTURE DETAIL (4/*)
SCALE: N.T.S.

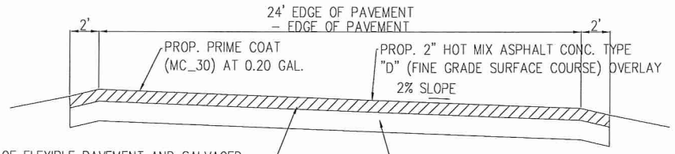


8" FLEXIBLE BASE (SALVAGED USE OF FLEXIBLE PAVEMENT AND SALVAGED CALICHE WILL REQUIRE LIME TREATMENT WHERE AS THE ADDITIONAL CALICHE NEEDED WILL NOT). THE SALVAGED MATERIAL SHALL BE TREATED WITH THE ADDITION OF 3% LIME BY DRY WEIGHT OF SAVLAGED MATERIAL. THE SALVAGED MATERIAL SHALL BE COMPACTED TO A MINIMUM 98 PERCENT OF THE MAXIMUM DRY DENSITY AS DETERMINED BY THE STANDARD MOISTURE DENSITY RELATION (ASTM D698) AT MOISTURE CONTENTS RANGING BETWEEN (-3) AND (+3) PERCENTAGE POINTS FROM OPTIMUM MOISTURE.

NOTE:

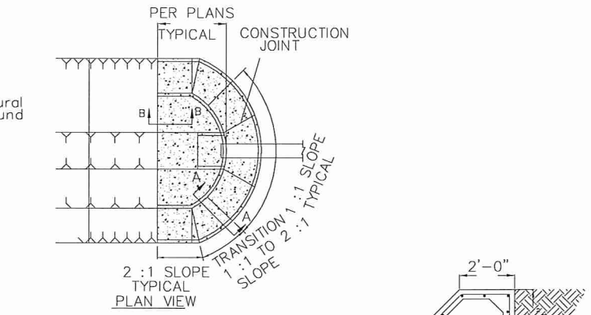
PAVEMENT SECTION RECOMMENDATIONS AS PER:
MEG ENGINEERS GEOTECH REPORT NO.
MEG PROJECT NO. XX-XX-XXXXX

TYPICAL ROADWAY CROSS (5/*)
SCALE: N.T.S.



8" FLEXIBLE BASE (SALVAGED USE OF FLEXIBLE PAVEMENT AND SALVAGED CALICHE WILL REQUIRE LIME TREATMENT WHERE AS THE ADDITIONAL CALICHE NEEDED WILL NOT). THE SALVAGED MATERIAL SHALL BE TREATED WITH THE ADDITION OF 3% LIME BY DRY WEIGHT OF SAVLAGED MATERIAL. THE SALVAGED MATERIAL SHALL BE COMPACTED TO A MINIMUM 98 PERCENT OF THE MAXIMUM DRY DENSITY AS DETERMINED BY THE STANDARD MOISTURE DENSITY RELATION (ASTM D698) AT MOISTURE CONTENTS RANGING BETWEEN (-3) AND (+3) PERCENTAGE POINTS FROM OPTIMUM MOISTURE.

SUPER ELEVATED ROADWAY CROSS SECTION C-C (6/*)
SCALE: N.T.S.



TYPICAL CONCRETE RIP-RAP SLOPE PROTECTION DETAIL (7/*)
SCALE: N.T.S.

NOTES:

ALL ENTRANCES CONSTRUCTED ON THIS PROJECT ARE SUBJECT TO CONCURRENCE WITH EXISTING GOVERNING REGULATIONS AS SET OUT BY THE STATE HIGHWAY COMMISSION.

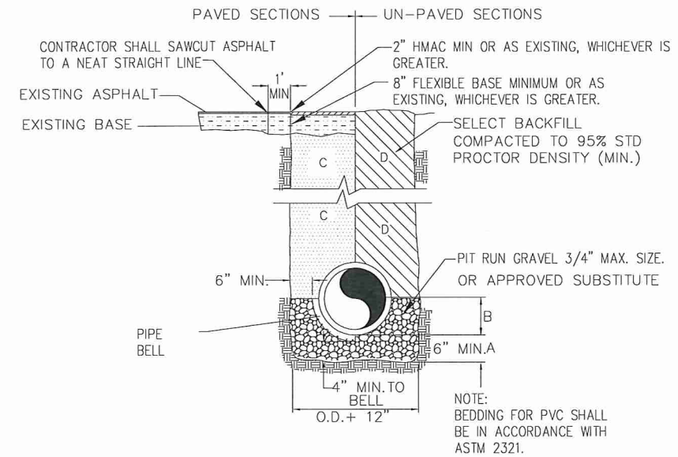
ENTRANCE'S BASE AND SURFACING MAY BE EXTENDED BEYOND R.O.W. LINE AS REQUIRED TO MEET EXISTING GRADE IN THE SATISFACTORY MANNER OF WHICH NO STEEPER THAN 12:1 SLOPE WILL BE CONSTRUCTED.

ALL FLEXIBLE BASE USED FOR PRIVATE DRIVES & COMMERCIAL DRIVES WILL NOT REQUIRE LIME TREATMENT.

EXACT LOCATIONS, DIMENSIONS, AND TYPE TO BE ESTABLISHED DURING CONSTRUCTION BY THE ENGINEER.

PROP. WIDTH OF DRIVEWAYS TO MATCH EXISTING WIDTH AT R.O.W. LINE.

SIDE DRAINS TO BE INSTALLED WITH A MINIMUM OF 6" COVER BY PROPOSED RESIDENTIAL & COMMERCIAL MATERIAL OR 15" COVER OF PROPOSED COUNTY RD. & CITY STREET ROADWAY MATERIAL.



A. GRAVEL BEDDING PLACED BEFORE PIPE IS LAID UP TO FLOW LINE OF PIPE (MIN. THICKNESS=6") PIT RUN GRAVEL 3/4" MAX SIZE.

B. GRAVEL PLACED AFTER PIPE IS LAID, FROM BOTTOM OF PIPE TO THE SPRING LINE. PIT RUN GRAVEL 3/4" MAX. SIZE OR APPROVED SUBSTITUTE.

C. CITY STREETS PARKING AREA, DRIVEWAYS: SELECT EXCAVATED BACK FILL COMPACTED 95% STD, 8" LIFTS, MECHANICAL COMPACTION.

D. STATE MAINTAINED ROADWAYS: COMPACTED SAND/CEMENT STABILIZED BACK FILL 7% PORTLAND CEMENT COMPACTED AS PER ASTM D-4253 AND ASTM D-698.

E. SELECT EARTH BACKIFLL COMPACTED TO 95% STD. PROCTOR DENSITY (12" LIFTS, MECHANICAL COMPACTION) FOUNDATION PREPARATION (WELLPOINTS, GRAVEL OR CEMENT STABILIZATION, OR APPROVED SUBSTITUTE) SHALL BE REQUIRED WHEN TRENCH BOTTOM IS UNSTABLE. BACKFILLING AT STRUCTURES SHALL BE PLACED IN UNIFORM LAYERS, MOISTENED AS REQUIRED TO APPROXIMATE OPTIMUM MOISTURE CONTENT, AND COMPACTED TO 95% STD. PROCTOR DENSITY (USE RELATIVE DENSITY TEST PER ASTM D-4253 & ASTM D-698). THE THICKNESS OF EACH LOOSE LAYER SHALL NOT EXCEED 8". STRUCTURE BACK FILL MATERIAL SHALL BE SAND, EXCAVATED MATERIAL, OR OTHER APPROVED SUBSTITUTE.

TYPICAL STORM SEWER PIPE BEDDING DETAIL (8/*)
SCALE: N.T.S.

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HIDALGO COUNTY PRECINT NO. 1
COOLIE ROAD
PAVING IMPROVEMENTS

DRIVEWAY AND ROAD DETAILS

STATE OF TEXAS
EMISDIO SALINAS
87703
LICENSED PROFESSIONAL ENGINEER
6-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management
612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.7904
Fax. 956.687.5383
Texas Registered Engineering Firm F-11722
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GOOLIE ROAD DRIVEWAY INDEX (WEST SIDE)

	ID	STA.	WIDTH (LF)	LENGTH (LF)	MATERIAL	AREA (SY)	CULVERT (LF)	PIPE DIAMTER (INCHES)	PIPE MATERIAL
	1	10+44.55	12	13	2" H.M.A.C.	19.0	N/A	N/A	N/A
	2	11+99.06	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	3	12+47.37	12	13	2" H.M.A.C.	19.0	61	15	H.P.P.
	4	12+79.95	12	13	6" CONC.	19.0	0	15	H.P.P.
	5	14+23.08	15	13	2" H.M.A.C.	23.0	33	15	H.P.P.
	6	17+69.68	15	13	2" H.M.A.C.	24.0	35	15	H.P.P.
	7	20+18.27	16	13	2" H.M.A.C.	31.0	46	15	H.P.P.
	8	32+41.72	12	13	2" H.M.A.C.	19.0	28	15	H.P.P.
	9	33+40.06	17	13	2" H.M.A.C.	32.0	45	15	H.P.P.
	10	41+81.33	12	13	2" H.M.A.C.	19.0	N/A	N/A	N/A
	11	42+70.79	12	15	2" H.M.A.C.	21.0	N/A	N/A	N/A
	12	53+62.84	14	15	2" H.M.A.C.	25.0	N/A	N/A	N/A
	13	54+52.18	18	7	2" H.M.A.C.	15.0	N/A	N/A	N/A
	14	67+74.77	47	7	2" H.M.A.C.	34.0	N/A	N/A	N/A
	15	76+98.54	12	13	2" H.M.A.C.	19.0	27	15	H.P.P.
	16	77+68.16	12	13	2" H.M.A.C.	19.0	27	15	H.P.P.
	17	78+09.12	12	13	2" H.M.A.C.	19.0	28	15	H.P.P.
	18	79+02.83	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	19	80+03.65	14	13	2" H.M.A.C.	21.0	31	15	H.P.P.
	20	80+82.48	12	13	2" H.M.A.C.	19.0	28	15	H.P.P.
	21	81+73.89	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	22	82+51.46	12	13	2" H.M.A.C.	19.0	28	15	H.P.P.
	23	83+26.31	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	24	83+95.47	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	25	84+70.71	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	26	85+40.00	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.

GOOLIE ROAD DRIVEWAY INDEX (WEST SIDE)

	ID	STA.	WIDTH (LF)	LENGTH (LF)	MATERIAL	AREA (SY)	CULVERT (LF)	PIPE DIAMTER (INCHES)	PIPE MATERIAL
	27	86+16.63	12	13	2" H.M.A.C.	19.0	27	15	H.P.P.
	28	86+93.05	12	13	2" H.M.A.C.	19.0	28	15	H.P.P.
	29	88+02.05	18	13	2" H.M.A.C.	27.0	37	15	H.P.P.
	30	103+36.62	12	21	2" H.M.A.C.	30.0	N/A	N/A	N/A
	31	105+68.76	18	13	2" H.M.A.C.	27.0	36	15	H.P.P.
	32	106+44.23	18	13	2" H.M.A.C.	27.0	36	15	H.P.P.
	33	107+25.37	18	13	2" H.M.A.C.	27.0	36	15	H.P.P.
	34	111+42.99	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	35	114+56.37	12	13	6" CONC.	19.0	30	15	H.P.P.
	36	117+99.97	8	13	6" CONC.	27.0	36	15	H.P.P.
	37	119+10.25	16	13	2" H.M.A.C.	24.0	34	15	H.P.P.
	38	120+27.37	12	13	2" H.M.A.C.	19.0	30	15	H.P.P.
	39	121+29.65	106	13	2" H.M.A.C.	147.0	135	15	H.P.P.
	40	122+73.56	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	41	124+77.58	14	13	2" H.M.A.C.	21	32	15	H.P.P.
	42	130+45.10	11	23	2" H.M.A.C.	33	40	18	RCP
	43	130+98.56	18	22	2" H.M.A.C.	47	28	15	H.P.P.
	44	131+67.62	14	13	2" H.M.A.C.	30	27	15	H.P.P.
	45	132+38.31	12	13	2" H.M.A.C.	19	29	15	H.P.P.
	46	133+11.01	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	47	133+84.23	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	48	134+55.62	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	49	135+26.57	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	50	136+02.22	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	51	136+70.67	14	13	2" H.M.A.C.	21	32	15	H.P.P.
	52	137+39.48	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	53	138+08.12	30	13	2" H.M.A.C.	45	49	15	H.P.P.
	54	138+76.05	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	55	139+38.79	12	13	2" H.M.A.C.	19	27	15	H.P.P.
	56	140+08.85	12	13	2" H.M.A.C.	18	30	15	H.P.P.
	57	141+56.27	18	13	2" H.M.A.C.	24	36	15	H.P.P.

GOOLIE ROAD DRIVEWAY INDEX (EAST SIDE)

	ID	STA.	WIDTH (LF)	LENGTH (LF)	MATERIAL	AREA (SY)	CULVERT (LF)	PIPE DIAMTER (INCHES)	PIPE MATERIAL
	58	142+70.48	12	12	2" H.M.A.C.	17	N/A	N/A	N/A
	59	142+11.45	12	15	2" H.M.A.C.	17	N/A	N/A	N/A
	60	141+15.84	12	13	2" H.M.A.C.	21	N/A	N/A	N/A
	61	138+87.82	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	62	135+53.38	12	13	2" H.M.A.C.	19	30	15	H.P.P.
	63	94+03.19	12	13	2" H.M.A.C.	19	32	15	H.P.P.
	64	88+59.12	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	65	86+40.31	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	66	82+36.75	14	13	2" H.M.A.C.	21.0	32	15	H.P.P.
	67	68+04.96	29	13	2" H.M.A.C.	43.0	68	18	RCP
	68	52+45.45	12	15	2" H.M.A.C.	21.0	N/A	N/A	N/A
	69	44+49.55	20	15	2" H.M.A.C.	35.0	N/A	N/A	N/A
	70	43+32.06	24	N/A	2" H.M.A.C.	155.0	N/A	N/A	N/A
	71	42+37.78	12	15	2" H.M.A.C.	21.0	N/A	N/A	N/A
	72	40+97.45	20	15	2" H.M.A.C.	19.0	36	15	H.P.P.
	73	40+25.60	17	15	6" CONC.	18.0	33	15	H.P.P.
	74	38+83.63	12	13	2" H.M.A.C.	18.0	26	15	H.P.P.
	75	37+08.15	12	13	2" H.M.A.C.	18.0	28	15	H.P.P.
	76	33+01.43	14	13	2" H.M.A.C.	21.0	34	15	H.P.P.
	77	25+02.01	12	13	6" CONC.	19.0	33	15	H.P.P.
	78	23+37.36	12	13	2" H.M.A.C.	21.0	N/A	N/A	N/A
	79	21+01.29	24	13	2" H.M.A.C.	36.0	N/A	N/A	N/A
	80	14+87.62	18	13	2" H.M.A.C.	34.0	48	15	H.P.P.
	81	12+77.97	13	13	2" H.M.A.C.	30.0	45	15	H.P.P.
	82	10+46.34	12	13	2" H.M.A.C.	18.0	N/A	N/A	N/A

NO.	DATE	REVISION	APPROV.
1			
2			
3			
4			

HIDALGO COUNTY PRECINT NO. 1
GOOLIE ROAD
PAVING IMPROVEMENTS

DRIVEWAY INDEX SHEET

STATE OF TEXAS
ENRIQUE SALINAS
107703
LICENSED
PROFESSIONAL ENGINEER
5-30-16

Civil Engineering
Environmental Engineering
Planning
Project Management

612 Nolana, Suite 520
McAllen, Texas 78504
Tel. 956.687.5465
Fax. 956.687.5363

Texas Registered Engineering Firm F-11722

LeFEVRE ENGINEERING & MANAGEMENT CONSULTING, LLC.

Drawn	L.H.
Scale	Horz. 1:40 Vert. 1:5
Checked	E.S.
Date	JUNE, 2016
Job No.	P-194
Sheet	35 of 35

G:\Users\Project Manager\Documents\Drawing3.dwg May 20,2016 - 4:08PM Project Manager

AI-55222

Purchasing Department 12. I.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Eddie Cantu, COMM. PCT. #2 Submitted By: Carlos Jasso, COMM. PCT. #2

Department: COMM. PCT. #2

Information

CAPTION

Approval of payment for Invoice #001 in the amount of $14,574.00 for professional services, submitted by project architect, The Warren Group Architects Inc. through Contract C-15-159-09-15 for the Pct. #2 Countywide Mechanic Shop Facility Project.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1345-431-00-122-122-0-730

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funding available through PO#740633 in the amount of $40,446.00

Attachments

Invoice# 1

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/30/2016 10:50 AM
Budget & Management	Veronica Ortiz	06/30/2016 01:08 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Carlos Jasso Started On: 06/29/2016 09:17 AM

Final Approval Date: 07/01/2016

INVOICE FOR PROFESSIONAL SERVICES

May 23, 2016

Hidalgo County Precinct 2
300 West Hall Acres, Suite G
Pharr, TX 78577

PO # 740633
6 -1345-431-00-122-122-0-730
Req # 294677

Project: Hidalgo County Pct. 2 County Wide Service Shop

Project No. 1341501

Invoice No. 001

Billing Period: March 22, 2016 thru May20, 2016

Purchase Order No.:	**740633**
Vendor:	**442747**
Req:	**294677**

Basis of Compensation:	**Lump Sum**
Total Compensation:	**$40,446.00**

Pavilion Renovations		Percentage Amount	Contract Amount	Percentage Completed	Amount Earned
Task	Description				
A	Schematic Design Phase	15%	$3,450.00	100%	$3,450.00
B	Design Development Phase	20%	$8,624.00	100%	$8,624.00
C	Construction Documents Phase	40%	$17,248.00	0%	$0.00
D	Construction Phase/ Contract Admin.	25%	$8,624.00	0%	$0.00
E	Topography and Utility Surveying	Lump Sum	$2,500.00	100%	$2,500.00
	TOTAL	**100%**	**$40,446.00**		**$14,574.00**

INVOICE RECEIVED BY:
Erika Zamora ON 5-23-16
GOODS/SERVICES RECEIVED BY:
Eduardo Canta ON 3-22-16 thru 5-20-16

TOTAL FEE EARNED TO DATE:	**$0.00**
LESS PREVIOUS PAYMENTS:	**$0.00**
AMOUNT DUE THIS REQUEST FOR PAYMENT:	**$14,574.00**

Please make check payable to:

The Warren Group Architects, Inc., 1801 S. 2nd street, Suite 330, McAllen Texas 78503

in the amount of $14,574.00

PO #_____

-1345-431-00-122-____-0-____

Req #_____

INVOICE RECEIVED BY:

ON_____

GOODS/SERVICES RECEIVED BY:

ON_____

HIDALGO COUNTY PCT. 2
COUNTY WIDE SERVICE SHOP

4011 S. VETERANS BLVD.
SAN JUAN, TEXAS 78589

SET NO. _____

SCHEMATIC DESIGN SET

COUNTY OF HIDALGO
3100 SOUTH BUSINESS HIGHWAY 281,
SUITE D
PHARR, TEXAS 78539

HIDALGO COUNTY JUDGE
RAMON GARCIA

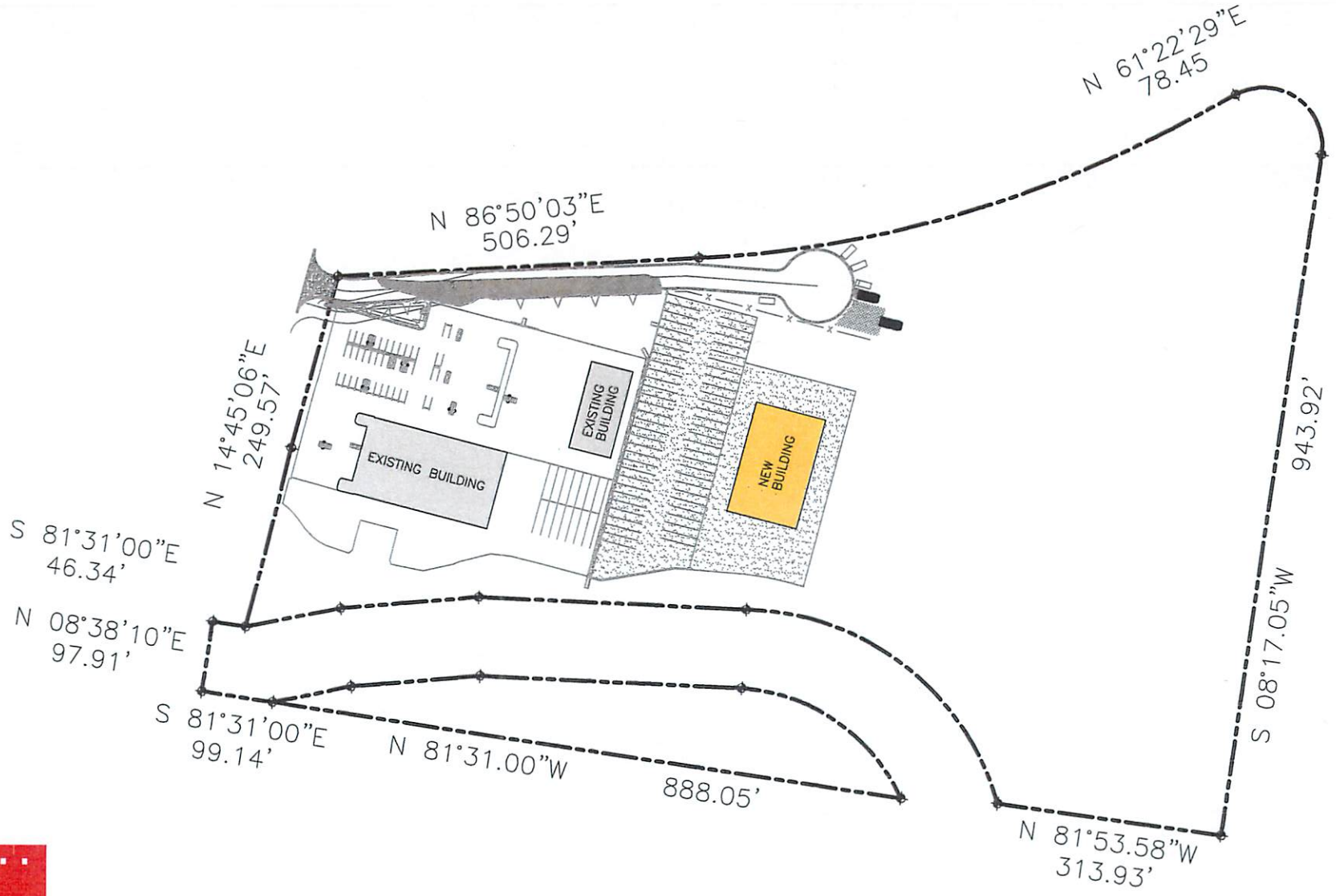
COMMISSIONER PRECINCT 1
AC. CUELLAR, JR.

COMMISSIONER PRECINCT 2
EDUARDO "EDDIE" CANTU

COMMISSIONER PRECINCT 3
JOE M. FLORES

COMMISSIONER PRECINCT 4
JOSEPH PALACIOS

TWG
THE WARREN GROUP
ARCHITECTS INC.



TWG
THE WARREN GROUP
ARCHITECTS, INC.

NORTH

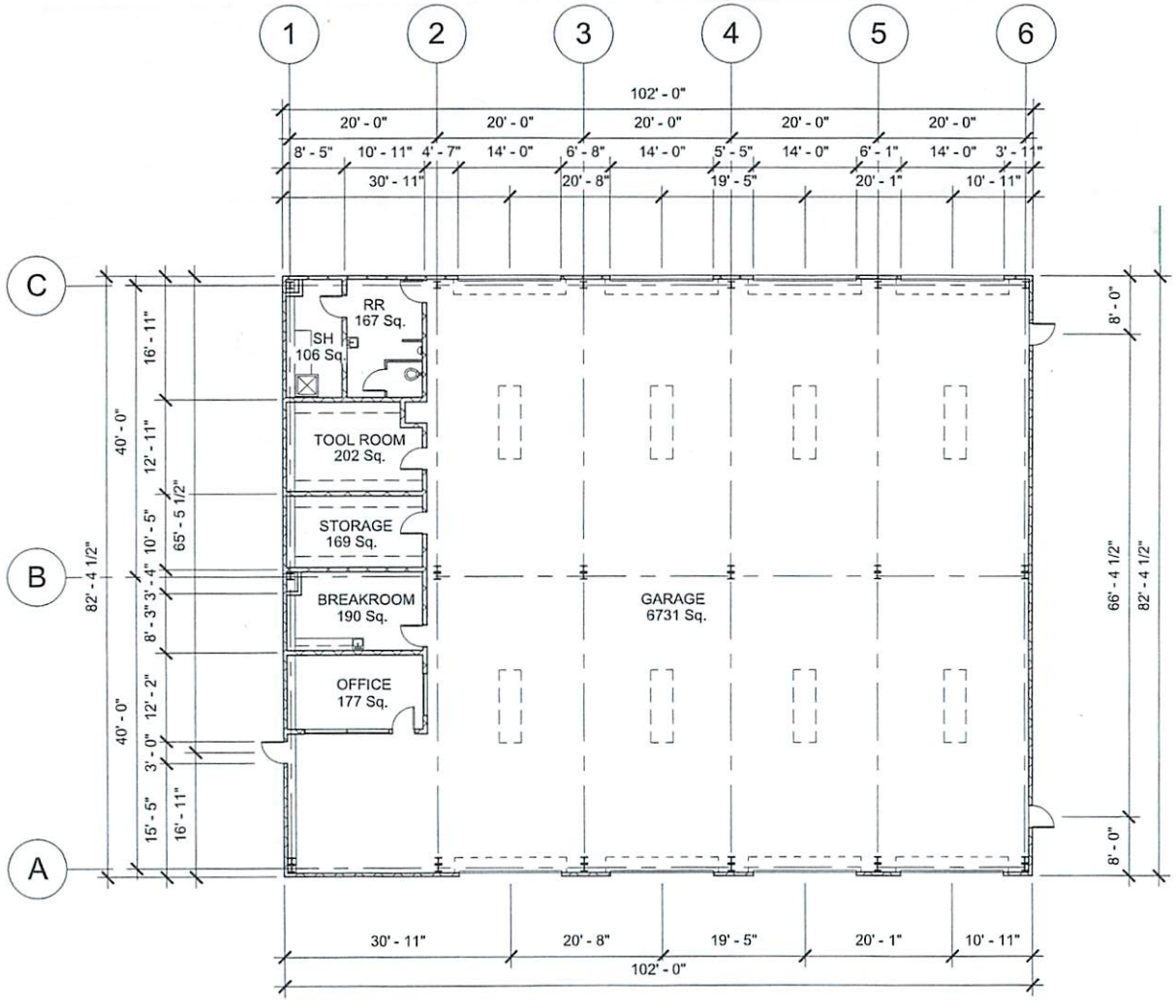
PROJECT #: 1341501

SCALE: NTS

PCT EQUIPMENT & MAINTENANCE FACILITY

PHARR, TEXAS

Exhibit: A1.0
SCHEME 1



1 FLOOR PLAN
1/16" = 1'-0"

THE WARREN GROUP
ARCHITECTS, INC.

NORTH

PROJECT #: 1341501

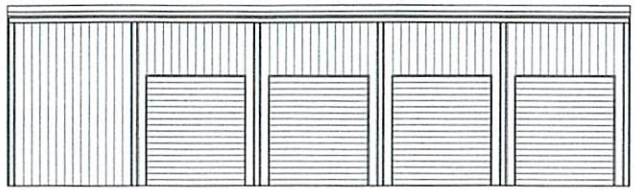
INDUSTRIAL DEVELOPMENT

CONCEPTUAL MASTER PLAN

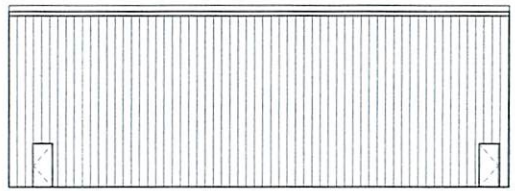
SHEET NOTES

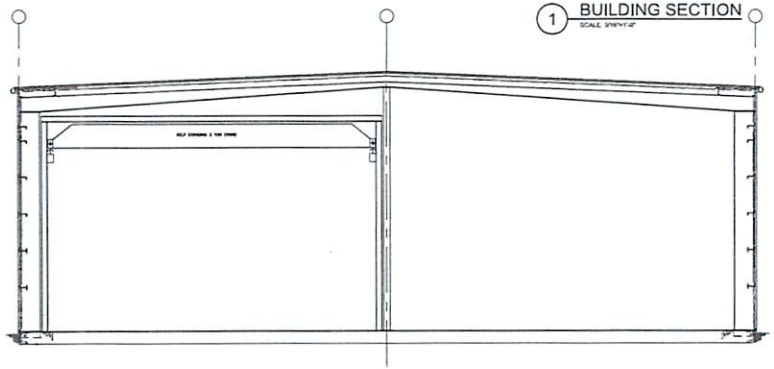
SHEET LEGEND

P.J.	PANEL JOINT
⊡ SC.	SCUPPER
⊡ WP	WALL PACK



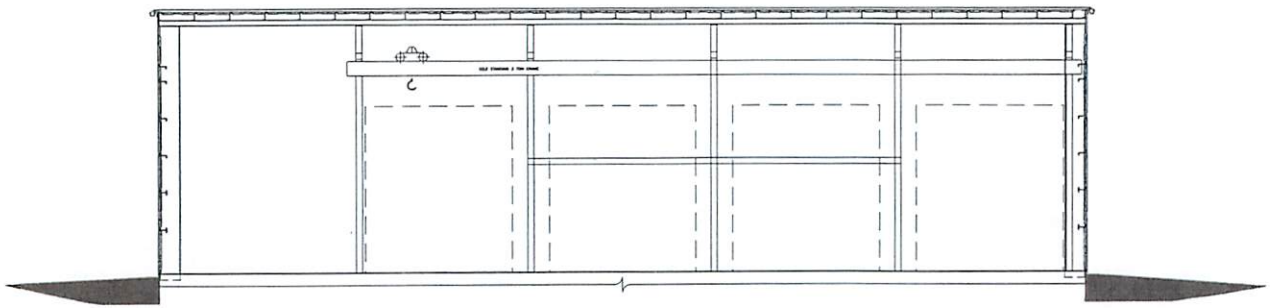
2 BUILDING SECTION
SCALE: 3/16"=1'-0"





1 BUILDING SECTION
SCALE: 3/16"=1'-0"

2 BUILDING SECTION
SCALE: 3/16"=1'-0"



1 BUILDING SECTION
SCALE: 3/16"=1'-0"

TWG
THE WARREN GROUP ARCHITECTS, INC.

1801 SOUTH SECOND ST. SUITE 330
MCALLEN, TX 78503
956.994.1900
twgarch.com

THESE DRAWINGS AND INFORMATION CONTAINED HEREIN ARE PROPERTY AND THE SOLE PROPERTY OF THE WARREN GROUP ARCHITECTS, INC. THEY MAY NOT BE REUSED, REPRODUCED OR ALTERED IN ANY WAY WITHOUT PRIOR WRITTEN APPROVAL FROM AND APPROPRIATE COMPENSATION TO THE WARREN GROUP ARCHITECTS INC.

NUMBER	DATE	APPROVED BY	DESCRIPTION
1			

SCHEMATIC DESIGN
NOT FOR
CONSTRUCTION

PROPOSED

HIDALGO COUNTY-
COUNTY WIDE
SERVICE SHOP

A3.01
BUILDING SECTIONS

Purchase Order
COUNTY OF HIDALGO

PO# 740633

DATE: 03/22/16

PAGE NO: 1 Of 1

PO TYPE:

VENDOR: 442747 REQ: 00294677

PHONE: (956)994-1900

Fax: (956)994-1962 EMAIL: adrina@twgarch.com

SHIP TO: HIDALGO CO. PCT 2
300 WEST HALL ACRES, SUITE G
PHARR TX 78577

NASSRI-WARREN GROUP ARCHITECTS, INC.
THE WARREN GROUP ARCHITECTS, INC.
1801 S. 2ND STREET, SUITE 330
MCALLEN TX 78503

CONTACT: ARMANDO POMPA (956)787-1891

SITE: COMMISSIONER, PRECINCT 2

CONTRACT NO: C-15-159-09-15

SPECIAL INSTRUCTIONS:

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		C-15-159-09-15 - CW MECH SHOP FACILITY PROJECT - ARCHITECT SERVICES		
1.00	LOT	CC OPEN PURCHASE ORDER FOR ARCHITECTURAL SERVICES FOR THE COUNTYWIDE MECHANIC SHOP FACILITY PROJECT	40,446.00	40,446.00
		TOTAL:		40,446.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		********** For Hidalgo County use only:		
		6-1345-431-00-122-122-0-730 40,446.00		

HIDALGO COUNTY
PRECINCT NO. 2
2016 MAR 28 PM 2 49

SCANNED
3/29/16

Authorized by: Martha L Salazar

AI-55221

Purchasing Department 12. J.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Matilde Faz, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting authority to purchase and enter into a (36) monthly subscription agreement for the (Online Services) with Thomson Reuters-West Publishing Corporation and authority to execute required agreement for the District Attorney's Office through the following requisition #301487 at $532.00 per month. Starting as per Commissioners Court approval through the following accounts:
(6-1100-412-00-080-013-0-340 & 6-1100-412-00-080-002-0-340) and subject to compliance to HB23 &/or HB1295 when and if applicable.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-00-080-013-0-340
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?: No
BUDGETARY IMPACT:

FISCAL YEAR: 2016 ACCT. #: 6-1100-412-00-080-002-0-340
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?: No
BUDGETARY IMPACT:

FISCAL YEAR: ACCT. #:
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
No fiscal impact at this time, pending funding schedule for 7/6/2016 AI-55160 (6-1100-412-00-080-002-0-340)

Attachments

Requisition

Agreement
Legal's Approval
HB 1295 Request
FORM

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/30/2016 10:52 AM
Budget & Management	Veronica Ortiz	06/30/2016 01:07 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Matilde Faz Started On: 06/28/2016 04:56 PM
Final Approval Date: 07/01/2016

Requisition

Req # 00301487

PO #

Date: 06/29/16

Bill To: x
x

Vendor : 41548
WEST PUBLISHING CORPORATION
THOMSON REUTERS
WEST PAYMENT CENTER
P.O. BOX 6292
CAROL STREAM IL 60197-6292

Ship To: Hidalgo County District Attorney
100 North Closner 5th Floor
Edinburg Tx 78539

Contact: OBDETT CALZADA
956-292-7604

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		ONLINE ACCESS TO STATE & FEDERAL LAW- APPROVED BY CC ON DO NOT DUPLICATE ORDER		
6.00	MONTH	4 USERS @ $106.40/EACH = $425.60/MONTH - ACCESS TO STATE & FEDERAL LAW	425.60	2,553.60
6.00	MONTH	1 USER @ $106.40/EACH = $106.40/MONTH - ACCESS TO STATE & FEDERAL LAW	106.40	638.40
		Account No	Encumbrance	
			Freight	.00
			Total	3,192.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

THOMSON REUTERS

Order Form

Contact your representative Liz.Walgrave@thomsonreuters.com with any questions. Thank you.

Order ID: **800252**

Subscriber Information

Account Address:
Account #: **1000308308**
HIDALGO COUNTY DISTRICT ATTORNEY
100 N CLOSNER BLVD 3RD FL
EDINBURG, TX 78539
US
956-318-2300

Shipping Address:
Account #: **1000308308**
HIDALGO COUNTY DISTRICT ATTORNEY
100 N CLOSNER BLVD 3RD FL
EDINBURG, TX 78539
US
956-318-2300

Billing Address:
Account #: **1000308308**
HIDALGO COUNTY DISTRICT ATTORNEY
100 N CLOSNER BLVD 3RD FL
EDINBURG, TX 78539
US
956-318-2300

This Order Form is a legal document between West Publishing Corporation and Subscriber. West Publishing Corporation also means “West”, “we” or “our” and Subscriber means “you”, “my” or “I”.

Online/Practice Solutions/Software and Print/ProView eBooks Programs

Online/Practice Solutions/Software

Svc Mat #	Product	Qty	Unit	Minimum Term (Months)	TermandIncrease
41940138	Government Collection (Westlaw PRO™) (Banded) See Attachment for Select Product details	5	Atty(s)	36	Year2-3% Year3-3%

Minimum Terms

Monthly Charges begin on the date West Publishing Corporation (“West, “we” or “our”) processes your order and continue for the number of complete calendar months listed in the Minimum Term column above. Based on above terms listed you agree to the length and year over year increases.

During my subscription terms, I am also responsible for all Excluded Charges. Excluded Charges are charges for accessing Westlaw data or a Practice Solutions service that is not included in your subscription. Excluded Charges may change after 30 days written or online notice.

Post Minimum Terms

For Online/Practice Solutions/Software: Your subscription will change to a month-to-month status at the end of the Minimum Term, and your applicable Monthly Charges will be billed at up to the then current retail rate. Thereafter, we may modify the Monthly Charges after at least 30 days notice. Either of us may cancel the month-to-month subscription by sending at least 30 days written notice. Send your notice of cancellation to Customer Service, 610 Opperman Drive, P.O. Box 64833, Eagan MN 55123-1803.

Order charges for print/eBook products not on subscription:	N/A
Initial order charges for print/eBooks products with updates billed upon shipment:	N/A
Initial Monthly Charges for Products under 36 month Minimum Term:	$532.00
Estimated total Monthly Charges for the initial 12 months:	$532.00

Totals above do not reflect applicable taxes and transportation charges or updates billed upon shipment. Please see the Miscellaneous section below for details.

These Monthly Charges show the first year’s Monthly Charges (and are combined if multiple products are ordered) with the same contract term and are subject to increase per the terms of this agreement.

Miscellaneous

Charges, Payments Taxes. You agree to pay all charges in full within 30 days of the date of invoice. You are responsible for any applicable sales, use, value added tax (VAT), etc. unless you are tax exempt. If you are a non-government subscriber and fail to pay your invoiced charges, you are responsible for collection costs including attorneys' fees.

Credit Verification. If you are applying for credit as an individual, we may request a consumer credit report to determine your creditworthiness. If we obtain a consumer credit report, you may request the name, address and telephone number of the agency that supplied the credit report. If you are applying for credit on behalf of a business, we may request a current business financial statement from you to consider your request.

Auto Charge Credit Card/Electronic Funds Transfer Election Payment Terms. You may authorize us to automatically charge a credit card or debit and electronic fund transfer to pay charges due. Contact Customer Service at 1-800-328-4880 for authorization procedures. If you are authorizing, as part of this order, or have already authorized us to bill a credit card or debit card or make electronic fund transfer for West subscriptions on an ongoing basis, no further action is needed.

Returns and Refunds. You may return a print or CD-ROM/DVD product to us within 45 days of the original shipment date if you are not completely satisfied. Different policies apply to print products you receive as part of a program such as Assured Print Pricing, Library Savings Plan, West Complete, Library Maintenance Agreements, ePack and WestPack. Westlaw, CLEAR, Monitor Suite, ProView eBook, Software, West LegalEdcenter, Practice Solutions, TREWS and Serengeti charges are not refundable. Please see http://static.legalsolutions.thomsonreuters.com/static/returns-refunds.pdf or contact Customer Service at 1-800-328-4880 for additional details regarding our policies on returns and refunds.

Applicable Law. This Order Form will be interpreted under Minnesota state law. Any claim by one of us may be brought in the state or federal courts in Minnesota. If you are a state or local governmental entity, your state's law will apply and any claim may be brought in the state or federal courts located in your state. If you are a United States Federal Government customer, United States federal law will apply and any claim may be brought in any federal court.

The General Terms and Conditions, apply to all products ordered, except print and is located at http://static.legalsolutions.thomsonreuters.com/static/general-terms-conditions.pdf. The General Terms and Conditions for Federal Subscribers, is located at http://static.legalsolutions.thomsonreuters.com/static/federal-general-terms-conditions.pdf. In the event of a conflict between the General Terms and Conditions and this Order Form, the terms of this Order Form control. This Order Form is subject to our approval.

Product Specific Terms. The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at http://static.legalsolutions.thomsonreuters.com/static/product-specific-terms.pdf. If the product is not part of your order, the product specific terms do not apply. If there is a conflict between product specific terms and the Order Form, the product specific terms control.

- CD-ROm Products/DVD Products /li>
- Contract Express
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- West km software
- West LegalEdcenter
- Westlaw Doc & Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Campus Research
- ProView eBooks

Excluded Charges. If you access Westlaw data or Practice Solutions services that are not included in your subscription you will be charged our then-current rate. Excluded Charges will be invoiced and due with your next payment. For your reference, the current Excluded Charges schedules are located at http://static.legalsolutions.thomsonreuters.com/static/agreement/schedule-a-westlaw.pdf and http://static.legalsolutions.thomsonreuters.com/static/agreement/schedule-a-concourse-firm-central-caselogistix.pdf. Excluded Charges may change after 30 days written or online notice.

The General Terms and Conditions, apply to all products ordered, except print and is located at http://static.legalsolutions.thomsonreuters.com/static/general-terms-conditions.pdf. The General Terms and Conditions for Federal Subscribers, is located at http://static.legalsolutions.thomsonreuters.com/static/federal-general-terms-conditions.pdf. In the event of a conflict between the General Terms and Conditions and this Order Form, the terms of this Order Form control. This Order Form is subject to our approval.

Banded Products Subscriptions The number of attorneys (partners, shareholders, associates, contract or staff attorneys, of counsel, and the like), corporate users, personnel or full-time-equivalent students for the banded products you ordered appear in the Quantity column above. Our pricing for banded products is made in reliance upon that number. If we learn that the actual number is greater, we reserve the right to increase your charges as applicable. Law firm and government subscribers of banded products will receive one (1) password for each attorney and an equal number of passwords

for non-attorneys.

Product Specific Terms. The following products have specific terms which are incorporated by reference and made part of this Order Form if they apply to your order. They can be found at http://static.legalsolutions.thomsonreuters.com/static/product-specific-terms.pdf. If the product is not part of your order, the product specific terms do not apply. If there is a conflict between product specific terms and the Order Form, the product specific terms control.

- CD-ROm Products/DVD Products /li>
- Contract Express
- Hosted Practice Solutions
- ProView eBooks
- Time and Billing
- West km software
- West LegalEdcenter
- Westlaw Doc & Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Campus Research
- ProView eBooks

Additional Contract Information

NON-AVAILABLITY OF FUNDS FOR WestlawPRO GOVERNMENT SUBSCRIBERS (not available to non-government subscribers).

If Subscriber fails to receive sufficient appropriation of funds or authorization for the expenditure of sufficient funds to continue service under the Order Form, or if Subscriber receives a lawful order issued in or for any fiscal year during the Minimum Term or Renewal Term of the Order Form that reduces the funds appropriated or authorized in such amounts as to preclude making the payments set out therein, Subscriber may submit a written notice to West seeking cancellation of the service, the Subscriber Agreement and the Order Form, if permitted under applicable law. Subscriber shall provide West with notice not less than thirty (30) days prior to the date of cancellation, and shall include a written statement documenting the reason for cancellation, including the relevant statutory authority for cancelling, and an official document certifying the non-availability of funds (e.g., executive order, an officially printed budget or other official government communication). Upon West's receipt of a valid cancellation notice, Subscriber shall pay all charges incurred for any products and/or services received prior to the effective date of the cancellation (and in the case of print/CD-ROM products, return all unpaid print/CD-ROM products and updates)

For questions regarding this order, please contact West Customer Service at 1-800-328-4880.

Signature for Order ID: 800252

ACKNOWLEDGMENT

I have read all pages and attachments to this Order Form and I accept the terms on behalf of Subscriber. I warrant that I am authorized to sign this Order Form on behalf of Subscriber.

Signature of Authorized Representative for order	**Title**
Printed Name	**Date**

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THOMSON REUTERS

Attachment

Contact your representative Liz.Walgrave@thomsonreuters.com with any questions. Thank you.

Order ID: **800252**

Payment and Shipping Information

Payment Method:
Payment Method: **WestAccount**
Account Number: **1000308308**

Shipping Information:
Shipping Method: **Ground Shipping - U.S. Only**

Additional Information

Created By: **0141816**
Order Source: **27**
Revenue Channel: **01**
Order Date: **6/14/2016 9:53:43 AM**
P.O. Number:
Additional Data B: **5**

Product and User Details

Banded Products for all users below

41940138 Government Collection (Westlaw PRO™) (Banded)

User	Position	Email
Jonathan Almanza	**Attorney**	**jonathan.almanza@da.co.hidalgo.tx.us**
Victor M Garza	**Attorney**	
Josephine Ramirez	**Attorney**	
Isaac Sulemana	**Attorney**	**isaac.sulemana@da.co.hidalgo.tx.us**
Erin Thorn	**Attorney**	

CustomPro Product Details

Material ID	Description
40982568	Primary Law with KeyCite®: All — Texas (WestlawNext™)
41933476	Govt Plt - National Core
41931317	Govt Plt - Premium Analytical

Order Contact Information

First Name	Last Name	Email Address	Contact Description	Contact Number
Obdett	**Calzada**	**obdett.calzada@da.co.hidalgo.tx.us**	**Order Confirmation Contact**	**28**
Obdett	**Calzada**	**obdett.calzada@da.co.hidalgo.tx.us**	**Primary Password Contact**	**24**
Obdett	**Calzada**	**obdett.calzada@da.co.hidalgo.tx.us**	**Quickview Contact**	**Quickview**

Office Use Only

- Exception Approval Code:E405422
- Worksheet Custom Pro:https://ordermation.west.thomson.com/esigs/of.aspx?pordergroupid=5f2e60642681465ea23b86e95a0e3e2b&pfv=true
- OF Ver:https://ordermation.west.thomson.com/esigs/ofversion.aspx?pfv=true&ordergroupid=d37c8240d49444f6aeb6e60d4ac8f200&isofview=yes

(956) 292-7604, Ext. 8086
(956) 318-2078, Fax
obdett.calzada@da.co.hidalgo.tx.us

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---------- Forwarded message ----------
From: **Josephine Ramirez** <josephine.ramirez@da.co.hidalgo.tx.us>
Date: Tue, Jun 28, 2016 at 4:58 PM
Subject: Re: DA's Thomson Reuters Agreement & Legals Approval Attached
To: Obdett Calzada <obdett.calzada@da.co.hidalgo.tx.us>

I have reviewed the revised agreement and approve as to the form of the agreement.

Thank you,

Josephine Ramirez Solis

Assistant Criminal District Attorney

Chief - Civil Division

Office of Criminal District Attorney

Hidalgo County, Texas

100 E. Cano

Edinburg, TX 78539

(956) 292-7609 ext. 8186

(956) 318-2079 FAX

josephine.ramirez@da.co.hidalgo.tx.us

****

The information contained in this e-mail may be 1.SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE; 2.ATTORNEY WORK PRODUCT; and/or 3.CONFIDENTIAL. It is intended only for the individual or entity designated above. Any distribution, copying, or use of or reliance upon the information contained in this e-mail by or to anyone other than the recipient designated above by the sender is unauthorized and strictly prohibited. **IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE ADVISE THE SENDER BY REPLY E-MAIL TO josephine.ramirez@da.co.hidalgo.tx.us AND DELETE THE COMMUNICATION.**

****

On Tue, Jun 28, 2016 at 4:25 PM, Obdett Calzada <obdett.calzada@da.co.hidalgo.tx.us> wrote:

> Good afternoon Josie,
>
> Can you please approve as to form the attached agreement.
>
> Thank you,
>
> Obdett Z. Calzada

Zimbra **matilde.faz@co.hidalgo.tx.us**

Thomson Reuters DA's HB1295

From : Elena Gomez <elena.gomez@co.hidalgo.tx.us> Tue, Jun 28, 2016 04:15 PM

Subject : Thomson Reuters DA's HB1295 1 attachment

To : Liz Walgrave <Liz.Walgrave@thomsonreuters.com>

Cc : Matilde Faz <matilde.faz@co.hidalgo.tx.us>

Good Afternoon, Ms. Walgrave

A 1295 form must be submitted to us before Hidalgo County can move forward with placing on CC for approval of contract. Please see website below.

- **Hidalgo County cannot enter into a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:**

https://www.ethics.state.tx.us/tec/1295-Info.htm

Respectfully,

Elena Gomez, Procurement Process Coordinator
Hidalgo County Purchasing Dept.
2812 S Bus. Highway 281
Edinburg, Texas 78539
(956) 318-2626 x 4855
(956) 292-7612
elena.gomez@co.hidalgo.tx.us

Thomson Reuters- Agreement as of 6.28.16.pdf
49 KB

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-78832

Date Filed:
06/30/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

West Publishing Corporation
EAGAN, MN United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County District Attorney's Office

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2016-278
Westlaw

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

CLAUDIA J BIRON
NOTARY PUBLIC - MINNESOTA
MY COMMISSION EXPIRES 01/31/19

John Nelson

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John S. Nelson, this the 30th day of June, 2016, to certify which, witness my hand and seal of office.

Claudia J. Biron | Claudia J Biron | Executive Assistant

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-78832

Date Filed:
06/30/2016

Date Acknowledged:
07/01/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

West Publishing Corporation
EAGAN, MN United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County District Attorney's Office

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2016-278
Westlaw

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

AI-55238

Purchasing Department 12. K.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Comm. Cuellar, COMM. PCT. #1

Submitted By: Katia Garcia, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of payment of Invoice# 20162764-$140,110.00 as submitted by TEDSI Infrastructure Group for the provision of professional engineering services from April 13 through May 31, 2016 in connection to Contract# C-08-227-02-09-PO# 741616 amid Work Authorization No. 3.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1315-431-00-121-039-0-721

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

PO# 741616

Attachments

INV# 20162764 TEDSI - MILE 6W

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/29/2016 02:49 PM
Budget & Management	Veronica Ortiz	06/29/2016 04:01 PM
Budget & Management	Veronica Ortiz	06/29/2016 04:01 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 09:44 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 09:45 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/29/2016 01:21 PM

Final Approval Date: 07/01/2016

TEDSI INFRASTRUCTURE GROUP
Consulting Engineers
1201 East Expressway 83 ♦ Mission, Texas 78572
Tel: (956) 424-7898
Fax: (956) 424-7022
TBPE F-1640

June 22, 2016
Project No: 2009-1032-03
Invoice No: 20162764

Mr. Raul Lozano
Hidalgo County Precinct 1
1902 Joe Stephens Avenue
Weslaco, TX 78596

Project 2009-1032-03 Mile 6 West - Mile 9 to Mile 11 PS&E

Provide Services for Mile 6 West from Mile 9 North to Mile 11 North
Contract No. C-08-227-02-09
Purchase Order No. 741616
Work Authorization No. 3

Professional Services from Notice to Proceed (April 13, 2016) to May 31, 2016

Billing Phase	Fee	Percent Complete	Earned	Previous Fee Billing	Current Fee Billing
General Management & Coordination	155,400.00	10.00	15,540.00	0.00	15,540.00
General PS&E	126,090.00	10.00	12,609.00	0.00	12,609.00
Traffic Control Plans	97,300.00	10.00	9,730.00	0.00	9,730.00
Roadway Details	282,420.00	10.00	28,242.00	0.00	28,242.00
Drainage Details	189,890.00	10.00	18,989.00	0.00	18,989.00
Traffic Items	150,525.00	0.00	0.00	0.00	0.00
Environmental & SWPPP	44,890.00	0.00	0.00	0.00	0.00
Survey	50,000.00	100.00	50,000.00	0.00	50,000.00
ROW Acquisition	376,000.00	0.00	0.00	0.00	0.00
Subconsultant Management	42,600.00	11.7371	5,000.00	0.00	5,000.00
Total Fee	1,515,115.00		140,110.00	0.00	140,110.00

Total Fee **140,110.00**

Billing Summary	Current	Prior	To-Date
Total Billings	140,110.00	0.00	140,110.00
Total Fee			1,515,115.00
Remaining Fee			1,375,005.00

Total this Invoice **$140,110.00**

Pct. 1
C.I.P.
6-13LS-431-00-121-039-0-721
PO# 741616

PLEASE REMIT PAYMENT TO:
TEDSI Infrastructure Group, Inc.
738 Highway 6 South, Suite 430
Houston, Texas 77079

Authorized By: _____ Date: June 22, 2016
Craig F. Stong, P.E.
Project Manager

INVOICE RECEIVED BY
Yolanda Estrada ON 6/28/16
GOODS/SERVICES RECEIVED BY
_____ ON _____

TEDSI INFRASTRUCTURE GROUP
TEDSI
Consulting Engineers
10999 IH-10 West ♦ Suite 320 ♦ San Antonio, Texas 78230
Tel: (210) 858-0610
Fax: (210) 641-5245

Letter of Transmittal

TO:
Mr. Raul Lozano
Hidalgo County Precinct No. 1
1902 Joe Stephens Avenue
Weslaco, Texas 78596

DATE: June 22, 2016

REF.: Mile 6 West –Mile 9 to Mile 11 PS&E Invoice

TEDSI PROJECT NO.: 2009-1032-03

TRANSMITTED:

☒ For Your Use	☐ Please comment	☐ Approved as Noted
☐ As Requested	☐ Reply ASAP	☐ As Noted Below

VIA:

☒ US Mail	☐ Courier	☐ Hand Carry
☒ E-Mail	☐	

COPIES	DESCRIPTION
1	Original TEDSI Invoice No. 20162764 for Project No. 2009-1032-03

REMARKS:

Attached please find TEDSI invoice for period from NTP thru May 31, 2016 for the above referenced project for your review and further processing. Should you need anything else, please do not hesitate to contact us.

Thank you.

Signed: for: Craig F. Stong, P.E.

If enclosures are not as stated, please notify us.

AI-55235

Purchasing Department 12. L.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Comm. Cuellar, COMM. PCT. #1

Submitted By: Katia Garcia, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of payment of Invoice# 20162763-$58,940.82 as submitted by TEDSI Infrastructure Group for the provision of professional engineering services from May 1 through May 31, 2016 in connection to Contract #C-08-227-02-09-PO# 617534 amid Work Authorization No. 1.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1315-431-00-121-039-0-710

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

PO# 617534

Attachments

INV# 20162763

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/29/2016 02:48 PM
Budget & Management	Veronica Ortiz	06/29/2016 04:01 PM
Budget & Management	Veronica Ortiz	06/29/2016 04:01 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 10:19 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 10:19 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/29/2016 11:43 AM

Final Approval Date: 07/01/2016

TEDSI INFRASTRUCTURE GROUP
Consulting Engineers

1201 East Expressway 83
Mission, Texas 78572
956-424-7898 (Phone)
956-424-7022 (Fax)

INVOICE

Commissioner A. C. Cuellar
Hidalgo County Precinct No. 1
1902 Joe Stephens Ave.
Weslaco, Texas 78596

Invoice Date: June 22, 2016
TEDSI Invoice No.: 20162763
TEDSI Project No.: 2009-1032-01
Invoice Period: May 1, 2016 to May 31, 2016

Mile 6W

Contract No. C-08-227-02-09
Work Authorization No. 1
PO#: 617534

Original Contract Amount	Adjusted Contract Amount	Adjusted Contract Amount Remaining
$1,906,248.18	**$ 1,881,748.56**	**$240,121.46**

Task	Fee	% Complete This Period	% Complete To Date	Amount This Period	Amount To Date
Schematic Design (SD)	$ 256,884.54	0%	100%	$ -	$ 256,884.54
Right-of-Way (ROW)	$ 30,250.00	0%	100%	$ -	$ 30,250.00
Design Field Survey (DFS)	$ 278,200.00	0%	100%	$ -	$ 278,200.00
Environmental (ENV)	$ 115,000.00	0%	100%	$ -	$ 115,000.00
Supplemental Agreement No. 1	$ 63,808.53	0%	100%	$ -	$ 63,808.53
Supplemental Agreement No. 2	$ -			$ -	$ -
Supplemental Agreement No. 3				$ -	$ -
ROW Strip Map	$ 404,000.00	0.0000%	85.9604%	$ -	$ 347,280.00
Metes and Bounds	$ 451,000.00	5.0000%	75.0000%	$ 22,550.00	$ 338,250.00
Utility Coordination	$ 222,605.49	15.0000%	75.0000%	$ 33,390.82	$ 166,954.03
Project Management	$ 60,000.00	5.0000%	75.0000%	$ 3,000.00	$ 45,000.00
Subtotal	$ 1,881,748.56	3.1322%	87.2395%	$ 58,940.82	$ 1,641,627.10

Pct. 1
C.I.P.
6-13[15]-431-00-121-039-0-710
PO# 617534

TOTAL FEE EARNED:	$	1,641,627.10
LESS PREVIOUSLY INVOICED:	$	1,582,686.28
TOTAL AMOUNT DUE THIS INVOICE:	**$**	**58,940.82**

Craig F. Stong, P.E.
Project Manager

INVOICE RECEIVED BY
ON 6/28/16
GOODS/SERVICES RECEIVED BY
_____ ON _____

TEDSI INFRASTRUCTURE GROUP
TEDSI
Consulting Engineers
10999 IH-10 West ♦ Suite 320 ♦ San Antonio, Texas 78230
Tel: (210) 858-0610
Fax: (210) 641-5245

Letter of Transmittal

TO:
Mr. Raul Lozano
Hidalgo County Precinct No. 1
1902 Joe Stephens Avenue
Weslaco, Texas 78596

DATE:
June 22, 2016

REF.:
Mile 6 West Invoice

TEDSI PROJECT NO.:
2009-1032-01

TRANSMITTED:

☒ For Your Use	☐ Please comment	☐ Approved as Noted
☐ As Requested	☐ Reply ASAP	☐ As Noted Below

VIA:

☒ US Mail	☐ Courier	☐ Hand Carry
☒ E-Mail	☐	

COPIES	DESCRIPTION
1	Original TEDSI Invoice No. 20162763 for Project No. 2009-1032-01

REMARKS:

Attached please find TEDSI invoice for period May 1, 2016 thru May 31, 2016 for the above referenced project for your review and further processing. Should you need anything else, please do not hesitate to contact us.

Thank you.

Signed: for: Craig F. Stong, P.E.

If enclosures are not as stated, please notify us.

AI-55217

Purchasing Department M. 12.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Comm. Cuellar, COMM. PCT. #1

Submitted By: Katia Garcia, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of payment of Invoice# 1618 in the amount of $48,346.50 as submitted by Aranda and Associates for the provision of professional engineering services in connection to Contract# C-16-164-04-26 - PO# 743893 amid Work Authorization No. 1.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1345-431-00-121-214-0-721

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funding available under PO# 743893 as of 6/29/2016.

Attachments

Inv# 1618 Aranda - Mile 11

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/29/2016 01:59 PM
Budget & Management	Veronica Ortiz	06/29/2016 02:01 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/28/2016 03:45 PM

Final Approval Date: 07/01/2016

Invoice No. 1618

Hidalgo County Pct. 1
1902 Joe Stephens
Ste 101
Weslaco
TX 78599

Aranda & Associates, Inc.
Land Surveying • Engineering • GIS
Right-Of-Way Services • HSE Training
McAllen, Texas

If any question contact Account Receivables at
(956) 631-0944
Make Payments to:
Aranda and Associates Inc.
1552 Dove Ave.
McAllen, Texas 78504
Order Number: **PO# 743893**
Job No.: **16.0040**

Pct. 1 $0
C.I.P.
6-1345-431-00-121-214-0-721
PO#743893

Invoice

INVOICE DATE	AMOUNT DUE	DUE DATE
6 Jun 2016	**48,346.50**	6 Jun 2016

MILE 11 Roadway Reconstruction Design WA #1

Hidalgo County PO # 743893
CC WA No. 1 for Professional Engineering Services for MILE 11 from FM 1015 to Mile 1 W Road Reconstruction Project
Contract # C-16-164-04-26 EXP 12/31/16
Approved by CC4/22/16 AI-54317

	QTY	RATE	AMOUNT
Mile 11 (FM 1015 to M1W) - Engineering Design			
30% Submittal	1.00	48346.50	(TE) 48346.50
60% Submittal	0.00	48346.50	(TE) 0.00
100% Submittal	0.00	48346.50	(TE) 0.00
Constr Bid and Award	0.00	16115.50	(TE) 0.00

Subtotal	48,346.50
Tax 8.25%	0.00
Total $	48,346.50

INVOICE RECEIVED BY
Katie Cossio on 6/15/16
GOODS/SERVICES RECEIVED BY:
_____ on _____

Terms: Upon Receipt

ACCOUNT SUMMARY

INV. #	INV. DATE	INV. AMT.	PAID AMT.	AMOUNT OWED

INV. #	INV. DATE	INV. AMT.	PAID AMT.	AMOUNT OWED

TOTAL AMOUNT DUE INCLUDING THIS INVOICE..... $

PAYMENT APPLICATION

APPLICATION NO:	1
FOR PERIOD ENDING:	Jun 15, 2016

TO: Hidalgo County PCT. #1
1902 Joe Stephens Ave.
Weslaco TX 78596

ATTN: Raul Lozano

FROM: ARANDA and ASSOCIATES, INC.
1552 Dove Ave.
McAllen, TX. 78504

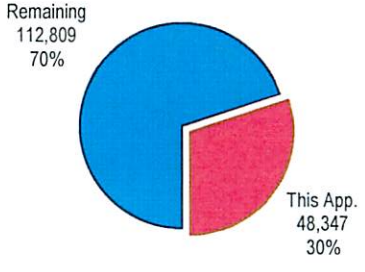
PREPARED BY: James Aranda
PHONE: 956-631-0944

PROJECT: Mile 11 (1015-M1W) Rd Reconstr.
NO: Hid. Co. PO# 743893
OWNERS PROJECT NO: C-16-164-04-26...WA# 1

WORK CATEGORY: Professional Engineering Services
CATEGORY NO:

CONTRACT SUMMARY

CONTRACT AMOUNT	ORIGINAL:	161,155.00
	CHANGES:	-
	TOTAL:	161,155.00
COMPLETED TO DATE:		48,346.50
RETAINAGE TO DATE:		-
COMPLETED LESS RETAINAGE:		48,346.50
PREVIOUS APPLICATION:		-
CURRENT PAYMENT DUE:		**48,346.50**
BALANCE TO FINISH INCLUDING RETAINAGE:		112,808.50



CHANGE ORDER SUMMARY

NO CHANGE ORDERS

APPROVED CHANGES	ADDITIONS QTY.	ADDITIONS AMOUNT	DELETIONS QTY.	DELETIONS AMOUNT	NET QTY.	NET AMOUNT
PREV. APP. PERIODS:	-	-	-	-	-	-
THIS APP. PERIODS:	-	-	-	-	-	-
TOTAL:	-	-	-	-	-	-

CONTRACTOR'S CERTIFICATION

I hereby certify that the work for which this application is being submitted has been performed or is scheduled to be performed on or before the period ending Date. I further certify that this work is in accordance with contract documents.

James Aranda — Jun 15, 2016
James Aranda — Date

PROJECT MANAGER'S CERTIFICATION

I hereby confirm that to the best of my knowledge, this payment application accurately reflects the progression of work and that this work meets contract requirements sufficient enough to justify payment in the amount of (check one):

☐ This App: 48,347 ☐ Other: _____ (Explain in Notes)

_____ Signature

_____ Date

NOTES

Form SS1-Custom

PAYMENT APPLICATION DETAIL

APPLICATION NO: 1
FOR PERIOD ENDING: Jun 15, 2016

FROM: ARANDA and ASSOCIATES, INC.
WORK: Professional Engineering Services

PROJECT: Mile 11 (1015-M1W) Rd Reconstr.
NO: Hid. Co. PO# 743893

WORK CATEGORY			COMPLETED WORK			BALANCE TO FINISH	COMMENTS
Item No.	Description	Scheduled Value	Prev. App. Value	This App. Value	Total Value		
							Created using Paymee for Excel. Visit www.Paymee.com for more information.
▶ **Mile 11 (Fm1015 to M1W) - Engineering Design**							
100	30% Submittal	48,346.50	-	48,346.50	48,346.50	-	
101	60% Submittal	48,346.50	-	-	-	48,346.50	
102	100% Submittal	48,346.50	-	-	-	48,346.50	
103	At Const. Contract Award	16,115.50	-	-	-	16,115.50	
SUBTOTAL Mile 11 (Fm1015 to M1W) - Engineering Design:		**161,155.00**	**-**	**48,346.50**	**48,346.50**	**112,808.50**	
	Total Base Contract Work:	**161,155.00**	**-**	**48,346.50**	**48,346.50**	**112,808.50**	
	Total Extra Work:	**-**	**-**	**-**	**-**	**-**	
	GRAND TOTAL:	**161,155.00**	**-**	**48,346.50**	**48,346.50**	**112,808.50**	

Created using Paymee for Excel. Download for free at www.Paymee.com

Purchase Order
COUNTY OF HIDALGO

PO# 743893

DATE: 05/20/16

PAGE NO: 1 Of 1

PO TYPE:

VENDOR: 420034 REQ: 00297289 CANCELLED: 04-25-17

PHONE: (956)631-0944

Fax: (956)631-0992 EMAIL: ARANDAJ@ARANDAWORLD.COM

SHIP TO: HIDALGO CO. PCT 1
1902 Joe Stephens Ave
WESLACO TX 78596

ARANDA, JAMES
D/B/A ARANDA & ASSOCIATES, INC.
1552 DOVE AVE.
MCALLEN TX 78504

CONTACT: RLOZANO/DR (956)968-8733

SITE: COMMISSIONER, PRECINCT 1

CONTRACT NO: C-16-164-04-26

SPECIAL INSTRUCTIONS: RK34

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		C-16-164-04-26 EXP 12/31/2016		
		APPROVED BY CC4/22/16 AI-54317		
1.00	EACH	CC WORK AUTHORIZATION NO. 1 FOR PROFESSIONAL ENGINEERING SERVICES FOR MILE 11 FROM FM 1015 TO MILE 1 W ROAD RECONSTRUCTION PROJECT.	161,155.00	161,155.00
		TOTAL:		161,155.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		********** For Hidalgo County use only		
		6-1345-431-00-121-214-0-721 161,155.00		

Authorized by: Martha L Salazar MD

AI-55215

Purchasing Department 12. N.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Comm. Cuellar, COMM. PCT. #1

Submitted By: Katia Garcia, COMM. PCT. #1

Department: COMM. PCT. #1

Information

CAPTION

Approval of payment of Invoice# 1622 in the amount of $44,790.00 as submitted by Aranda and Associates, Inc. for the provision of professional engineering services in connection to Contract# C-16-164-04-26 - PO# 743894 amid Work Authorization No. 2.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1347-431-00-121-216-0-721

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funding available as of 6/29/2016 PO# 743894.

Attachments

Inv# 1622 Aranda - Mile 14 1/2

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/29/2016 01:59 PM
Budget & Management	Veronica Ortiz	06/29/2016 02:01 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Katia Garcia Started On: 06/28/2016 03:16 PM

Final Approval Date: 07/01/2016

Invoice No. 1622

Raul Lozano
Hidalgo County Pct. 1
1902 Joe Stephens
Ste 101
Weslaco
TX 78599

Pct. 1
C.I.P.
6-1347-431-00-121-2162-0-721
PO#743894

Aranda & Associates, Inc.
Land Surveying • Engineering • GIS
Right-Of-Way Services • HSE Training
McAllen, Texas

If any question contact Account Receivables at
(956) 631-0944
Make Payments to:
Aranda and Associates Inc.
1552 Dove Ave.
McAllen, Texas 78504
Order Number: **PO# 743894**
Job No.: **16.0039**

Invoice

INVOICE DATE	AMOUNT DUE	DUE DATE
6 Jun 2016	**44,790.00**	6 Jun 2016

MILE 14 1/2 Roadway Reconstruction WA# 2

Hidalgo Co. PO # 743894
CC WA # 2 for Professional Engineering Services for MILE 14 1/2 from M. 4 to M 6 road reconstruction
Contract # C-16-164-04-26 EXP 12/31/2016
Approved by CC 4/26/16 AI - 54317
PO# 743894

	QTY	RATE	AMOUNT
Mile 14-1/2 (MIle 4 to Mile 6) - Engineering Design			
30% Submittal	1.00	44790.00	(TE) 44790.00
60% Submittal	0.00	44790.00	(TE) 0.00
100% Submittal	0.00	44790.00	(TE) 0.00
Construction Bid and Award	0.00	14930.00	(TE) 0.00

INVOICE RECEIVED BY
Patricia Lozano 6/10/16
GOODS/SERVICES RECEIVED BY:
_____on_____

Subtotal	44,790.00
Tax 8.25%	0.00
Total $	44,790.00

Terms: Upon Receipt

ACCOUNT SUMMARY

INV. #	INV. DATE	INV. AMT.	PAID AMT.	AMOUNT OWED

INV. #	INV. DATE	INV. AMT.	PAID AMT.	AMOUNT OWED

TOTAL AMOUNT DUE INCLUDING THIS INVOICE..... $

Purchase Order
COUNTY OF HIDALGO

PO# 743894

DATE: 05/20/16

PAGE NO: 1 of 1

PO TYPE:

VENDOR: 420034 REQ: 00297293 CANCELLED: 04-25-17

PHONE: (956)631-0944

Fax: (956)631-0992 EMAIL: ARANDAJ@ARANDAWORLD.COM

SHIP TO: HIDALGO CO. PCT 1
1902 Joe Stephens Ave
WESLACO TX 78596

ARANDA, JAMES
D/B/A ARANDA & ASSOCIATES, INC.
1552 DOVE AVE.
MCALLEN TX 78504

CONTACT: RLOZANO/DR (956)968-8733

SITE: COMMISSIONER, PRECINCT 1

CONTRACT NO: C-16-164-04-26

SPECIAL INSTRUCTIONS: RK35

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		C-16-164-04-26 EXP 12/31/2016		
		APPROVED BY CC4/26/16 AI-54317		
1.00	EACH	CC WORK AUTHORIZATION N0. 2 FOR PROFESSIONAL ENGINEERING SERVICES FOR MILE 14 1/2 FROM MILE 4 TO MILE 6 ROAD RECONSTRUCTION PROJECT.	149,300.00	149,300.00
		TOTAL:		149,300.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		********** For Hidalgo County use only		
		6-1347-431-00-121-216-0-721 149,300.00		

Authorized by: Martha L Salazar

PAYMENT APPLICATION

APPLICATION NO:	1
FOR PERIOD ENDING:	Jun 15, 2016

TO: Hidalgo County PCT. #1
1902 Joe Stephens Ave.
Weslaco TX 78596

ATTN: Raul Lozano

FROM: ARANDA and ASSOCIATES, INC.
1552 Dove Ave.
McAllen, TX. 78504

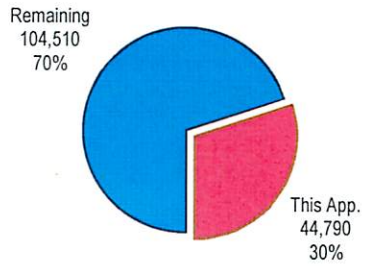
PREPARED BY: James Aranda
PHONE: 956-631-0944

PROJECT: Mile 14-1/2 (M4W-M6W) Rd Reconstr.
NO: Hid Co. PO# 743894
OWNERS PROJECT NO: C-16-164-04-26 / WA# 2

WORK CATEGORY: Professional Engineering Services
CATEGORY NO:

CONTRACT SUMMARY

CONTRACT AMOUNT	ORIGINAL:	149,300.00
	CHANGES:	-
	TOTAL:	149,300.00
COMPLETED TO DATE:		44,790.00
RETAINAGE TO DATE:		-
COMPLETED LESS RETAINAGE:		44,790.00
PREVIOUS APPLICATION:		-
CURRENT PAYMENT DUE:		**44,790.00**
BALANCE TO FINISH INCLUDING RETAINAGE:		104,510.00



CHANGE ORDER SUMMARY

NO CHANGE ORDERS

APPROVED CHANGES	ADDITIONS		DELETIONS		NET	
	QTY.	AMOUNT	QTY.	AMOUNT	QTY.	AMOUNT
PREV. APP. PERIODS:	-	-	-	-	-	-
THIS APP. PERIODS:	-	-	-	-	-	-
TOTAL:	-	-	-	-	-	-

CONTRACTOR'S CERTIFICATION

I hereby certify that the work for which this application is being submitted has been performed or is scheduled to be performed on or before the period ending Date. I further certify that this work is in accordance with contract documents.

James Aranda — Jun 15 2016
James Aranda — Date

PROJECT MANAGER'S CERTIFICATION

I hereby confirm that to the best of my knowledge, this payment application accurately reflects the progression of work and that this work meets contract requirements sufficient enough to justify payment in the amount of (check one):

☐ This App: 44,790 ☐ Other: _____ (Explain in Notes)

_____ Signature

_____ Date

NOTES

Form SS1-Custom

PAYMENT APPLICATION DETAIL

APPLICATION NO: 1
FOR PERIOD ENDING: Jun 15, 2016

FROM: ARANDA and ASSOCIATES, INC.
WORK: Professional Engineering Services

PROJECT: Mile 14-1/2 (M4W-M6W) Rd Reconstr.
NO: Hid Co. PO# 743894

WORK CATEGORY			COMPLETED WORK			BALANCE TO FINISH	COMMENTS
Item No.	Description	Scheduled Value	Prev. App. Value	This App. Value	Total Value		
							Created using Paymee for Excel. Visit www.Paymee.com for more information.
► **Mile 14-1/2 (M4W-M6W) - Engineering Design**							
100	30% Submittal	44,790.00	-	44,790.00	44,790.00	-	
101	60% Submittal	44,790.00	-	-	-	44,790.00	
102	100% Submittal	44,790.00	-	-	-	44,790.00	
103	At Const. Contract Award	14,930.00	-	-	-	14,930.00	
SUBTOTAL Mile 14-1/2 (M4W-M6W) - Engineering Design:		**149,300.00**	**-**	**44,790.00**	**44,790.00**	**104,510.00**	
	Total Base Contract Work:	**149,300.00**	**-**	**44,790.00**	**44,790.00**	**104,510.00**	
	Total Extra Work:	**-**	**-**	**-**	**-**	**-**	
	GRAND TOTAL:	**149,300.00**	**-**	**44,790.00**	**44,790.00**	**104,510.00**	

Created using Paymee for Excel. Download for free at: www.Paymee.com

AI-55144

Purchasing Department 12. O.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yvette Salinas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Approval to exercise the one (1) year extension as provided in contract #C-14-280-08-12 for “Service & Maintenance of Generator Located at Jail & Law Enforcement Center Facilities" under the same terms, and conditions effective August 12, 2016 to August 11, 2017.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-423-21-280-002-0-430

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 7/1/16.

Attachments

55144 back up

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/29/2016 11:09 AM
Budget & Management	Veronica Ortiz	06/29/2016 01:05 PM
Glinda Pacheco	Glinda Pacheco	07/01/2016 10:58 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Yvette Salinas Started On: 06/20/2016 11:01 AM

Final Approval Date: 07/01/2016

Effective August 12, 2016
through August 11, 2017

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

May 18, 2016

Mr. Charles Strickland
Holt Texas, LTD
3302 So. W. W. White Rd
San Antonio, TX 78555

via email: joe.washington@holtcat.com

Re: HB Form 1295 Required/Renewal/Extension Notice
Extension# E-16-113-Service & Maintenance of Generator Located at Jail & Law Enforcement Center Facilities-Hidalgo County (Current Contract# C-14-280-08-12)

Dear Mr. Strickland:

Be advised, that in order to proceed with the County's option to extend/renew for an additional **One (1) Year term, under the same rates, terms and conditions** with **Holt Texas, LTD** for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-113**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on June 01, 2016**, the signed notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via email to: yvette.salinas@co.hidalgo.tx.us **by no later than Friday, May 27, 2016,** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Please acknowledge receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: yvette.salinas@co.hidalgo.tx.us by no later than date reflected above.

By: Charles C Strickland Date: 5-31-16
Mr. Charles Strickland

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,
Martha L. Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yss

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-63273

Date Filed:
05/31/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Holt Texas, LTD.
San Antonio, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo, County of

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-16-113
Renewal/ Extension of Service and Maintenance of Generator located at Jail & Law Enforcement Center Facilities

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
WASHINGTON, Joe	Corpus Christi, TX United States		X
RICHTER, Corinna Holt	San Antonio, TX United States	X	
HOLT, Peter J	San Antonio, TX United States	X	
HOLT , Julianna	San Antonio, TX United States	X	
HOLT, Peter M	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

LUCY M. TITZMAN
NOTARY PUBLIC-STATE OF TEXAS
COMM EXP. 07-02-2017
NOTARY ID 4097765

Paul C. Hensley
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul C Hensley, this the 31 day of May, 20 16, to certify which, witness my hand and seal of office.

Lucy M. Titzman — LUCY M TITZMAN — Notary Public
Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-63273

Date Filed:
05/31/2016

Date Acknowledged:
06/20/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Holt Texas, LTD.
San Antonio, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo, County of

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-113
Renewal/ Extension of Service and Maintenance of Generator located at Jail & Law Enforcement Center Facilities

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
HOLT, Julianna	San Antonio, TX United States	X	
HOLT, Peter M.	San Antonio, TX United States	X	
WASHINGTON, Joe	Corpus Christi, TX United States		X
RICHTER, Corinna Holt	San Antonio, TX United States	X	
HOLT, Peter J.	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/28/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wortham San Antonio, Inc. 131 Interpark Blvd. San Antonio, TX 78216 www.worthaminsurance.com	**CONTACT NAME:** Cathy Jarred **PHONE (A/C, No, Ext):** 210-249-2379 **FAX (A/C, No):** **E-MAIL ADDRESS:** cathy.jarred@worthaminsurance.com
INSURED Holt Texas Ltd. 3302 South W.W. White Road San Antonio TX 78222	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** National Union Fire Ins Co Pittsburgh PA — 19445 **INSURER B :** Commerce and Industry Insurance Company — 19410 **INSURER C :** The Insurance Company of the State of Pennsylvania — 19429 **INSURER D :** Chubb Custom Insurance Company — 38989 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 29672362 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☑ LOC ☐ OTHER:	✓	✓	GL5180137	3/1/2016	3/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 500,000 $ 25,000 $ 1,000,000 $ 4,000,000 $ 4,000,000
A	**AUTOMOBILE LIABILITY** ✓ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ✓ GKLL	✓	✓	CA2961564	3/1/2016	3/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) GKLL-All Locations	$ 4,000,000 $ $ $ $ $1,000,000
B	✓ **UMBRELLA LIAB** ✓ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ✓ RETENTION $ 10,000	✓	✓	19086839	3/1/2016	3/1/2017	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	✓	WC080756327	3/1/2016	3/1/2017	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Contractors Pollution Liability Occurrence	✓	✓	37310530	4/1/2015	3/1/2018	$10,000,000 Each Pollution Incident $10,000,000 Aggregate Limit	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S. Highway Bus. 281
Edinburg TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John L. Wortham & Son, L.P. John L. Wortham & Son L.P.

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Wortham San Antonio, Inc.		Holt Texas Ltd. 3302 South W.W. White Road San Antonio TX 78222
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Hidalgo County Attn: Purchasing Department
ADDRESS: 2812 S. Highway Bus. 281 Edinburg TX 78539

NAMED INSURED INCLUDES:
Holt Texas, Ltd. dba Holt CAT
Holt Texas, Ltd. dba Holt AgriBusiness
Holt Texas, Ltd. dba Holt Crane & Equipment
Holt Texas, Ltd. dba Holt Mining Solutions
Holt Texas, Ltd. dba Holt Power Systems
Holt Texas, Ltd. dba SITECH-Tejas
Holt Texas, Ltd. dba Holt Truck Center
Texas First Rentals LLC

AS RESPECTS GENERAL LIABILITY:

Additional Insured-Owners, Lessees, or Contractors-Scheduled Person or Organization (Ongoing Operations) - Per Form 97838 04/08 - Schedule: “As Required by Contract"
Additional Insured-Owners, Lessees, or Contractors (Completed Operations): Per Form 97837 04/08 - Schedule: “As Required by Contract"
Additional Insured- Lessor of Leased Equipment: Per Form CG 20 34 04 13
Additional Insured - Managers or Lessors of Premises: Per Form CG 20 11 04 13

Waiver of Subrogation: Per Form CG 24 04 05/09

Notice of Cancellation: Per Form 108538 03/11 -Number of Days: 30

Primary and Non-Contributory: Per Form CG 20 01 04/13

AS RESPECTS COMMERCIAL AUTOMOBILE LIABILITY:

Additional Insured and Loss Payee-Lessor: Per Form CA 20 01 10/13
Additional Insured Where Required Under Contract or Agreement: Per Form 87950 09/14

Primary - Insurance Primary as to certain Additional Insureds - Per Form 74445 10/99

Waiver of Subrogation: Per Form 62897 6/95

Notice of Cancellation: Per Form 108538 03/11 -Number of Days: 30

AS RESPECTS WORKERS' COMPENSATION:

Waiver of Subrogation: Per Form WC 00 03 13 04/84

Alternate Employer Endorsement: Per Form WC 00 03 01 04/84 – Schedule: “Any Alternate Employer of your employees”.

Notice of Cancellation: Per Form 99 00 58 04/11 -Number of Days: 30

USL&H Coverage Endorsement: Per Form WC 00 01 06 A

Maritime Coverage Endorsement: Per Form WC 00 02 01 B

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Wortham San Antonio, Inc.		Holt Texas Ltd. 3302 South W.W. White Road San Antonio TX 78222
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: Hidalgo County Attn: Purchasing Department
ADDRESS: 2812 S. Highway Bus. 281 Edinburg TX 78539

Outer Continental Shelf Lands Act Coverage Endorsement: Per Form WC 00 01 09 C

AS RESPECTS UMBRELLA LIABILITY:

Additional Insured: Per Form 80517 11/09
Insured means: Any person or organization, other than the Named Insured, included as an additional insured under Scheduled Underlying Insurance, but not for broader coverage than would be afforded by such Scheduled Underlying Insurance.

Primary and Non-Contributory: Per Form 86395 12/13 Coverage afforded to these additional insured parties, when required by written contract, will be primary to, and non-contributory with, any Other Insurance purchased and issued to that person or organization.

Waiver of Subrogation: Per Form 80517 11/09

AS RESPECTS PRIMARY COMMERCIAL CRIME INSURANCE:

Policy Number: B0180PE1600983
Policy Period: March 1, 2016 to March 1, 2017
Insurer: Underwriters at Lloyds, London
Limits:
$1,000,000 Employee Dishonesty
$1,000,000 Clients' Property (Joint Payable Clause)

AS RESPECTS SHIP REPAIRERS LEGAL LIABILITY:

Policy Number: MASILHS00100816
Policy Period: March 1, 2016 to March 1, 2017
Insurer: Starr Indemnity & Liability Company
Limits:
$2,000,000 General Aggregate
$1,000,000 Products/Completed Operations Aggregate
$1,000,000 Any One Accident or Occurrence

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ATTACHMENT

APPROVED

AI-45647 **Purchasing Department** **24. E. 1.**

CC - REGULAR

Meeting Date: 08/12/2014

Submitted For: Hon. J. E. Guerra, **Submitted By:** Yvette Islas, PURCHASING DEPT.
HC-Sheriff

Department: PURCHASING DEPT.

Information

CAPTION

Recommending bid award and approval of contract document to the most responsible vendor submitting lowest and best bid (and meeting specifications and/or requirements) for: Hidalgo County Sheriff's Office – "Generator Maintenance Service & Repairs at Sheriff's Facilities" under Request for Bids (RFB) No.: 2014-280-07-09-YSS.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2014 **ACCT. #:** 4-1100-423-21-280-002-0-431/432

FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**

BUDGETARY IMPACT:

Available balance as of 7-25-14 in the following object codes:
431 $26,928.87
432 $ 5,197.95

Services are on an as needed basis

Attachments

contract w acord, legal apprvl, dept recomend
Tab sheet

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	07/23/2014 04:43 PM
Budget & Management	Debbie Tamez	07/24/2014 02:40 PM
Manuel Chapa	Manuel Chapa	07/25/2014 10:34 AM
Auditor's Office	Monica Badillo	08/08/2014 05:20 PM

Form Started By: Yvette Islas Started On: 07/23/2014 10:29 AM

Final Approval Date: 08/08/2014

THE STATE OF TEXAS '

'

COUNTY OF HIDALGO '

SERVICE CONTRACT
C-14-280-08-12

THIS CONTRACT is made and entered into this **12th** day of **August, 2014** by and between the **County of Hidalgo, Texas** ("County"), and **Holt Texas, LTD.** ("Company").

WHEREAS, Company responded to advertised notices for bids for: **"Generator Maintenance Service & Repairs at Sheriff's Facilities"** (the "Services"); and

WHEREAS, Company submitted a bid to provide services in accordance with Exhibit "A" Request for Bids (RFB) Procurement Packet attached hereto respectively, and incorporated herein for all purposes of (the "RFB"); and;

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications within Exhibit "A" Request for Bids (RFB) Procurement Packet, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to **Hidalgo County Sheriff's Office**. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the services in accordance with the Specifications contained in Exhibit "A" Request for Bids (RFB) Procurement Packet within **Hidalgo County** following a request for Services by the **Hidalgo County Sheriff's Office** or its designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services. Further Hidalgo County reserves the right to request these services from other sources other than the successful vendor and shall not be in violation of any terms or conditions of said contract.

3. This Contract shall be for a period of **two (2) years (on an as needed basis)**, commencing on **August 12, 2014** and expiring on **August 11, 2016** and may be extended at the sole discretion of the County for an additional one (1) year term under the same rates, terms and conditions. Hidalgo County also reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay of award for the next term and contingent upon cost remaining unchanged.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services

shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Service by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:	County of Hidalgo Attn: County Judge 1615 South Closner, Suite J Edinburg, Texas 78539
If to Company:	**Holt Texas, LTD** **Attention: Charles Strickland** **3302 So. W. W. White Rd.** **San Antonio, TX 78222**

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. This Agreement may be terminated by County without cause upon thirty (30) days written notice.

15. This Agreement shall be binding upon and inure to the benefit of and be

enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. **Commitment of Current Revenues Only**. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

17. **Purchasing Ethics**. Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

(1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Hidalgo County, or for any elected official, department head or employee or former elected official, department head or employee of Hidalgo County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation,

auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefor pending before any department or agency of Hidalgo County.

(2) It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Hidalgo County, or any person associated therewith, as an inducement for the award of a subcontract or order.

18. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

19. **Entire Agreement**. This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

WITNESS our hands in duplicate originals this _day of _____, 2014.

APPROVED AS TO FORM
Atlas & Hall, L.L.P.

By:_____
Stephen L. Crain, Attorney

COUNTY OF HIDALGO

ATTEST:

By: Ramon Garcia
Ramon Garcia, County Judge

_____
Arturo Guajardo, Jr., County Clerk

COMPANY:
Holt Texas, LTD

By:_____

Printed Name: CHARLES C STRICKLIN

Title: 9-5-14

Approved by Commissioners' Court on : August 12, 2014

EXHIBIT "A"

REQUEST FOR BIDS (RFB) PROCUREMENT PACKET

PURCHASING DEPARTMENT
County Of Hidalgo

June 24, 2014

RE: ADDENDUM NO. 1
FOR RFB No: 2014-280-07-09-YSS HIDALGO COUNTY SHERIFF'S OFFICE- "GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"

Dear Bidder:

Attached you will find **ADDENDUM NO. 1,** in connection with **HIDALGO COUNTY SHERIFF'S OFFICE** -Request for Bids for the **"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES".**

Please add this **ADDENDUM NO. 1** to your procurement packet, to permit your company to submit a complete packet. See original procurement packet LEGAL NOTICE page 3 paragraph 9.

ACKNOWLEDGE RECEIPT of ADDENDUM NO. 1 by signing and returning this notice via e-mail to yvette.salinas@ co.hidalgo.tx.us.

If you do not receive all pages of **ADDENDUM NO. 1** please notify us immediately at (956) 318-2626.

Please be advised that this **ADDENDUM NO. 1** will complete your procurement packet for **HIDALGO COUNTY SHERIFF'S OFFICE-"SERVICE and MAINTENANCE for GENERATORS at JAIL-LAW ENFORCEMENT".**

Thank you for your prompt attention to this matter.

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

BY: _____
ADDENDUM NO. 1
ACKNOWLEDEMENT OF RECEIPT

_____
Print Firm's Name

MLS/yss
Enclosures

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

ADDENDUM NO. 1
JUNE 24, 2014

HIDALGO COUNTY SHERIFF'S OFFICE-
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"
BID NO. 2014-280-07-09-YSS

PLEASE ADD THE ATTACHED "LEGAL NOTICE" (consisting of eight (8) pages), AS IT WAS INADVERTADNLTY LEFT OUT OF THE PACKET.

I, _____, acknowledge receipt of ADDENDUM NO. 1 dated, June 24, 2014 for RFB NO.: 2014-280-07-09-YSS **"HIDALGO COUNTY SHERIFF'S OFFICE-"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES".**

_____ _____
Print VENDOR's Name Date

***NOTE: THIS ORIGINAL ADDENDUM MUST BE SUBMITTED WITH YOUR PROCUREMENT PACKET RESPONSE.**

Bid No: 2014-280-07-09-YSS	Buyer: Yvette Salinas	Tel. No: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY SHERIFF'S OFFICE "GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"

BID OPENING DATE:
JULY 09, 2014

Contact Person:

Martha L. Salazar, CPPB,Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281 – New Administration Building
Edinburg, Texas 78539

956 318-2626

Form HCPD-03

1. Sealed bids will be received for **HIDALGO COUNTY SHERIFF'S OFFICE- "GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.

2. **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **BID-2014-280-07-09-YSS HIDALGO COUNTY SHERIFF'S OFFICE -"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"** and in County's Purchasing Department, Physical: 2802 S. Business Highway 281 Postal/Mailing: 2812 S. Business Highway 281, New Administration Building, Edinburg, Texas, **on or before 9:30 A.M. WEDNESDAY, JULY 09, 2014. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO REQUEST FOR BIDS-2014-280-07-09-YSS HIDALGO COUNTY SHERIFF'S OFFICE- "SERVICE & MAINTENANCE FOR GENERATORS at the JAIL-LAW ENFORCEMENT CNTR-ETC" .** Hidalgo County reserves the right to refuse and reject any/all RFB and to waive any/all formalities or technicalities, or to accept the RFB considered the best and most advantageous to Hidalgo County.

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item(s) to perform as specified, or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any

necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy o their Federal ID Number Certificate.

15. **DELIVERY INSTRUCTIONS:**

- No deliveries accepted after 3:00 P.M., Monday-Friday.
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, Purchasing Agent
(956) 318-2626

16. **BILLING AND PAYMENT INSTRUCTIONS:**

- Invoices must include:
  a) Name and address of successful bidder
  b) Name and address of receiving department or official
  c) Purchase Order Number (if any)
  d) Notation - **HIDALGO COUNTY SHERIFF'S OFFICE-"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"** Descriptive information as to the items or

services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.

- Contact person for Billing and Payment questions:

  Hidalgo County Sheriff's Office
  711 El Cibolo Road
  Edinburg Texas 78539
  ATTN.: Guadalupe Lupe Trevino (956) 383-8114

17. **Schedule of Events**

Bid Opening, 9:30 AM	**July 09, 2014**
Award of Contract	_____, 2014
Commence Work or Deliver Products	_____, 2014

18. Bid or Performance Bond and Debarment Certification; Payment Under Contract:

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.

- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.

- If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

- If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.

- For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. **Ethical Standards:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County,

to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. **Disclosure of Conflict of Interest**

. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.

21. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be

extended to County.

22. Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

23. Minimum Standards For Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

24. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

25. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

26. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

A. Meet schedules;
B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the specifications.

27. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgement with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

28. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

29. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

30. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY SHERIFF'S OFFICE-
"SERVICE & MAINTENANCE FOR GENERATORS at the JAIL-LAW ENFORCEMENT CNTR-ETC" "
BID NO.: 2014-280-07-09-YSS

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281 - Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

PURCHASING DEPARTMENT
County Of Hidalgo

June 23, 2014

_____

_____

_____

_____

Re: **HIDALGO COUNTY SHERIFF'S OFFICE**
Request for Bids -**"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES."**
Bid No: 2014-280-07-09-YSS

Dear Gentleman/Ladies:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yss

Enclosures

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

PURCHASING DEPARTMENT
County Of Hidalgo

REQUEST FOR BID (RFB) CHECKLIST

HIDALGO COUNTY
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"

Bid No: 2014-280-07-09-YSS

1. **Request for Bid Letter, consists of __1__ page.**
2. **Request for Bid, Legal Notice, consisting of __8__ pages.**
3. **Exhibit "A" Specifications consisting of __8__ pages.**
4. **Exhibit "B" Bid Page consisting of __2__ pages.**
5. **Exhibit "C" Insurance Requirements consisting of __4__ pages.**
6. **Exhibit "D" CIQ Conflict of Interest Questionnaire, consisting of __1__ page.**
7. **Vendor/Bidder Application and W-9 form consisting of __6__ pages.**
8. **Certification Regarding Debarment __1__ page.**
9. **Draft Requirements Agreement consisting of __5__ pages.**

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

Martha L. Salazar

Martha L. Salazar, CPPB
Purchasing Agent

June 23, 2014
Date

EXHIBIT "A"
Hidalgo County Sheriff's Office
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"
RFB NO. 2014-280-07-09-YSS

SPECIFICATION

Hidalgo County Sheriff's Office is seeking to contract with a qualified vendor to conduct all of Services/ Maintenance and Repair of Generators on a Quarterly, Annually and/or Triennial (every third year) as required with a schedule to be provided (upon request) by the Hidalgo County Sheriff's Office, after award of bid/contract to awarded bidder. These services will be provided in accordance with these specifications and the manufacturer recommendations. Bid should include all labor and materials to properly service and maintain as necessary, such as PM1, PM2, PM3, Load Bank Testing, Automatic Transfer, Megohmeter and Fuel Annual etc.

The Generators to be maintained consists of (but not limited to) the following:

#	Manu factor	KW	Serial #	BUILDING	LOCATION
1	Caterpillar 3512 B	1500	1GZ00708	Adult Det. Cent.	701 El Cibolo Rd. F.M. 162
2	Caterpillar 3512 B	1500	1GZ00709	Adult Det. Cen.	701 El Cibolo Rd. F.M. 162
3	Caterpillar 3412 C	500	3FZ02548	Law Enforcement	711 El Cibolo Rd. F.M. 162
4	Caterpillar D 334	150	92B03273	Motor Pool	713 El Cibolo Rd. F.M. 162
5	Kohler 250 (Detroit Diesel) 12.7L/model # 250REOZ DB	250	2095562	Academy	715 El Cibolo Rd. F.M. 162
6	Generac SD 100 (Mitsubishi 4D34-T 3.9 L / model # 7515510100)	100	2091520	Courthouse Sally Port	100 N. Closner, Edinburg, TX
7	Cummings Model:DFEH-1204198	400	F120353463	East Sub Station	3003 E Mile 11 North, Weslaco, TX

REQUIREMENTS

1. Vendor(s) interested in participating in this bid process, must be authorized to link onto the ISO switchboard (hardware), with a twin CAT system build 959 version 2.9 made by Beck Hoff (software).

2. Participants must be authorized factory trained and certified to work on all Caterpillar equipment and its switch gear (I S O Links, Zenith and ASCO series 300); along with Kohler (Detroit Diesel), Generac SD 100 (Mitsubishi) equipment and its switch gear.

3. Participants must also use only genuine Caterpillar parts, Detroit Diesel and Mitsubishi parts (filters oil, air, diesel, and misc. parts, **equal or better)** and able to provide service/ maintenance and repair to generators in accordance with the National Electric Code (N E C), the life Safety Code, and the National Fire Protection Association and the Joint Commission.

4. Technicians must be available (24) twenty–four hours (7) seven days a week.

5. Due to the security sensitive location to be served all awarded vendor personnel while at job site(s) (i.e. Adult Detention Center, Law Enforcement Building, Motor Pool, Academy, Courthouse Sally Port, etc.) must wear a uniform to include safety gear and equipment identifying the company awarded this contract.

6. All efforts should be taken to perform work on clear days. Unless otherwise requested by user department.

7. Please provide with your bid a technician fee on an "As needed basis" per hour (normal hours and after hours) plus the percentage mark up rate for parts for the repairs of the mentioned generator (s). Additionally, awarded vendor at the time of submission of invoices to the Hidalgo County Sheriff's Office, awarded vendor must provide invoices for parts purchased to repair generators, for auditing purposes and verify the mark up rate.

8. Vendor should have an office/location within a 40 mile radius from the Hidalgo County Sheriff's Office located at 701 El Cibolo Rd, F.M. 162

TERMS & CONDITIONS

1. All costs and expenses associated with the preparation and submission of (bid, proposals and / or quotes) shall be responsibility of the bidder and no reimbursements for such charges or expenses shall be passed onto **HIDALGO COUNTY**.

2. The term of the contract will be for two (2) years with the county's option to extend for additional one (1) year terms under the same rates, terms and conditions. No bid price increase, otherwise same price for any extension to remain firm.

3. Hidalgo County reserves the right to continue this bid for additional sixty (60) days Grace period at the end of the contract term for unforeseen delay in award of new bid for next contract term.

4. The contract shall remain in effect until contract expires, delivery/completion of services ordered or terminated by either party with a thirty (30) day written notice prior to any cancellation.

9. Hidalgo County reserves the right to award the bid to the low bidder meeting all requirements and specifications.

10. Hidalgo County reserves the right to award on an "all or none basis".

11. Vendor shall provide services at no additional cost other than that stated on Exhibit "B" for normal maintenance and repairs.

12. Hidalgo County reserves the right to reject any or all bids submitted, if it is in the best interest to do so.

9. The awarded vendor will maintain all insurance requirements and its limits through out the agreement term, as described and listed in Exhibit "C" Insurance requirements.

10. Hidalgo County has the authority to utilize State Contracts from its membership with their existing or new cooperatives when ever it is in the County's best interest to do so.

11. Hidalgo County reserves the right to hold bids for a period of ninety (90) days without taking any action.

12. After bid is awarded and low bidder s default s in meeting the general instructions to bidders and/or comply with contract agreement, Hidalgo County reserves the right to seek services from the next low bidder. In such event, County shall charge the successful bidder the difference for any additional cost of such item.

MAINTENANCE AND SERVICES

PM LEVEL 1 Services are recommended Quarterly
PM LEVEL 2 Services are Recommended Annually
PM LEVEL 3 Services are Recommended every Three (3) years

TRANSFER SWITCH SCHEDULED MAINTENANCE – Recommended Annually
LOAD BANK TESTING Recommended Annually

An annual fuel sample with a report will also be required for all generator fuel storage tanks once a year. With an optional price of service for transfer switch scheduled maintenance and load bank testing on all six (6) generators.

DETAILED DESCRIPTION OF SCHEDULED MAINTENANCE SERVICE LEVELS

Scheduled Maintenance

PM LEVEL 1 – Services are recommended Quarterly

GENERAL

- Visual Inspection – Visual inspection of overall condition of unit to identify foreign objects, loose or broken fittings, guards, and components.
- Wipe off unit – Clean oil, coolant, fuel and acid deposits. Police generator area.

COOLING SYSTEM

- Radiator/Heat Exchanger – Visual inspection for leaks, damage, and debris. Check louver operation.
- Coolant – Visual inspection for correct level and condition of coolant (rust, oil, and contaminants). Check coolant conditioner concentration and temperature protection. Check filler cap gasket and sealing surface.
- Hoses and Connections – Visual inspection of all hoses for deterioration. Check tightness of connections.
- Fan Drive Pulley and Fan – Check for loose or worn pulleys and lube fan drive bearing. Check fan operation and clearance.
- Fan Belts – Inspect for wear or deterioration. Check tension and adjust as necessary.
- Jacket Water Heater – Inspect for proper operation. Check thermostat settings for proper coolant temperature.
- Water Pump – Visual and operational inspection for leaks or unusual noises.

FUEL SYSTEM

- Fuel Tank – Visually inspect fuel tank system for leaks and fuel level. Test day tank pump for proper operation. Inspect fuel condition for contaminants.
- Water Trap/Separator – Drain water from fuel tank or water separator when possible.
- Fuel Lines and Connections – Inspect for leaks and tightness of connections. Check line brackets.
- Governor and Controls – Inspect governor oil level. Inspect controls and linkage for proper operation. Add oil as necessary.
- Fuel Filters (Primary/Secondary) – Inspect for damage, leaks and proper operation.
- Fuel Pressure – Operational check of gauge and correct pressure.

AIR INDICTION and EXHAUST SYSTEM

- Air Filter Service Indicator – Note reading. Inspect for proper operation. Reset Indicator.
- Air Filter – Inspect. Clean as necessary
- Air Inlet System – Inspect piping and air filer housing for damage, loose connections, and evidence of leaks. Clean air filters housing if air filter is cleaned or replaced. Check housing seals and gaskets.
- Turbocharger – Inspect for oil leakage or exhaust leakage. Check for unusual noises and proper operation.
- Exhaust Manifold – Inspect for damage, loose or missing hardware, evidence of exhaust leakage and wet-stacking. Load bank recommendation, inspect for oil slobbering.

- Exhaust System – Inspect silencer and piping for damage, corrosion, or leakage. Check rain cap. Check supports for vibration damage and loose connections.

LUBE OIL SYSTEM

- Oil Level – Inspect for correct oil level and contamination.
- Visual inspect unit for leaks.
- Oil Pressure – Operational check of gauge for correct pressure. Operational and visual inspection of prelube pump.
- Crankcase Breather – Inspect for proper operation. Check connections and inspect hose for deterioration. Note excessive blowby.
- Scheduled Oil Sample – Obtain oil sample for analysis (optional for Level 1).

STARTING SYSTEM

- Batteries – inspect for damage or leakage, clean acid neutralizer. Clean and tighten all battery cable connections.
- Batteries (Specific Gravity) – Check electrolyte level and specific gravity. Fill cells with distilled water as necessary
- Battery Charger – Inspect for proper operation, loose terminals, and deteriorated wiring.
- Starting Motor – Inspect electrical connections and wiring. For air starters, inspect oil jar and feeder operation. Operational check for abnormal engagement and cranking noises.
- Alternator – Inspect for proper operation, loose connections, and mounting hardware. Check belts, pulley and voltage output.

ENGINE MONITORS AND SAFETY CONTROLS

- Safety Controls – Check for: loose connections, and wiring deterioration.
- Remote Annunciator and Alarms – Inspect and test all panel and system alarms.

CONTROL PANEL

- Start Controls – Manual/Auto – Operational check for proper operation. Check automatic start (if allowed).
- Voltmeter – Operational check for correct readings. Check voltage level.
- Ammeter – Operational check for correct readings, if load is available.
- Frequency Meter – Operational check for correct readings. Load and no load readings, if possible.

Scheduled Maintenance

PM LEVEL 2 Services are Recommended Annually

(Includes all services Level 1 -Inspection, as well as the following).

FUEL SYSTEM

- Fuel Filter – Replace. Inspect for proper sealing and operation.

LUBE OIL SYSTEM

- Oil and Filters – Change. Inspect all gaskets and seals.
- S.O.S – Obtain oil sample for analysis.
- Crankcase Breather – Inspect and clean or replace if applicable.

AIR INDUCTION SYSTEM

- Turbocharger – Check for oil leakage or unusual noises.
- Air Filter – Inspect. Clean or replace as necessary.

ENGINE MONITORS AND SAFETY CONTROLS

- Gauge Accuracy – Check oil pressure, water temperature, and alternator gauge for accuracy.

- Safety Controls – Inspect for proper operation, loose connections, and wiring deterioration. Check all safety controls for proper operation.
- Remote Annunciator and alarms – Inspect and test alarms for proper operation.

GENERATOR

- Generator Rear Bearing – Lubricate if applicable.
- Vibration Isolators – Check for proper adjustment and condition.

CONTROL PANEL

- Circuit Breakers – Inspect for free movement and tight connections, if accessible.

Scheduled Maintenance

PM LEVEL 3 Services are Recommended every Three (3) years

(Includes All Services Previously Listed Under **Level 1 and Level 2.** As Well As the Following)

COOLING SYSTEM

- Coolant – Drain, flush and replace coolant.
- Thermostats – Replace
- Fan Belts – Replace
- Hoses – Replace all cooling system hoses including jacket water heater hoses.

STARTING SYSTEM

- Batteries – Test
- Alternator Belt - Replace.

AIR INDUCTION AND EXHAUST SYSTEM

- Air Filter – Replace
- Adjust Valves and replace cover gaskets (as dictated by manufacturer's Operation and Maintenance Guide).

TRANSFER SWITCH SCHEDULED MAINTENANCE – Recommended Annually

INTERIOR WIRING COMPONENTS

- Perform visual inspection of all wiring and connections for signs of tracking, overheating, and insulation deterioration.
- Check and tighten, where necessary, all control circuit wiring terminals.
- Check manual switches for free movement and contact continuity.
- Check all time delay settings and adjust to the customer's specifications.
- Check condition of main and arcing contracts and auxiliary contracts.
- Check all common and ground wires. Measure and record resistance to ground readings.
- Check lug connections and mounting insulator bolts (de-energized switch).
- Megger test generator windings and rotor for proper resistance.
- Check for proper transfer operation and sequencing of time control relays.
- Calibrate all phase and voltage sensitive relays.
- Perform infrared heat scan on all cable connections. Clean and torque as necessary.

ENCLOSURE

- Wipe down.
- Clean interior of enclosure and remove accumulated dust and/or dirt.
- Check door closure, locking bar, and mechanism for proper operation.

MISCELLANEOUS

- Record findings of the inspection. Note corrective action taken.
- Report unsafe conditions.

- Report recommendations for replacement of major components.

LOAD BANK TESTING Recommended Annually (Required annually for most applications)
(SEE NFPA 110 & NFPA 99)

In addition to your Scheduled Maintenance services, we also recommend having a two – (2) hour Load Bank Test performed annually, in conjunction with your regular service. This test will prevent a condition known as "wet stacking", which is the presence of carbon particles, unburned fuel, acids and condensed water in the exhaust system, which accumulates due to incomplete combustion caused by low combustion temperatures. The presence of continual black smoke during operation is an indication what wet stacking is occurring.

The NFPA 110 states the following regarding Load Bank Testing (this also applies to **NFPA 99** for Healthcare Facilities, pertinent information is underlined):

6-4 Operational Inspection and Testing.

6-4.1* Level 1 and Level 2 EPSS's, including all appurtenant components, shall be exercised under load at least monthly.

Exception: If the generator set is being used for standby power or for peak load Shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, provided the appropriate data are recorded.

6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods.

(a) Under operating temperatures conditions or at not less than 30 percent of the EPS nameplate rating

(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.

The date and time of day for required testing shall be decided by the owner, based on facility operations

6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of the nameplate rating for 30 minutes, followed by 50 percent of the nameplate rating for 30 minutes, followed by 75 percent of the nameplate rating for 60 minutes, for a total of 2 continuous hours.

In summary, the engine needs to be exercised at monthly intervals. This must be done at the manufacturer's recommended operating temperature, which can only achieved by running it under recommended load (usually 30 % to 50 % of the generator's designed capacity). If this is not possible due to the inability to transfer adequate building loads to the generator, a Load Bank Test will be required to satisfy the supplemental load requirement.

Load Bank Testing for a minimum of two continuous hours at 80-100 % of the nameplate rating on the customer's generator, which will exceed the requirements of the requirements of the National Fire Protection Association. Unless otherwise specified by the customer.

MEGOHMETER TESTING

Test main stator, main rotor, exciter, and exciter rotor. Record data for reference

FUEL ANALYSIS – Recommended Annually

Property	Test Methods (*)	Low Sulfur No. 1-D	No. 1-D	Low Sulfur No. 2-D	No. 2-D	No. 4-D

Flash Point C, min	D 93	38	38	52	52	55
Water and Sediment, % vol, max	D 2709 D 1796	0.05	0.05	0.05	0.05	0.05
Distillation temperature, C 90 % vole covered Min Max	D86	288	288	282 338		
Kinematic Viscosity, 40 C sCt Min Max	D445	1.3 2.4	1.3 2.4	1.9 4.1	1.9 4.1	5.5 24
Ash, % mass, max	D482	0.01	0.01	0.01	0.01	0.1
Sulfur, % mass,max	D2622	0.05	0.05	0.05	0.05	2
Copper strip corrosion, 3 hr at 50 C, max rating	D130	No. 3	No. 3	No. 3	No. 3	
Cetane number, min	D613	40	40	40	40	30
One of the following: 1.) Cetain index min 2.)Aromaticity, % vol, max	D976 D1319	40 35		40 35		
Ramsbottom carbon residue on 10 % distillation residue, % mass, max	D524	0.15	0.15	0.35	0.35	

Fuel analysis should include, but is not limited to testing for the following in accordance with ASTM D 975 Requirements for Diesel Fuel Oils (from Chevron "Diesel Fuels Technical Review", Copyright 1998, P.34):

Market Volatility and Unit Price Adjustments:

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

1) **Requesting Price Adjustment**: Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.

   - A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier's advisory or notification to the vendor of the price changes.
   - The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
   - The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
   - No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
   - The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.

2) **Price Reduction**: Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

3) **Timeframe for Adjusted Price Increases:** Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. The County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.

4) **Allowable Review Periods**: Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time. The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

5) **Dollar Limit to Price Changes**: The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

ADDITIONAL INFORMATION

Hidalgo County is requesting that any and all questions, inquiries, and clarifications regarding quotes, bids, proposals, or statements of qualifications be addressed to, Martha L. Salazar, CPPB, Purchasing Agent, Postal/Mailing: 2812 S. Business Highway 281, New Administration Building, Edinburg, Texas 78539 **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED**.

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA EMAIL AT yvette.salinas@co.hidalgo.tx.us BY NO LATER THAN, TUESDAY, JULY 01, 2014, BY 5:00 P.M. RESPONSES TO SAID INQUIRIES WILL BE SENT TO ALL APPLICATIONS VIA EMAIL BY NO LATER THAN, **THURSDAY, JULY 03, 2014 BY 5:00 P.M.**

BID PAGE
HIDALGO COUNTY SHERIFF'S OFFICE
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"
RFB NO.: 2014-280-07-09-YSS

Description Of Generators	AMOUNTS						
	PM1	PM2	PM3	LOAD BANK TESTING	AUTOMATIC TRANSFER	FUEL ANNUAL PRICE	EMERGENCY CALLS
1. Cat 3512 B Gen set 1500 KW 480 volt 3 PH							
2. Cat 3512 B Gen set 1500 KW 480 volt 3 PH							
3. Cat 3412 C							
4. Cat D-334							
5. Kohler 250 (Detroit Diesel) 12.7L/model # 250REOZ DB							
6. Generac SD 100 (Mitsubishi 4D34-T 3.9 L / model # 7515510100)							
7. Cummings Model:DFEH-1204198							
TOTAL BID (for all above items							

An annual fuel sample with a report will also be required for all generator fuel storage tanks once a year. With an optional price of service for transfer switch scheduled maintenance and load bank testing on all six (6) generators.

D. Technician Fee:

1. Normal Hours $ _____ (specify hours) _____ to _____
2. After Hours $ _____ (specify hours) _____ to _____
3. Mark up rate for parts_____%

E. Other_____

BID PAGE
HIDALGO COUNTY SHERIFF'S OFFICE
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"
RFB NO.: 2014-280-07-09-YSS

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO.'S: _____

CELLULAR PHONE: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

EMAIL: _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services (other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	INSURERS AFFORDING COVERAGE
INSURED	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNER'S & CONT. PROT ☐ OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERS & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT	$
					OTHER THAN AUTO ONLY EA ACC	$
					AGG	$
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURENCE	$
					AGGREGATE	$
						$
						$
						$
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				WC STATU-TORY LIMITS ☐ OTHER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE-EA EMPLOYEE	$
					E.L. DISEASE-POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION
Hidalgo County **Attn: Purchasing Department** **2812 S Highway Bus. 281** **Edinburg, Texas 78539**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ***30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

SAMPLE

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners= Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners= Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

Notice to Bidder:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company=s obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bonds: _____.
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

_____ _____.

Authorized Signature Date

_____.

Company

_____.

Address

_____.

City, State, Zip

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE — FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity — Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department thru Facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539 or email: purchasing@co.hidalgo.tx.us

Company Name: **Telephone No. ( )**
dba Name:
Legal Name:
Mailing Address : **Fax No. ( )**
Physical Address:
City, State, Zip **Tax I.D. No.**
Remit to Address : **City, State, Zip**
E-Mail Address:
Representative(s) Name(s) & Title(s)
Type of Organization (check one): _____ Individual _____ Partnership _____ Corporation _____Non-Profit _____ LLC _____ Sole Proprietor _____ Other, Specify **State Identification No._____ (Please attached completed W-9 form with this application)** **Federal Identification No. or (if individual) SS No.**
State of Incorporation: _____ Date:_____ Other:
Type of Business (check one): _____ Manufacturer _____ Wholesaler _____ Retailer _____ Broker _____ Distributor _____ Service Organization _____ Other, Specify
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:
Small and/or Disadvantaged Business Information (check application criteria) **Small Business:** **Disadvantaged Business (At Least 51% Ownership)** ☐ Less than 125,000 annual gross receipt ☐ Black American ☐ Native American ☐ Less than 250,000 annual gross receipt ☐ Hispanic American ☐ Women ☐ Less than 499,000 annual gross receipt ☐ Asian Pacific American ☐ Other ☐ More than 500,000 annual gross receipt **Have you been certified as a HUB or an MBE/WBE source?:** ☐ Yes ☐ No **Indicate Certification No.(s):_____ or are Certificate(s) attached?:** ☐ Yes ☐ No
What type of product(s) is/are solicited by your company?: **Would you like to be provided with specifications for procurements of such products?:** ☐ Yes ☐ No
To Be Completed by the County: Rec'd by (Purchasing):_____ Date Rec'd by (Purchasing): **Date Forwarded Information to Auditor's Office:_____Entry Date: _____ Vendor No.:**

Revised12/14/06

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ☐Yes ☐ No

If yes, by whom?: ☐ Texas Building & Procurement Commission ☐ Other_____

Indicate Certification No(s).: or Are Certificate(s) Attached?: ☐ Yes ☐ No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

THE STATE OF TEXAS '

'

COUNTY OF HIDALGO '

SERVICE CONTRACT
C-00-000-00-00

THIS CONTRACT is made and entered into this **##th** day of **Month, 2014** by and between the **County of Hidalgo, Texas** ("County"), and **Company Name** ("Company").

WHEREAS, Company responded to advertised notices for bids for: **"Generator Maintenance Service & Repairs at Sheriff's Facilities"** (the "Services"); and

WHEREAS, Company submitted a bid to provide services in accordance with Exhibit "A" Request for Bids (RFB) Procurement Packet attached hereto respectively, and incorporated herein for all purposes of (the "RFB"); and;

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications within Exhibit "A" Request for Bids (RFB) Procurement Packet, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to **Hidalgo County Sheriff's Office**. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the

term of this Contract, and shall be obligated to render and provide the services in accordance with the Specifications contained in Exhibit "A" Request for Bids (RFB) Procurement Packet within **Hidalgo County** following a request for Services by the **Hidalgo County Sheriff's Office** or its designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services. Further Hidalgo County reserves the right to request these services from other sources other than the successful vendor and shall not be in violation of any terms or conditions of said contract.

3. This Contract shall be for a period of **two (2) years (on an as needed basis)**, commencing on **Month day, 2014** and expiring on **Month day, 2016** and may be extended at the sole discretion of the County for an additional one (1) year term under the same rates, terms and conditions. Hidalgo County also reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay of award for the next term and contingent upon cost remaining unchanged.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall

have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Service by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the

parties hereunder does not create any agency relationship or master-servant relationship that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:	County of Hidalgo Attn: County Judge 1615 South Closner, Suite J Edinburg, Texas 78539
If to Company:	Company Name Attention: Name, Title Address City, State Zip

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. This Agreement may be terminated by County without cause upon thirty (30) days written notice.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. **Commitment of Current Revenues Only**. In the event that, during any

term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

17. **Purchasing Ethics**. Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

(1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Hidalgo County, or for any elected official, department head or employee or former elected official, department head or employee of Hidalgo County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefor pending before any department or agency of Hidalgo County.

(2) It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Hidalgo County, or any person associated therewith, as an inducement for the award of a subcontract or order.

18. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

19. **Entire Agreement**. This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

WITNESS our hands in duplicate originals this _day of _____, 2014.

APPROVED AS TO FORM
Atlas & Hall, L.L.P.

By:_____
Stephen L. Crain, Attorney

COUNTY OF HIDALGO

ATTEST:

By: _____
Ramon Garcia, County Judge

_____
Arturo Guajardo, Jr., County Clerk

COMPANY:
COMPANY NAME

By:_____
Printed Name: Name_____
Title: Title_____

EXHIBIT "B"

VENDOR'S BID

BID PAGE
HIDALGO COUNTY SHERIFF'S OFFICE
"GENERATOR MAINTENANCE SERVICE & REPAIRS AT SHERIFF'S FACILITIES"
RFB NO.: 2014-280-07-09-YSS

Description Of Generators	AMOUNTS						
	PM1	PM2	PM3	LOAD BANK TESTING	AUTOMATIC TRANSFER	FUEL ANNUAL PRICE	EMERGENCY CALLS
1. Cat 3512 B Gen set 1500 KW 480 volt 3 PH	195	1995	3995	1395	150	150	250
2. Cat 3512 B Gen set 1500 KW 480 volt 3 PH	195	1995	3995	1395	150	150	250
3. Cat 3412 C	195	795	1995	795	150	150	250
4. Cat D-334	195	495	1095	495	150	150	250
5. Kohler 250 (Detroit Diesel) 12.7L/model # 250REOZ DB	195	495	1395	595	150	150	250
6. Generac SD 100 (Mitsubishi 4D34-T 3.9 L/ model # 7515510100)	195	495	1395	495	150	150	250
7. Cummings Model:DFEH-1204198	195	795	1995	795	150	150	250
TOTAL BID (for all above items	1365	7065	15,865	5965	1050	1050	1750

An annual fuel sample with a report will also be required for all generator fuel storage tanks once a year. With an optional price of service for transfer switch scheduled maintenance and load bank testing on all six (6) generators.

D. Technician Fee:

1. Normal Hours $ 112 (specify hours) 8 Am to 5 pm
2. After Hours $ 168 (specify hours) 5 pm to 8 Am
3. Mark up rate for parts 0 %

OPENED
7/9/14
9:50am
Witnessed

E. Other _____

EXHIBIT "C"

INSURANCE REQUIREMENTS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
9830 Colonnade Blvd., Suite 400
San Antonio, TX 78230
Attn: Matthew Lange 210-691-4160

413630-GAWX-GAWX-14-15 000267

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Insurance Co	19445
INSURER B : Commerce And Industry Ins Co	19410
INSURER C : Insurance Company Of The State Of PA	19429
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Holt Texas, LTD.
3302 South W W White Road
San Antonio, TX 78222

COVERAGES **CERTIFICATE NUMBER:** HOU-002007736-11 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			3823573	04/01/2014	03/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Per Location - Gen. Agg	$ $ $ $ $ $ $	1,000,000 500,000 10,000 1,000,000 2,000,000 2,000,000 10,000,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			3314338	04/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
B	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			BE C61234791	04/01/2014	03/01/2015	EACH OCCURRENCE AGGREGATE	$ $	2,000,000 2,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			026034835	04/01/2014	03/01/2015	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is Additional Insured, with regards to GL as required by written contract.

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S. Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Marc Crane

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CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Marty Salazar, PURCHASING DEPT.
Submitted By: Letty Saenz, PURCHASING DEPT.
Department: PURCHASING DEPT.

Information

CAPTION

1. Requesting authority to exercise the Sixth (6th) Year of the additional nine (9)-one (1) year options to extend/renew as provided in the current agreement for the:"LEASE OF TOWER SPACE" in connection to Lease Agreements (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, (subject to compliance with HB1295 and/or HB23 when and if applicable), effective 08/03/16.

A) SBA TOWERS IV, LLC - (LA JOYA TOWER SITE)
B) O.E. INVESTMENTS, LTD - (WESLACO TOWER SITE)

2. Authority to exercise the Second (2nd & FINAL) Year of the additional two (2) one (1) year options to extend/renew provided in the current contract for:"COMMISSARY SUPPLIES" in connection to Contracts (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, (subject to compliance with HB1295 and/or HB23 when and if applicable), effective 08/19/16.

A) KEEFE COMMISSARY NETWORK, LLC
B) RENE LUCIO d/b/a R & R DISTRIBUTING
C) ICS JAIL SUPPLIES, INC.

BACKGROUND

Extension/HB1295-SBA Towers IV,LLC
Extension/HB1295-OEI
Extension/HB1295-Keefe
Extension/HB1295-Rene Lucio d/b/a R&R Distributing
Extension/HB1295-ICS Jail Supplies

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-421-00-280-083-0-441
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:

Funds available as of 7/1/16.

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

**Commissary Agreements -vendor supplies inventory which generates revenues to operate commissary at County Jail..(Commissary funds monitored by County Jail Accounting)

Attachments

OEI-Extension/HB1295(Weslaco Tower)HCSO

Ext&HB1295-Rene Lucio dba R&R Dist-(CommSupp) HCSO

Ext&HB1295-ICS Jail Supp-(Comm Supp) HCSO

Ext&HB1295-Keefe Comm Ntwrk-(Comm Supp)-HCSO

Ext-SBA (La Joya Tower Site)-HCSO

HB1295 request from SBA

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/28/2016 11:24 AM
Budget & Management	Veronica Ortiz	06/29/2016 09:28 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 11:39 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Letty Saenz Started On: 06/08/2016 01:58 PM

Final Approval Date: 07/01/2016

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 7, 2016

Othal E. Brand, Jr., President/C.E.O.
O E INVESTMENTS, LTD.
P. O. Box 4408
Mc Allen, Texas 78502
P (956) 793-0103 **C** (956) 793-0103

via email Obrand@rioplexwireless.com
via facsimile (956) 631-2334
Term: August 3, 2016 - August 2, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-238A-06-23 (C-10-044-08-03) –Lease of Tower Space **(WESLACO TOWER SITE)** for **HIDALGO COUNTY SHERIFF'S OFFICE**

Dear Mr. Brand:

Be advised, that County has chosen the option to exercise the **SIXTH (6TH) YEAR** of the additional nine (9) one (1) year terms, **under the same rates, terms and conditions** with **OE INVESTMENTS, LTD.** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No.** **E-16-252A-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 06/10/16
Othal E. Brand, Jr., President

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,
Martha L. Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/lhs
Enclosures

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-67888

Date Filed:
06/08/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

O E Investments Ltd
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Purchasing Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-252A-00-00
Lease of Tower Space

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

BEATRIZ JUAREZ
NOTARY PUBLIC
State of Texas
Comm. Exp. 04-09-2019

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Othal E Brand Jr., this the 10th day of June, 2016, to certify which, witness my hand and seal of office.

Beatriz Juarez — Signature of officer administering oath
Beatriz Juarez — Printed name of officer administering oath
Adm. Assistant — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-67888

Date Filed:
06/08/2016

Date Acknowledged:
06/15/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

O E Investments Ltd
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Purchasing Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-252A-00-00
Lease of Tower Space

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OEINVES-02 HEREN1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/15/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Shepard Insurance Agency 5801 N 10th St Ste 300 McAllen, TX 78504	PHONE (A/C, No, Ext): (956) 686-3888	FAX (A/C, No): (956) 682-5650
	E-MAIL ADDRESS: shepard@shepins.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
O. E. Investments, Ltd. P.O. Box 4408 McAllen, TX 78502	INSURER A : Essex Insurance Company	
	INSURER B : Texas Mutual Insurance Company	22945
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X		3ED0670	01/18/2016	01/18/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X $500.00 BI/PD Ded						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A		SBP-0001208277	01/28/2016	01/28/2017	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County Attn: Purchasing Dept
2812 S. Bus. Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E-15-238A-06-23

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 16, 2015

Othal E. Brand, Jr., President/C.E.O.
O. E. INVESTMENTS, LTD.
P. O. Box 4408
Mc Allen, Texas 78502
P (956) 793-0103 **C** (956) 793-0103

via email Obrand@rioplexwireless.com
via facsimile (956) 631-2334

Re: Extension Notice for: E-14-299A-07-08 (C-10-044-08-03) –Lease of Tower Space (WESLACO TOWER SITE) for HIDALGO COUNTY SHERIFF'S OFFICE

Dear Mr. Brand:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **FIFTH (5th) YEAR** of the additional nine (9) one (1) year periods as provided in the current lease agreement (under the same rates, terms and conditions).

Please acknowledge receipt of this notice of placement on the next Commissioners' Court agenda/meeting for discussion, consideration and action, by signing below and returning to the Purchasing Department, via email to: leticia.saenz@co.hidalgo.tx.us , so as to meet the agenda request form deadlines.

By: _____ Date: 6-25-15
Othal E. Brand, President/C.E.O.

Additionally, we are requesting your company/agency provide an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file

OEINVES-02 HEREN1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Shepard Insurance Agency
5801 N 10th St Ste 300
McAllen, TX 78504

RECEIVED JAN 22 2015 By

CONTACT NAME:
PHONE (A/C, No, Ext): (956) 686-3888 FAX (A/C, No): (956) 682-5650
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Essex Insurance Company	
INSURER B : Texas Mutual Insurance Company	22945
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
O. E. Investments, Ltd.
P.O. Box 4408
McAllen, TX 78502

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X		3DW4373	01/18/2015	01/18/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X $500.00 BI/PD Ded						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A			TBA	01/28/2015	01/28/2016	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County Attn: Purchasing Dept
2812 S. Bus. Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SPECIAL MEETING - June 23, 2015

BE IT REMEMBERED, that on this 23rd day of June A.D., 2015, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	HIDALGO COUNTY JUDGE
HONORABLE A.C. CUELLAR, JR.	COMMISSIONER, PRECINCT NO. 1
HONORABLE EDUARDO "EDDIE" CANTU	COMMISSIONER, PRECINCT NO. 2
HONORABLE JOE M. FLORES	COMMISSIONER, PRECINCT NO. 3
HONORABLE JOSEPH PALACIOS	COMMISSIONER, PRECINCT NO. 4

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:

AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
June 23, 2015
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 3, JOE M. FLORES, the Court made a UNANIMOUS vote of approval for the exception of Items. 2.F. and 3.B. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. **AI-50250** **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2015 Intradepartmental transfers:**

A. **AI-50227** 2015 - Tax Office (1100)

B. **AI-50222** 2015 - WIC Lactation Center (1292)

C. **AI-50215** 2015 - 430th District Court (1100)

D. **AI-50210** 2015 - J.P. Pct. 3, Pl. 1 (1100)

E. **AI-50113** 2015 - Facilities Management (1100)

F. **AI-50200** 2015 - County Judge / Economic Development (1100)

NO ACTION taken on this Item.

G. **AI-50154** 2015 - I. T. Department (1100)

H. **AI-50172** 2015 - District Attorney (1100)

I. **AI-50076** 2015 - Elections Dept. (1100)

J. **AI-50096** 2015 - Human Resources (1100)

K. **AI-50118** 2015 - WIC Lac Support Center (1292)

L. **AI-50065** 2015 - Pct.1 Admin. (1200)

M. **AI-50070** 2015 - Pct.1 BCAP (1312)

N. **AI-50178** 2015 - Pct. 2 Parks (1100)

O. **AI-50221** 2015 - Pct #3 Rd. Maint. (1200)

P. **AI-50162** 2015 - Pct. 4 Parks (1100)

Q. **AI-50161** 2015 - Pct. 4 Rd. Maint. (1200)

R. **AI-50058** 2015 - 389th D.C. (1100)

5. **Planning Department:**

A. **AI-50151** 1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)

2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

6. **Monthly Fee Reports:**

A. **AI-50048** Revised April 2015 Financial Report

B. **AI-50036** District Clerk Fee Report for the Month of May 2015 $440,722.99

7. **Executive Office - Valde Guerra:**

A. **AI-50085** **Right of Way:**
Saenz Brothers Construction, LLC.
Proposed 48 inch storm line shall be installed west to east, approximately 700 feet north of FM 1925 centerline, crossing Mile 4W existing 60.0' right of way

B. **AI-50141** Approval of 457 Plan hardship withdrawal request for employee #115487

8. **Tax Refunds:**

A. **AI-50042**

Account Number	Payer	Amount
R1600.00.000.0009.00	LC CASTILLO CORPORATION	$6,782.59
R2255.02.000.0152.00	CORELOGIC	$2,859.64

B. **AI-50062**

Account Number	Payer	Amount
L0400.00.008.0000.02	South Texas Electric Cooperative Inc	$19,657.62

C. **AI-50047**

Account Number	Payer	Amount
A1800.99.038.0015.10	DRIVELINE INTERNATIONAL INC	$2,852.62

9. **Membership Dues:**

A. **AI-50081** Fire Marshal (1100):
Approval to pay Fire Marshal Juan Martinez membership dues to the National Fire Protection Association for the amount of $165.00 (Requisition #00278766) with authority for county treasurer to issue payment after review and auditing procedures are completed.

10. **Budget & Management:**

A. **AI-50126** Report and approval of emergency transfers for the period of May 1, 2015 through May 30, 2015.

B. **AI-49856** 1. Approval of reimbursement in the amount of $952,643.49 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 05/23/15 to 06/05/15.

05/23-29/15	$337,383.98
06/01-05/15	$615,259.51
TOTAL	$952,643.49

2. Approval of wire transfer to cover claims paid.

C. **AI-50079** Self-Insured (2202)
Requesting approval of reimbursement of Hidalgo County Workers' Comp. paying account for claims paid by Tristar Risk Management for the period of 05/16-31/2015 in the amount of $36,832.52 and requesting approval of wire transfer.

11. **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. **AI-50190** Ratification of fully executed Change Orders No. 1, 2 & 3 in connection with the Pct. #1 -SIOUX ROAD PAVING & DRAINAGE IMPROVEMENTS PROJECT (from Tower Road to Val Verde Road) as recommended by project engineer, Mr. Raul Sesin, P.E, Hidalgo County Drainage District No. 1.

B. **AI-50218** Acceptance and approval of **WORK AUTHORIZATION #3** for **$42,900.53** submitted by **L&G Engineering Consulting Engineers** d/b/a **L&G ENGINEERING** contracted (On Call) engineering firm for the purposes of --[Geo Technical and Construction Materials Testing] services for projects located within Hidalgo County Precinct #4 under Contract# C-14-330-09-09 for **PROJECT: [Construction Material Testing Services]** for **HOEHN SUBDIVISION SANITARY SEWER IMPROVEMENTS.**

C. **AI-50220** Acceptance and approval of request for payment of Application No. 10 for $47,642.50 submitted by JCon Construction for the Linn San Manuel Emergency Facility through PO # 712761.

D. **AI-50152** 1. Hidalgo County Juvenile Probation Department Executive Director, Israel "Buddy" Silva is requesting that Commissioners Court permit the Hidalgo County Purchasing to conduct the procurement process only as the HC Juvenile Board of Judges will select and award contract/engagement of the professional provision of: Independent Audit Services;

2. Authority for the HC Purchasing Dept. to advertise and approval of procurement packet developed through collaboration with Juvenile Probation director and staff (i.e., specifications, legal notices, terms, conditions and requirements such as governmental audit guidelines, etc.) as attached hereto for professional: Independent Audit Services [including the authority to re-advertise the project if necessary].

E. **AI-50109** 1. Approval of Request for Payment-Application No. 4 in the amount of $474,976.25 from Central Air and Heating Services, Inc., awarded contractor for the Sheriff's Office "Adult Detention Center and Law Enforcement Facility Roof &/or Air Condition Repairs &/or Replacement", and as certified for payment by project engineer, Chanin Engineering, and reviewed & initialed by construction manager, Prodigy Construction Management through contract #C-14-047-01-20;

2. Acceptance & approval of Invoice No.1226 in the amount of $7,623.00, submitted by contracted vendor, Prodigy Construction Management, LLC, C-C-14-360-10-14, for the provision of construction management services for, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement."

3. Acceptance and approval of invoice No. 13159-7 in the amount $5,988.20 submitted by Chanin Engineering LLC, contracted engineer for the, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement" C-13-133-07-09;

F. **AI-50129** Acceptance and approval of request for Payment Application #2 in the total amount of $22,292.62 submitted by Herrera & Hunt Inc., including acceptance of Certificate of Completion submitted by project engineer Raul E. Sesin, P.E., in connection with the concrete portion of the project: Hidalgo County -"Concrete Work and Water Line Improvements to Constable Pct. 1 Building", project No. 2013-032-01-16-MSS through PO#692409.

G. **AI-50142** Acceptance and approval of request for Payment Application #1 in the total amount of $18,048.59 submitted by Herrera & Hunt Inc., in connection with the project: Hidalgo County Precinct No. 4 -"Monument Sign for Precinct No. 4 Annex Building on "M" Road", project No. 2014-157-MSS through PO#716858.

H. **AI-50163** Acceptance and approval of the following requests for payment submitted by Hellmuth, Obata & Kassabaum, LP, aka, HOK for the Schematic Design Review of New Courthouse:
1. Invoice #14.09017.00-3-$3,513.43;
2. Invoice #14.09017.00-4-$1,926.97;
including authority for Hidalgo County Treasurer, Hon. Norma G. Garcia to issue payment after review and audit procedures are completed by County Auditor.

I. **AI-50165** 1. Requesting authority to exercise the Fifth (5th) Year of the additional nine (9)-one (1) year options to extend/renew as provided in the current agreement for the:"LEASE OF TOWER SPACE" in connection to Lease Agreements (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/03/15.

APPROVED

a. E-14-299-07-08 (C-10-043-08-03) - SBA TOWERS IV, LLC - LA JOYA TOWER SITE
b. E-14-299A-07-08 (C-10-044-08-03) - O.E. INVESTMENTS, LTD - WESLACO TOWER SITE

2. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew provided in the current contract for:"COMMISSARY SUPPLIES" in connection to Contracts (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/19/15.

a. C-14-107-06-30 - KEEFE COMMISSARY NETWORK, LLC
b. C-14-107A-06-30 - RENE LUCIO d/b/a R & R DISTRIBUTING
c. C-14-107B-06-30 - ICS JAIL SUPPLIES, INC.

3. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew as provided in the current contract with NTC DRUG TESTING SERVICES, INC. for the purposes of: "DRUG TESTING SERVICES" for the Hidalgo County Sheriff's Office in connection to Contract #C-13-077-06-25, under the same rates, terms and conditions, effective 08/22/15.

J. **AI-50167** Acceptance and approval of request for Payment Application #1 in the total amount of $63,930.27 submitted by Herrcon LLC (awarded JOC through Buyboard contract #464-14), in connection with the project: Purchase, installation of CCD X-RAY IMAGE Detector to include but not limited to any modifications/appurtenances as may be necessary for a turnkey project. (PO# 725242 -Project #15-069-OGG)

K. **AI-50170** Requesting authority to exercise the Second (2nd) & Final Year of the additional two (2) one (1) year terms as provided in the current contract for:"BOTTLED WATER SERVICES" (on an as needed basis) for the Hidalgo County (under the same rates, terms and conditions) with MOUNTAIN GLACIER, LLC - effective 08/30/15.

L. **AI-50166** Acceptance & approval of the following invoices submitted by contracted/project engineer, L & G Consulting Engineers, Inc.:
1. Invoice No. 11325168-$3,456.59 for "Mile 2 N. Roadway Reconstruction."
2. Invoice No. 11325170-$9,542.20 for "FM 681 Project From FM 2221/FM 492"

M. **AI-50181** Approval of Request for Payment-Application No. 1 in the amount of $146,584.80 from IOC Company, LLC, awarded contractor for Precinct No. 3, "Mile 2 North Roadway Project," and as certified for payment by project engineer, L&G Engineer. C-14-153-02-17

N. **AI-50074** 1. Acceptance and approval of the following requests for payment submitted by L&G Consulting Engineers:
a. Invoice #11325162 - $7,250.00 for the FM 2220 (Ware Road) Project with PO# 696996.;
b. Invoice #11325157 - $61,960.00 for FM1925 (10th Street to McColl Rd.) under WA #1 with PO# 725312.

2. Acceptance and approval of request for payment submitted by L&G Engineering Laboratory - Invoice #15-5-000010 - $2,005.59 for Linn San Manuel Facility with PO # 713423).

3. Acceptance and approval of request for payment Mata-Garcia Architects - Invoice #3128-15 (8-a) - $1,146.84 for the San Carlos Community Resource Center with PO #700944.

O. **AI-50007** **Health & Human Services Department:**
Requesting authority to enter into a Regional Insertion Order Agreement with approval to execute same with National Cine Media for the Hidalgo County Health & Human Services Department for On Screen Regional Segment Advertisement "Theater Advertisement" from 7/2/2015 - 9/30/2015 & Mobile Tap 2 by zip code Cinema Audience Accelerator from 7/2/2015 - 9/30/2015 for $4,000.00 through the following requisition #278898 in the total amount of $22,346.00 (5-1293-441-00-340-012-5-540).

P. **AI-50143** Requesting approval of payment of Invoice #3817 in the amount $53,529.00 as submitted by R. Gutierrez Engineering Corporation, in connection with professional engineering services provided under Contract C-07-358-09-04 (WA#12 & SA#4), for Pct. #2's Southfork Drainage Lateral project.

Q. **AI-50144** Requesting approval of payment of Invoice #3835 in the amount $12,094.00 as submitted by R. Gutierrez Engineering Corporation, in connection with professional engineering services provided under Contract C-07-358-09-04 (WA#12 & SA#4), for Pct. #2's Southfork Drainage Lateral project.

R. **AI-50075** **CONSTABLE PRECINCT ONE:**
Acceptance and approval of request for payment of the following invoices as submitted by Raba Kistner, Inc. amid Work Authorization No. 1-PO#715006-Contract #C-14-279-08-12 for Construction Materials Testing Services for assessment study to the Constable Precinct One Building with authority for County Treasurer to issue payment after County Auditor's review and processing procedures are completed:

1. Invoice #S121874-Services rendered through: 11/15/14-$4,698.00; and,
2. Invoice #S122059-Services rendered through: 12/13/14-$1,016.29
Total amount due: **$5,714.29**

S. **AI-50108** Approval of CORRECTION to action taken by HCCC on 03-31-15 to for AI-49083 reflecting that the purchase is through participation with **H-GAC awarded vendor, Silsbee Ford, Inc.-Contract #VE11-13** and not as Caption read: '....through participation with Buyboard vendor [contract #430-13] as all pertinent/supporting backup documentation clearly identifies vendor H-GAC thus permitting the County Auditor to proceed with all procedures in order for County Treasurer to issue payment through PO # 723657 in the amount of $100,728.00.

E-14-299A-07-08

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 24, 2014

Othal E. Brand, Jr., President/C.E.O.
O. E. INVESTMENTS, LTD.
P. O. Box 4408
Mc Allen, Texas 78502
P (956) 793-0103 **C** (956) 793-0103

via email Obrand@rioplexwireless.com
via facsimile (956) 631-2334

Re: Renewal/Extensions for the following: E-13-247a-07-30 (C-10-044-08-03) WESLACO TOWER SPACE-HIDALGO COUNTY SHERIFF'S OFFICE/ EMERGENCY SERVICES DIVISION.

Dear Mr. Brand:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **FOURTH (4th) YEAR** of the additional nine (9) one (1) year periods as provided in the current lease agreement (under the same rates, terms and conditions). Please acknowledge receipt of this notice of placement on the next Commissioners' Court agenda/meeting for discussion, consideration and action, by signing below and returning to the Purchasing Department, via facsimile to (956) 956-318-2629 or email to: leticia.saenz@co.hidalgo.tx.us , so as to meet the agenda request form deadlines.

By: _____ Date: _____
Othal E. Brand, President/C.E.O.

Additionally, we are requesting your company/agency provides an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file

SPECIAL MEETING - July 8, 2014

BE IT REMEMBERED, that on this 8th day of July A.D., 2014, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	**HIDALGO COUNTY JUDGE**
HONORABLE A.C. CUELLAR, JR.	**COMMISSIONER, PRECINCT NO. 1**
HONORABLE HECTOR "TITO" PALACIOS	**COMMISSIONER, PRECINCT NO. 2**
HONORABLE JOE M. FLORES	**COMMISSIONER, PRECINCT NO. 3**
HONORABLE JOSEPH PALACIOS	**COMMISSIONER, PRECINCT NO. 4**

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:

AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
July 8, 2014
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, HECTOR "TITO" PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 - Unanimously

1. **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2014 Intradepartmental transfers:**

A. **AI-45324** 2014 - Pct. #1 Sanitation (1100)

B. **AI-45317** 2014 - Pct. #1 Parks (1100)

C. **AI-45369** 2014 - CW Mech Shop (1200)

D. **AI-45359** 2014 - Pct 2 Adm (1200)

E. **AI-45358** 2014 - Pct 2 Rd Maint (1200)

F. **AI-45294** 2014 - CO2010 Pct. 2 Equip. & Maint. Facility (1342)

G. **AI-45296** 2014 - Pct. #2 Parks (1100)

H. **AI-45291** 2014 - Pct. 2 Alamo CRC (1100)

I. **AI-45334** 2014 - Pct. #4 Restitution (1200)

A. **AI-45181** Authorization and approval to deactive wireless service through the County's membership/participation with CONTRACT: DIR-SDD-1779 for VERIZON WIRELESS for the following:

Department:	Employee Name:	Employee ID:	Description:	MDN:
Urban County	Diana Serna	149659	Cell Phone	956-587-1221
Planning	Tomas Arredondo	105899	Cell Phone	956-483-5638

7. **Purchasing Dept:**

Notes:

A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. **AI-45357** Acceptance of proposal listed received from AL3 Enterprises, LLC dba Starr Telecom, awarded vendor through the County's participation/membership with TASB/BuyBoard contract #401-12 in the total amounts listed for County Facilities Management.

Proposal No.	Description	Location	Amount
4410	Purchase and Installation of Dry Fire Suppression System for Computer Room	Constable Pct. 1 Building	$4,934.30
4411	Purchase and Installation of Dry Fire Suppression System for Computer Room	Old Administration Building	$5,564.30

B. **AI-45233** 1. Requesting approval of Change Order No. 2 (increase) in connection: "Repairs and Renovations-1st and 2nd Floor to the Former Administration Building," in the amount of $114,810.00 to awarded general contractor, D. Wilson Construction, Inc., and as recommended by project architect, Alcocer Garcia Associates with concurrence by construction manager, Prodigy, including authority for County Judge to execute document.

2. Approval of Request for Payment-Application No. 8 in the amount of $57,249.85 from D. Wilson Construction Co. awarded contractor for the, "Repairs and Renovations-1st and 2nd Floors to the Former Administration Building", and as certified for payment by project architect, Alcocer Garcia Associates, Inc. and reviewed & initialed by construction manager, Prodigy C-12-029-10-23.

C. **AI-45274** Requesting approval of payment of Invoice # 3036-14 ($2,469.90) submitted by Mata-Garcia Architects in connection to C-13-119-10-02 (PO# 701993) for the Linn-San Manuel Emergency Services Building.

D. **AI-45297** Requesting approval of payment for Invoice # 3610 in the amount of $2,244.60 for professional services submitted by R. Gutierrez Engineering Corporation through Contract C-14-085-04-08 (WA#4) for the Pct. 2 Owassa Road project.

E. **AI-45273** Requesting approval of Payment Application No. 3 in the amount of $105,041.03 for road and drainage construction submitted by RDH Site and Concrete, through Contract #C-13-250-01-14 for Pct 2 Rancho Blanco Road Project, and certified for payment by project engineer, R. Gutierrez Engineering Corporation.

F. **AI-45184** **206th District Court:**
Requesting authority to purchase maintenance services renewal through a purchase order (company's response as to acceptance of county purchase order only and no executed agreement) with RICOH USA through requisition #258558 at $375.00 per year-effective 8/6/2014 - 8/5/2015.

G. **AI-45190** Requesting authority to exercise the **FOURTH (4TH) YEAR** of the nine (9)-one (1) year options to extend/renew provided in the current contract for:**"LEASE OF TOWER SPACES"** in connection to the Lease Agreements (detailed below) for Hidalgo County Sheriff's Office & Division of Emergency Services, under the rates as specified in the agreement (on a per annual price breakdown for every additional year), same terms and conditions, effective 08/03/14.

a. E-13-247-07-30 (C-10-043-08-03) - SBA TOWERS IV, LLC - LA JOYA TOWER SITE

APPROVED

b. E-13-247A-07-30 (C-10-044-08-03) - O.E. INVESTMENTS, LTD - WESLACO TOWER SITE

H. **AI-44785** Requesting approval & authority to enter into a fire alarm monitoring services agreement with Superior Alarms for an initial term of 1 year with continuation of services through the life term of the monitoring agreement and equipment in place by user department, including activation fee and the execution of the required fire alarm monitoring agreement with Superior Alarms for the Old Administration Building 1st and 2nd floors in the amounts mentioned below:

Requisition#	Location	Conditions Monitored	Amount	Activation fee (one time fee)
259695	100 E. Cano, Edinburg, TX 78539	Fire Alarm	$25.00 per month Total of $300.00 yr.	$85.00

I. **AI-45260** Correction (for processing purposes) of AI#41368 (CC of 10-29-13) to reflect 16 waste barrels (number on invoice-attached) for PCT #4 and not as PO#702353 stated quantity as 15 each barrels

J. **AI-45179** Approval to add fuel card for: Constable - Hidalgo County Pct. No. 2 - Fuel card for vehicle

CONTRACT TERM (S) - OEI -WESLACO TOWER SITE

INITIAL CONTRACT #C-10-044-08-03 (APPROVED BY CC ON 08/03/10)
FIRST INITIAL TERM - ONE (1) YEAR - $ 2,700.00 PER MONTH
COMMENCED, 08/03/2010, EXPIRED, 08/02/11

EXTENSIONS / RENEWALS

CONTRACT # E-11-216-07-26 (C-10-044-08-03) (APPROVED BY CC ON 07/26/11)
FIRST (1ST) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS - $ 2,835.00 PER MONTH
COMMENCED, 08/03/11, EXPIRED, 08/02/12

CONTRACT # E-12-205A-07-31 (C-10-044-08-03) (APPROVED BY CC ON 07/31/12)
SECOND (2ND) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS- -$ 2,977.00 PER MONTH
COMMENCED, 08/03/12, EXPIRED, 08/02/13

CONTRACT # E-13-247A-07-30 (C-10-044-08-03) (APPROVED BY CC ON 07/30/13)
THIRD (3RD) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,126.00 PER MONTH
COMMENCED, 08/03/13, EXPIRES, 08/02/14

*** (PENDING CC APPROVAL ON 07/08/14)
FOURTH (4TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,282.00 PER MONTH
COMMENCES, 08/03/14, EXPIRES, 08/02/15

FIFTH (5TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,446.00 PER MONTH
COMMENCES, 08/03/15, EXPIRES, 08/02/16

SIXTH (6TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,618.00 PER MONTH
COMMENCES, 08/03/16, EXPIRES, 08/02/17

SEVENTH (7TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,799.00 PER MONTH
COMMENCES, 08/03/17, EXPIRES, 08/02/18

EIGTH (8TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,989.00 PER MONTH
COMMENCES, 08/03/17, EXPIRES, 08/02/18

NINTH (9TH) & FINAL YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS - $ 4,188.00 PER MONTH
COMMENCES, 08/03/18, EXPIRES, 08/02/19

OEINVES-02 HEREN1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/5/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Shepard Insurance Agency 5801 N 10th St Ste 300 McAllen, TX 78504	PHONE (A/C, No, Ext): (956) 686-3888	FAX (A/C, No): (956) 682-5650
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
O. E. Investments, Ltd. P.O. Box 4408 McAllen, TX 78502	INSURER A : Essex Insurance Company	
	INSURER B : Texas Mutual Insurance Company	0060
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		3DQ2916	01/18/2014	01/18/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X $500.00 BI/PD Ded						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A			SBP-0001208277	01/28/2014	01/28/2015	E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County Attn: Purchasing Dept
2812 S. Bus. Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF TEXAS §
§
COUNTY OF HIDALGO §

AMENDED AND RESTATED
LEASE AGREEMENT
C-10-044-08-03

This **AMENDED AND RESTATED LEASE AGREEMENT BETWEEN THE COUNTY OF HIDALGO, TEXAS** and **O.E. INVESTMENTS, LTD.**, a Texas Corporation, effective the 3rd day of August 2010, is made between the parties, as follows:

WHEREAS, on or about June 22, 2010 Hidalgo County (the "Lessee") executed a Lease Agreement (the "Lease Agreement") which was to be approved and executed by O.E. Brand (the "Lessor"), in which the Lessee would rent certain premises from the Lessor as described in the Agreement;

WHEREAS, the Lease Agreement accidently omitted a term required in the bid specifications and the Lessee now desires to amend and restate the Lease Agreement to correct the mistake and to revise the effective date thereof;

WHEREAS, Lessor, although not executing the original Lease Agreement, desires to execute this Amended and Restated Lease Agreement;

NOW THEREFORE, for and in consideration of the tasks performed by the parties and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, this **AMENDED AND RESTATED LEASE AGREEMENT** is made and entered into this 3rd day of August, 2010 by and between **O. E. Investments, Inc.** a Texas Corporation, hereinafter referred to as Lessor, and **COUNTY OF HIDALGO, TEXAS,** hereinafter referred to as Lessee.

ARTICLE 1. DEMISE OF LEASE PROPERTY

Lessor, for and in consideration of the rents, covenants, and promises herein contained to be kept, performed, and observed by Lessee, does hereby lease and demise to Lessee, and Lessee does hereby rent and accept from Lessor, that certain premises more particularly described on Exhibit A-1 and Exhibit A-2, incorporated herein at this point for all purposes ("the Property").

ARTICLE 2. LEASE TERM

Term

2.01 This lease shall be a term of **one (1) year** hereinafter referred to as the "initial lease term" commencing on **August 3, 2010** and expiring on **August 2, 2011** subject, however, to earlier termination as hereinafter provided.

Renewal

2.02 Provided Lessee is not in default hereunder, Lessee is granted the option to renew this Lease for nine (9) additional one (1) year terms (the "Renewal Term(s) as stated in the Request for Bid (RFB) Procurement Packet in Exhibit "A", under the same terms and conditions set forth in this Agreement except that the rent amount for the Property shall be established as proposed by Lessor in Exhibit "B" (the "Bid Page") and which was accepted by County. Lessee shall give Lessor written notice of its intent to exercise its renewal option at least thirty (30) days prior to the expiration of the Initial Term or any Renewal Term.

Voluntary Termination

2.03 Lessee may terminate this Contract at any time for any reason or no reason at all upon giving thirty (30) days prior written notice to the Lessor.

Commitment of Current Revenues Only

2.04 In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Lessee under this Agreement, Lessee may terminate this Agreement upon sixty (60) days written notice to Lessor. Lessee agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Lessee pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

ARTICLE 3. RENT

Monthly Rental

3.01 Lessee agrees to and shall pay to Lessor as rent for the use and occupancy of the Property during the initial lease term the sum of Two **Thousand Seven Hundred Dollars ($2,700.00)** per month for a **one (1) year period**. Rent for any partial month of the initial lease term shall be prorated. The rental amount during the Renewal Term, if Lessee exercises its renewal options, shall increase every year thereafter as described and attached hereto **Exhibit B-Bid Page 1, 2 & 3** during the nine (9) one (1) year renewal terms. Each Rental payment shall be due in advance on the first day of each month during the term of the lease. Each Rental payment shall be paid in lawful money of the United States at the time to the Lessor at: **P.O. Box 4408, McAllen, Texas 78502**, unless and until Lessor notifies Lessee in writing to make the payments to some other address.

3.02 Lessor also leases to Lessee forty two (42) square feet of the interior of that certain air conditioned, solid concrete building with generator backup located on the property described on Exhibit A-2 (the "Equipment Building") for location of Lessee's transmitter and other ancillary equipment. Lessor grants Lessee unlimited access to the Equipment Building twenty-four hours of the day, seven days a week during the term of this Lease.

ARTICLE 4. UTILITIES

Lessor shall pay or cause to be paid all charges for electricity, used on the Property throughout the term of this lease, including any connection fees.

ARTICLE 5. USE OF PROPERTY

Lessee shall have the right to use the Property for any lawful purpose pertaining to the receipt, broadcast or rebroadcast of data or radio signals.

ARTICLE 6. REPAIR AND MAINTENANCE

Lessor will, throughout the lease term, maintain the Property and keep it free of waste and nuisance. Lessor will, at Lessor's own expense, during the term of this Lease, maintain air conditioning systems, all windows, the roof, the foundation, the structural soundness of the exterior walls, the electrical wiring, paving the doors, the guy wires, the tower structure, the tower warning lights or beacons and all other components of the Property. Lessor will maintain all records and make all reports required by the Federal Aviation Administration with respect to maintenance and operation of tower warning light or beacons. In the event Lessor should neglect to reasonably maintain the Property. Lessee will have the right, but not the obligation, to cause repairs or corrections to made, with any reasonable costs therefor to be payable by Lessor to Lessee as an offset against rental on the next rental installment date. Lessee will, at its sole cost and expense, maintain and repair its own equipment, cables and antennae.

ARTICLE 7. OBLIGATIONS OF LESSOR AND LESSEE

Taxes

7.01 Lessee shall be liable for, and shall pay and discharge before the same become delinquent, all taxes levied or assessed against personal property, furniture, or fixtures located in or upon the Property owned by Lessee, but not by other Lessees or by Lessor, on the real property. Lessor shall be liable for, and shall pay and discharge before the same become delinquent, all ad valorem taxes and assessments levied against the Property, including any fixtures and improvements.

Alternation, Additions, and Improvements

7.02 Lessee may, at Lessee's discretion, but shall not be required to, make any alterations, additions or improvements to the Property, provided Lessee obtains the prior written consent of Lessor, which consent shall not be unreasonably withheld. All alterations, additions or improvements made to the Property described in Article I, excluding equipment placed on the Property by Lessee, shall become the property of Lessor at the termination of this Lease Agreement.

7.03 Addition of New and Replacement Equipment. In accordance with provision 7.02 of this Lease Agreement, Lessee shall be allowed to replace existing equipment used on the Property with the prior written consent of Lessor as described in 7.02, without experiencing an increase in monthly rental costs. Should Lessee desire to add new equipment to the Property currently not in place at Lessee's expense, Lessee shall also seek the prior written consent of Lessor as described in 7.02 and Lessor shall submit a written proposal to Lessee of the additional rental costs associated with the new equipment. If the parties reach an agreement for additional rental costs due to new equipment, then the new equipment may be added.

Damage or Destruction

7.04 In the event the Property or any portion thereof is damaged or destroyed by fire, tornado, or other casualty, Lessee shall be entitled to an abatement of rent as a result and Lessor shall promptly repair any such damages or destruction using materials and workmanship of a similar nature and quality to the original construction.

Insurance

7.05 Lessor agrees to insure the Property, at its sole cost and expense, against loss by fire, or other casualty, including extended coverage, with a policy or policies acceptable to Lessor. The coverages under such policy or policies shall provide for coverage in an amount reasonably required by Lessor to provide for the replacement or repair of the improvements located on the Property, or such portion thereof as may be damaged by a covered loss, but in no event less than the amount required by any party holding a security interest in or lien or the Property. Lessor agrees to hold Lessee harmless from any and all claims actions proceedings, damages, and liabilities arising from the use, condition and operation of the Property, and to carry liability insurance insuring at the sole cost and expense of lessor, both Lessor and Lessee against such loss and liability, in such amounts as Lessor may reasonably require. In the event Lessor should neglect to provide any insurance coverage required under this paragraph, Lessee shall have the right, but not the obligation, to purchase such coverage to protect Lessee's interest, with any reasonable costs therefor to be payable by Lessee.

Lessee's Insurance

7.06 Lessee, at its own expense, shall provide and maintain in force effective **August 3, 2010** and continuing during the term of this Lease Liability insurance in the amounts deemed adequate by Lessee, naming Lessor as additional insured.

ARTICLE 8. DEFAULT

Events of Default

8.01 The following events shall be deemed to be events of default by Lessee under this lease. Lessee shall fail to pay any installment of rent hereby reserved and such failure shall continue for a period of thirty (30) days. Lessee shall fail to comply with any term, provision, or covenant of this lease, other than the payment of rent, and shall not cure such failure within thirty (30) days after written notice thereof to Lessee.

Remedies

8.02 Upon the occurrence of any event to default specified in Paragraph 8.01 hereof, Lessor shall have the option to pursue any one or more of the following remedies without notice of demand whatsoever.

Re-entry

Lessor may re-enter the Property immediately and remove all Lessee's personal property therefrom. Lessor may store the personal property in a public warehouse or at another place at Lessor's choosing at Lessee's expense or to Lessee's account.

Termination

After re-entry, Lessor may terminate the lease on giving ten (10) days' written notice of such termination to Lessee. Re-entry only, without notice of termination, will not terminate the lease.

Re-letting Property

After re-entering, Lessor may re-let the Property or any part thereof, for any term, without terminating the lease at such rent and on such terms as Lessor may choose. Lessor may make repairs to the Property at Lessee's expense.

Quiet Enjoyment Pending Cure Period

8.03 Notwithstanding anything to the contrary herein, Lessor understands, acknowledges and agrees that some of the Property is utilized in the receipt, transmission and/or retransmission of radio signals for law enforcement and emergency services, which Lessee is authorized to operate by virtue of a license issued by the Federal Communications Commission. Lessor shall not, except following written notice of a default and the failure to cure such default by Lessee within the time periods provided in Section 8.02 (a) and (b), exercise any remedy which may affect or in any manner interfere with Lessee's use, possession or quiet enjoyment of the property or the receipt, transmission or retransmission of any radio signal by Lessee. Further, except for any time period following expiration of any cure period for which Lessee has not satisfactorily cured any Lessee default, Lessee shall have full access to, use of any quiet enjoyment of the property undisturbed by Lessor.

ARTICLE 9. INTENTIONALLY OMITTED

ARTICLE 10. MISCELLANEOUS

Notices and Addresses

10.01 All notices provided to be given under this agreement shall be given by certified mail or registered mail addressed to the proper party, or in person against a receipt. The date of mailing of any notice under this agreement shall be deemed to be the date of such notice and shall be effective from such date. The addresses of the parties of this agreement are as follows:

LESSOR
O. E. Investments, Ltd.
Attn: Othal E. Brand, Jr.
P. O. Box 4408
McAllen, Texas 78502

LESSEE
County Of Hidalgo, Texas
Attn: Rene A. Ramirez, County Judge
100 E. Cano St.-2nd Floor
Edinburg, Texas 78539

With copy to:
Hidalgo County Division of Emergency Services
Attn: A. A. "Tony" Pena, Jr., Emergency Manager Coordinator
1615 South Closner, Suite G
Edinburg, Texas 78539

Parties Bound

10.02 This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives and assigns where permitted by this Agreement.

Texas Law to Apply

10.03 This Agreement shall be construed under and in accordance with the laws of the State of
Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas.

Legal Construction

10.04 In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions thereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

Prior Agreements Superseded

10.05 This Agreement constitutes the sole and only agreement of the parties hereto and supersedes any prior understanding or written or oral agreements between the parties respecting the within subject matter.

Amendment

10.06 No amendment, modification or alteration of the terms hereof shall be binding unless the same in writing, dated subsequent to the date hereof, and duly executed by the parties hereto.

Waiver of Default

10.07 No waiver by the parties hereto of any default of breach of any term, condition or covenant
of this lease shall be deemed to be a waiver of any other breach of the same or any other term, conditions or covenant contained herein.

Attorney's Fee

10.08 In the event Lessor or Lessee breaches any of the terms of this Agreement whereby the party not in default employs attorneys to protect or enforce his rights hereunder and prevails, then the defaulting party agrees to pay the other party reasonable attorneys' fees so incurred by such other party.

ARTICLE 11. WAIVER OF SUBROGATION

Lessor hereby waives Lessor's right of recovery against Lessee for damages caused by fire, explosion and other perils to any of the Property to the extent that recovery is made by Lessor under insurance policies in effect at the time of loss; and Lessee hereby waives Lessee's rights of recovery against Lessor for damages to any of Lessor's property caused by fire, explosion and other perils to the extend that recovery is made by the Lessee under insurance policies in effect at the time of loss. This agreement does not extend to and waiver does not apply to any damage suffered by either party hereto which is not recovered by the injury party under its insurance policies.

ARTICLE 12. SPECIAL PROVISIONS

Access to Property

12.01 During the term of this agreement, Lessor agrees that technical and maintenance employees and representatives and agents of Lessee shall have at all time rights of ingress and egress to the Property for the Purpose of installing, maintaining and repairing Lessee's equipment subject to the Lessor's approval/disapproval. Lessee agrees to insure that its subcontractors and employees performing maintenance or technical services on Lessee's equipment are covered by adequate levels of liability insurance and by any state-mandated worker's compensation insurance, if applicable.

Duty Not to Impair Lessee's Operations

12.02 Lessor agrees not to lease or license the use of the Property, or any portion thereof, to any party which will interfere with Lessee's use of the Property, and to require than any other lessees and licenses use and operation of radio or television transmission equipment of the Property shall be performed in such a manner as not to interfere with the operation of any equipment which Lessee has therefore installed or may thereafter install on the Property. In the event interference should result, upon notice of such interference from lessee, Lessor shall cause its lessees and licenses to take all necessary steps, without costs or expense to lessee, to remove said interference or shut down communication equipment temporarily pending repair.

Hazardous Substances

12.03 Lessor represents that it has no knowledge of any substance, chemical or waste (collectively "substance") on the Site that is identified as hazardous, toxic or dangerous in any applicable federal, state or local law or regulation. Lessee will not introduce or use any such substance on the Site in violation of any applicable law.

IN WITNESS WHEREOF, the undersigned Lessor and Lessee hereto execute this Amended and Restated Lease Agreement as of the day and year first above written

APPROVED BY COMMISSIONER COURT ON August 3, **2010**

HIDALGO COUN TY, TEXAS

By: Rene Ramirez, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

O.E. INVESTMENTS, LTD.

By: Othal E. Brand, Jr., President/CEO

APPROVED AS TO FORM:

Atlas & Hall, L.L.P.

By: Stephen L. Crain, Attorney

EXHIBIT "A"

REQUEST FOR BIDS (RFB) PROCUREMENT PACKET

PURCHASING DEPARTMENT
County Of Hidalgo

REQUEST FOR BID (RFB)
CHECKLIST
HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"Lease of Tower Space-Weslaco, TX"
Bid No: 2010-044-05-12-ERT

1. **Request For Bid Letter, consisting of 1 page.**
2. **Request for Bid, Legal Notice, consisting of 8 pages.**
   (Page 8 must be submitted with bid).
3. **Exhibit "A" Specifications consisting of 7 pages.**
4. **Exhibit "B" Bid Page consisting of 3 pages.**
   (Must be submitted with bid).
5. **Exhibit "C" Insurance Requirements consisting of 4 pages.**
   (Must be submitted with bid).
6. **Exhibit "D" CIQ Conflict of Interest Questionnaire, consisting of 1 page.**
   (Copy of receipt and this form must be submitted with bid).
7. **Vendor/Bidder Application, consisting of 2 pages.**
   (Must be submitted with bid).
8. **W-9 form, consisting of 4 pages.**
   (Must be submitted with bid).
9. **Certification Regarding Debarment, consist of 1 page.**
   (Must be submitted with bid).
10. **Draft Lease Agreement, consisting of 10 pages.**

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

Martha L. Salazar, CPPB
Purchasing Agent

April 26, 2010
Date

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

PURCHASING DEPARTMENT
County Of Hidalgo

April 26, 2010

_____

_____

_____

_____

Re: **HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES**
Request for Bids -**"LEASE OF TOWER SPACE-WESLACO, TX"**
Bid No: 2010-044-05-12-ERT

Dear Gentleman/Ladies:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/ert

Enclosures

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

REQUEST FOR BIDS

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-WESLACO, TX "

BID OPENING DATE:
May 12, 2010

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Hwy Bus 281-Administration Building
Edinburg, Texas 78539

1. Sealed bids will be received for **"HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES–LEASE OF TOWER SPACE-WESLACO, TX"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.

2. One (1) original and Three (3) copies of all bids are required with the bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **"BID-2010-044-05-12-ERT-HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-WESLACO, TX"** and in County's Purchasing Department, 2812 S Hwy Bus Hwy 281, Administration Building, Edinburg, Texas, **on or before 9:30 a.m., WEDNESDAY, May 12, 2010. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO "REQUEST FOR BIDS - 2010-044-05-12-ERT - RFB-HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-WESLACO, TX".** Hidalgo County reserves the right to refuse and reject any/all RFB and to waive any/all formalities or technicalities, or to accept the RFB considered the best and most advantageous to Hidalgo County. Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item(s) to perform as specified, or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all

circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy o their Federal ID Number Certificate.

15. DELIVERY INSTRUCTIONS:

- No deliveries accepted after 3:00 P.M., Monday-Friday.
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department

16. BILLING AND PAYMENT INSTRUCTIONS:

- Invoices must include:
  a) Name and address of successful bidder
  b) Name and address of receiving department or official
  c) Purchase Order Number (if any)
  d) Notation - **"HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-WESLACO, TX"**
  Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.

- Contact person for Billing and Payment questions:

  Hidalgo County Division of Emergency Services
  Attn: Belinda Alvarez
  100 E. Cano, 2nd Floor
  P.O. Box 1356
  Edinburg, TX 78539
  956-318-2600

17. Schedule of Events

Bid Opening, 9:30 AM	**May 12 , 2010**
Award of Contract	_____, 2010
Commence Work or Deliver Products	_____, 2010

18. Bid or Performance Bond and Debarment Certification; Payment Under Contract:

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.

- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.

- If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the

purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

. If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.

. For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. Ethical Standards:

. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. Disclosure of Conflict of Interest

. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to

contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse
COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.

21. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

22. Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

23. Minimum Standards For Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

24. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

25. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

26. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

A. Meet schedules;
B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the specifications.

27. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

28. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

29. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

30. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-WESLACO, TX"
BID NO.: 2010-044-05-12-ERT

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2812 S Hwy Bus 281 - Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

(THIS PAGE MUST BE SUBMITTED WITH BID)

Exhibit "A"

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
(DEPARTMENT OF EMERGENCY MANAGEMENT)
"LEASE OF TOWER SPACE-WESLACO,TX"
RFB NO. 2010-044-05-12-ERT
SPECIFICATIONS

Hidalgo County is seeking to Lease Tower Space for the Hidalgo County Division of Emergency Services (Department of Emergency Management). Specifications are as, but not limited to the following:

Specifications & Requirements, Terms & Conditions

1) **All costs and expenses associated with the preparation and submission of (bid, proposals and / or quotes) shall be responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to HIDALGO COUNTY.**

2) Tower site shall be an existing site or a new site, with construction to be completed and ready for installations of equipment, meeting all city, county, state, and federal standards by the 1st day of May, 2009. Tower site must be geographically located within 2 miles of the following:

Name	Latitude	Longitude
Weslaco	26-07-42.2 N	098-00-45.0 W

3) Height of tower shall be as follows:

Name	Minimum Required Height in feet
Weslaco	480

4) Tower site lease provider must provide an equipment shelter at or near the base of the tower to house the communication system and peripherals. Equipment shelter shall be of concrete block or or other construction capable of withstanding sustained hurricane force winds.

5) Tower site lease provider shall be required to provide electricity for the Hidalgo County equipment listed below.

6) Tower site lease provider shall be required to provide air conditioning for the Hidalgo County equipment listed below.

7) Tower site lease provider shall be required to provide back-up generator power at not less than 20 kilowatt 220 – 240 volt capacity and not less than a 500 gallon LP gas storage capacity for the Hidalgo County equipment listed below.

8) Tower must be approved by and meet or exceed current standards and guideline of the F.A.A.

9) Tower must be registered with and meet or exceed standards and current guidelines of the F.C.C. Tower site lease provider shall attach a copy of each F.C.C. Antenna Site Registration.

10) Tower site lease provider will be responsible for all fines and penalties assessed by the F.A.A. or F.C.C. for the tower and tower related equipment as it relates to the tower site.

11) Tower site lease provider must, throughout the term of the lease, maintain the property and keep it free of waste and nuisance.

12) Tower site lease provider must, throughout the term of the lease, at his own expense, maintain the air conditioning systems, the roof, the foundation, the structural soundness of the exterior walls, the electrical wiring, road access or paving, the doors, the guy wires, the tower structure, the towering warning lights or beacons and/or painting, backup generator, LP storage tank and all other components of the property.

13) Tower site lease provider will maintain all records and make all reports required by the Federal Aviation Administration with respect to maintenance and operation of tower warning light or beacons.

14) Tower site lease provider agrees that Hidalgo County employees and contracted agents of Hidalgo County shall have at all times rights of ingress and egress to the property for the purpose of installing, maintaining and repairing Hidalgo County's equipment subject to the tower site lease providers approval/disapproval.

15) Tower site lease provider agrees not to lease or license the use of the property, or any portion thereof, to any party which will interfere with Hidalgo County's use of the property.

16) Tower site lease provider represents that it has no knowledge of any substance, chemical or waste (collectively, "substance") on the Site that is identified as hazardous, toxic or dangerous in any applicable federal state or local law or regulation.

17) Tower site lease provider must provide microwave connectivity at the minimum bandwidth rate of six (6) mbps to network with all other tower sites in the LRGVDC Project 25 800 MHz Voice and Data Radio Communications System.

18) **Tower site lease provider agrees to insure the property, at its sole cost and expense, against loss by fire, or other casualty, including extended coverage, with a policy or policies acceptable to Hidalgo County. The coverages under such policy or policies shall provide for coverage in an amount reasonably required by Hidalgo County to provide for the replacement or repair of the improvements located on the property, or such portion thereof as may be damaged by a covered loss, but in no event less than the required by any party holding a security interest in or lien on the property.**

19) **Tower site lease provider agrees to hold Hidalgo County harmless from any and all claims, actions, proceedings, damages and liabilities arising from the use, condition and operation of the property, and to carry liability insurance insuring, at the sole cost and expense of Tower site lease provider, both Tower site lease provider and Hidalgo County against such loss and**

liability, in such amounts as Hidalgo County may reasonably require. In the event Tower site lease provider should neglect to provide any insurance coverage required under this paragraph, Hidalgo County shall have the right, but not the obligation, to purchase such coverage to protect Hidalgo County's interests, with any reasonable cost therefore to be payable by the Tower site lease provider.

20) **HIDALGO COUNTY reserves the right to reject any or all bids submitted, if it is in the best interest to do so.**

21) **Vendor must have a bid amount for ALL terms.**

22) **Tower rent MUST include cost of electricity, air conditioning BTU/electricity cost, building space cost, microwave connectivity cost, and tower space height cost.**

23) Any contract awarded to a successful bidder will be in effect until;
a) The contract expires
b) Delivery acceptance of products and/or performance of services ordered, or
c) Terminated by County with thirty (30) days written notice prior to be cancellation.

24) **The awarded bidder shall adhere to the following insurance requirements:**
Property insurance shall provide that any proceeds for loss or damage to building or to improvements shall be payable solely to Lessor, which sum shall be used by Lessor for repair and restoration purposes. Certificates of insurance shall be submitted to Hidalgo County for approval prior to rental services being performed by Lessor hereunder. Bidder shall maintain liability insurance on the building as described and listed in: Insurance Requirements: See exhibit "C" attached. Plus also insure building for fire, accident and natural disaster; the award of the bid will be evidenced by a written lease agreement in a form acceptable to Hidalgo County.

Term:
The term of the lease contract will be for a period of one (1) year. Hidalgo County may in its sole discretion elect the option to extend the contract for nine (9) additional one (1) year terms.

Hidalgo County reserves the right to continue this bid for an additional sixty (60) days grace period at the end of the contract term due to any unforeseen delay in the procurement process.

Premises:
Shelter must be able to provide a minimum of forty two (42) square feet of equipment space inside with an estimated three (3) foot walkway available in front and back of each equipment rack row.

Installed Equipment

Division of Emergency Services will provide and cause to be installed the following equipment at the approved site:

Site – Weslaco, TX

800 MHz Radio Communications System

Master Antenna System
One transmit antenna shall be located at 480 feet.
One receive antenna shall be located at 430 feet.
One tower top preamp located at 430 feet.
One three foot microwave dish located at 250 feet.

Uninterruptible Power Supply system

Site Equipment List

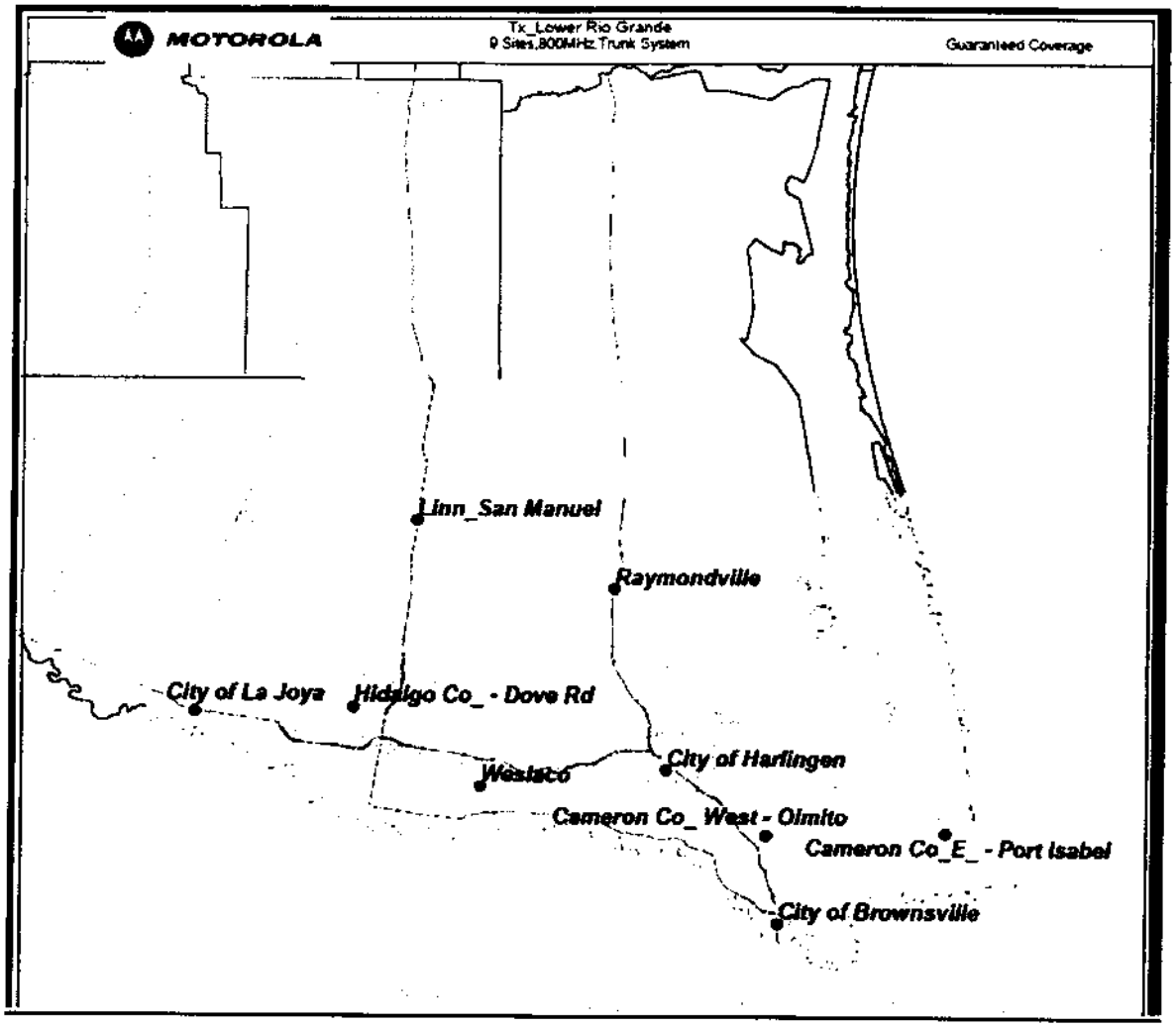
1	T7054	GTR 8000 EXPANDABLE SITE SUB-SYSTEM
1	CA00855AA	ADD: 700/800 MHZ MID POWER
1	X305AC	ADD: QTY (5) GTR 8000 BASE RADIOS
5	X591AE	ENH: ASTRO 25 SITE REPEATER SW
1	CA00861AA	ADD: CABINET RMC W/ CAPABILITY OF 6 BRS
1	CA00879AA	ADD: PRIMARY 6 PORT CAVITY COMBINER
1	CA00883AA	ADD: 800 MHZ TX FILTER W/PMU
2	CA00303AA	ADD: QTY (1) SITE CONTROLLER
2	X591AF	ENH: ASTRO 25 SITE REPEATER SITE CONTRLLR SW
1	X882AH	ADD: 7.5 FT OPEN RACK, 48RU
2	DSOP820B	POWER DIST. UNIT SURGE PROTECT
1	DS1101378	RACK MOUNTING PLATE ADAPTER , DSOP820A & DSNSOP820A 19 INCH RACK
1	DSTSJ48CLT	8 WIRE MOD PROT. , RJ-45 (4 WIRE PROTCTD) OR HARD WIIRED (16 V) T1/E1
1	DSTSJADP	HORIZONTAL RACK BUS BAR FOR TSJ AND WPH SERIES NETWORK PROTECTOR
1	ST2500	S2500 MULTIPROTOCOL WAN ROUTER
1	ST2512	S2500 ROUTER T1/E1 DAUGHTER BOARD
1	DS115000AA30073	UPS, FE 18KVA/15KW, 240V, 1 HR 13 MIN RUN
1	DSAPEXIMAX808	240/120 1 PHASE TYPE 1 NEMA 4X
1	TDF7320	ANTENNA 806-869MHZ OMNI 12DB
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
1	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
1	DSL4TDMPS	7 - 16 DIN MALE POSITIVE STOP FOR 1/2" CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
510	L1713	1-1/4" LDF HELIAX POLY JKT PER FT
2	DSL6TDFPS	DIN FEMALE TRIMETAL CONNECTOR - POSITIVE STOP
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN7547	1-1/4" CABLE GROUND CLAMP KIT
3	TDN6948	HOISTING GRIP FOR 1-5/8" CABLE & EW44/52/63
1	DS1050125AA	CABLE LIGHTENING ARRESTOR
1	TDF7320	ANTENNA 806-869MHZ OMNI 12DB
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
1	DS42883H01CG	C&M UNIT FOR TTA W/O RX MULT, 792-824MHZ W/428-83H-01-T FOR GTR8000

1	DS42883H01T	TTA, COMPACT AUTO QUAD 792-824 MHZ TOWER BOX
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
450	L3323	7/8" AVA HELIAX POLY JKT PER FOOT
2	DDN9498	TYPE N FEMALE PS CONNECTOR
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN6674	5/8" - 7/8" CABLE GROUND CLAMP KIT
3	DSL5SGRIP	7/8" SUPPORT HOIST GRIP
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
450	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	TDN8810	N FEMALE CONNECTOR
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN6673	1/2" CABLE GROUND CLAMP KIT
3	DSL4SGRIP	SUPPORT HOIST GRIP 1/2" LDF
30	L1702	1/2" SUPERFLEX POLY JKT PER FOOT
2	TDN8810	N FEMALE CONNECTOR
1	DSISDC50LNZ30MA	DC INJECTOR 30V M CONN ANTENNA POR
1	SQM01SUM0187	ARC 4000 MASTER SITE ADD-ON
1	CA01209AA	ADD: ASTRO 25 IV&D SITES
1	F4544	SITE MANAGER ADVANCED
1	V266	ADD: 90VAC TO 260VAC PS TO SM
1	VA00402	ADD: SDM3000 ASTRO F/W V1.30.16 FOR A6.9/7.2, PK1
3	V592	AAD TERM BLCK & CONN WI
1	F2463	REMOTE TERMINAL UNIT DEVICE INTERFACING LICENSES
5	V845	ADD: RTU SOFTWARE LICENSE FOR INTELLISITE REPEATER
2	V846	ADD:RTU SFWR LICENSE FOR ASTROTAC 9600 COMPARATOR
1	V839	ADD:RTU SFWR LICENSE FOR MOSCAD I/O (PER MODULE)

LRGVDC Project 25 800 MHz Voice and Data Radio Communications System

Engineered Coverage

Hidalgo County 800 MHz Elements



Site – Weslaco, TX

PREMISES

19' RACK SPACE REQUIREMENTS

RACK # 1 MASTER ANTENNA SYSTEM	RACK # 2 RF EQUIPMENT	RACK # 3 RF EQUIPMENT	RACK # 4 SITE CONTROLLER RACK	RACK # 5 UPS	RACK # 6 UPS	RACK # 7 UPS

DISQUALIFICAITONS OF BIDDERS:

Any one or more of the following causes may be considered sufficient for the disqualification of a bidder and the rejection of his/her bid or bids:

1. Evidence of collusion among bidders.

2. Lack of responsibility as revealed by either financial, experience or equipment statements, as submitted.

3. Lack of expertise as shown by past work, and judged from the standpoint of workmanship and performance history.

4. Uncompleted work under other contracts which, in the judgment of Hidalgo County might hinder or prevent the prompt completion of additional work if awarded.

5. Failure to comply with the submittals of this specification.

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE (956) 292-7612 OR VIA E-MAIL eric.trevino@co.hidalgo.tx.us NO LATER THAN, May 5, 2010 by 5:00 P.M., Responses to said inquiries will be sent to all applicants via facsimile by no later than May 7, 2010 by 5:00 p.m.

/

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-WESLACO, TX"
BID No: 2010-044-05-12-ERT
Bid Opening Date: May 12, 2010 at 9:30 AM

Vendor must have a bid amount for ALL terms.

Initial 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 1st term of 1 year (12 months)	
Renewal Options 2nd 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 2nd term of 1 year (12 months)	
3rd 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 3rd term of 1 year (12 months)	
4th 1 year term:	
Total cost per month	

Total cost for 4th term of 1 year (12 months)	
5th 1 year term:	
Total cost per month	
Total cost for 5th term of 1 year (12 months)	
6th 1 year term:	
Total cost per month	
Total cost for 6th term of 1 year (12 months)	
7th 1 year term:	
Total cost per month	
Total cost for 7th term of 1 year (12 months)	
8th 1 year term:	
Total cost per month	
Total cost for 8th term of 1 year (12 months)	
9th 1 year term:	
Total cost per month	
Total cost for 9th term of 1 year (12 months)	
10th 1 year term:	
Total cost per month	

Total cost for 10th term of 1 year (12 months)	
Grand Total	
Total Cost for 10 years (120 months)	
FCC Antenna Site Registration #	

BIDDER'S INFORMATION:

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO'S: _____

CELLULAR NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services (other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

ACORD **CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A

INSURER B:

INSURER C

INSURER D

INSURER E.

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	**GENERAL LIABILITY** COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR OWNER'S & CONT. PROT OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC				EACH OCCURRENCE $ FIRE DAMAGE (Any one fire) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $
B	**AUTOMOBILE LIABILITY** ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT $ OTHER THAN AUTO ONLY: EA ACC $ AGG $
C	**EXCESS LIABILITY** OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE $ AGGREGATE $
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				WC STATU- TORY LIMITS OTHER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S Highway Bus. 281
Edinburg, Texas 78539

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CANCELLED

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

Notice to Bidder:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bonds: _____.
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE — FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department
thru Facsimile: (956) 318-2629 or (956) 292-7612
in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539
or email: purchasing@co.hidalgo.tx.us

Company Name: **Telephone No. ( )**

dba Name:

Legal Name:

Mailing Address : **Fax No. ( )**

Physical Address:

City, State, Zip **Tax I.D. No.**

Remit to Address : **City, State, Zip**

E-Mail Address:

Representative(s) Name(s) & Title(s)

Type of Organization (check one): _____ **Individual** _____ **Partnership** _____ **Corporation** _____**Non-Profit**
_____ **LLC** _____ **Sole Proprietor** _____ **Other, Specify**
State Identification No._____ **(Please attached completed W-9 form with this application)**
Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ **Date:**_____ **Other:**

Type of Business (check one): _____ **Manufacturer** _____ **Wholesaler** _____ **Retailer** _____ **Broker**
_____ **Distributor** _____ **Service Organization** _____ **Other, Specify**

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)
Small Business: **Disadvantaged Business (At Least 51% Ownership)**

☐ Less than 125,000 annual gross receipt	☐ Black American	☐ Native American
☐ Less than 250,000 annual gross receipt	☐ Hispanic American	☐ Women
☐ Less than 499,000 annual gross receipt	☐ Asian Pacific American	☐ Other
☐ More than 500,000 annual gross receipt		

Have you been certified as a HUB or an MBE/WBE source?: ☐ Yes ☐ No

Indicate Certification No.(s):_____ **or are Certificate(s) attached?:** ☐ Yes ☐ No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: ☐ Yes ☐ No

To Be Completed by the County: Rec'd by (Purchasing):_____ **Date Rec'd by (Purchasing):**

Date Forwarded Information to Auditor's Office:_____**Entry Date:** _____ **Vendor No.:**

Revised12/14/06

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ❒Yes ❒ No

If yes, by whom?: ❒ Texas Building & Procurement Commission ❒ Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: ❒ Yes ❒ No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ..... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.) | Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ ___ ___ - ___ ___ - ___ ___ ___ ___

or

Employer identification number
___ ___ - ___ ___ ___ ___ ___ ___ ___

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt recipients 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.socialsecurity.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or single-owner LLC	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship or single-owner LLC	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "A-1"

LEGAL DESCRIPTION

LEASE OF TOWER SPACE IN THE CITY OF WESLACO, TEXAS

That space located 500 feet above ground level (AGL) or 582 feet above mean sea level (AMSL) on that certain tower located in Weslaco, Texas on that certain property more particularly described in Exhibit A-2 attached hereto.

EXHIBIT "A-2"

PROPERTY LEGAL DESCRIPTION

LEASE OF TOWER SPACE IN
THE CITY OF WESLACO, TEXAS

(see attached)

Federal Aviation Administration
Southwest Regional Office
-ASW-520
Fort Worth, TX 76137-0520

AERONAUTICAL STUDY No
2002-ASW-3509-OE

PRIOR STUDY No.

Issued Date: 10/2/2002

OTHAL BRAND
OE INVESTMENTS, INC.
PO BOX 4408
MCALLEN, TX 78502

**** DETERMINATION OF NO HAZARD TO AIR NAVIGATION ****

The Federal Aviation Administration has completed an aeronautical study under the provisions of 49 U.S.C., Section 44718 and, if applicable, Title 14 of the Code of Federal Regulations, part 77, concerning:

Structure Type:	Antenna Tower
Location:	WESLACO, TX
Latitude:	26-7-42.27 NAD83
Longitude:	98-0-45.01
Heights:	500 feet above ground level (AGL)
	582 feet above mean sea level (AMSL)

This aeronautical study revealed that the structure would have no substantial adverse effect on the safe and efficient utilization of the navigable airspace by aircraft or on the operation of air navigation facilities. Therefore, pursuant to the authority delegated to me, it is hereby determined that the structure would not be a hazard to air navigation provided the following condition(s) is(are) met:

As a condition to this Determination, the structure should be marked and/or lighted in accordance with FAA Advisory Circular 70/7460-1 K, Obstruction Marking and Lighting, paint/red lights - Chapters 3(Marked),4,5(Red),&12.

It is required that the enclosed FAA Form 7460-2, Notice of Actual Construction or Alteration, be completed and returned to this office any time the project is abandoned or:

____ At least 10 days prior to start of construction (7460-2, Part I)

(_X_) Within 5 days after the construction reaches its greatest height (7460-2, Part II)

As a result of this structure being critical to flight safety, it is required that the FAA be kept appraised as to the status of the project. Failure to respond to periodic FAA inquiries could invalidate this determination.

VLTC
79,402

1137827

WARRANTY DEED WITH VENDOR'S LIEN

Date: **October 18, 2002**

Grantor: **JUAN M. MEDINA and MARY ALICE MEDINA**

Grantor's Address: **P. O. Box 8186, Weslaco, Hidalgo County, Texas 78599-8186**

Grantee: **O. E. INVESTMENTS, INC.**

Grantee's Address: **4800 North 23rd, McAllen, Hidalgo County, Texas 78501**

Consideration: **TEN DOLLARS ($10.00) and other valuable consideration to the undersigned paid by the Grantee herein named, the receipt of which is hereby acknowledged, and the further consideration of a note of even date that is in the principal amount of TWO HUNDRED THOUSAND DOLLARS ($200,000.00) and is executed by Grantee, payable to the order of FIRST NATIONAL BANK. To the extent of NINETY-ONE THOUSAND NINE HUNDRED SEVENTY-FIVE DOLLARS ($91,975.00), the note is secured by a vendor's lien retained in favor of FIRST NATIONAL BANK in this deed and by a deed of trust of even date from Grantee to MICHAEL V. McCARTHY, Trustee.**

Property (including any improvements): **North 655.60 feet of the West 30.00 acres of Farm Tract 719, WEST TRACT SUBDIVISION, Hidalgo County, Texas, according to the map recorded in Volume 2, Page 34, Map Records in the Office of the County Clerk of Hidalgo County, Texas, reference to which is here made for all purposes.**

Reservations from and Exceptions to Conveyance and Warranty:

1. **Blanket easements, rules, regulations and rights in favor of Hidalgo and Cameron Counties Water Control and Improvements District No. 9 and easement and restrictions as shown on the map of the above recorded subdivision.**
2. **All oil, gas and other minerals has been heretofore reserved by prior grantors as set forth in Deed dated December 20, 1951, recorded in Volume 736, Page 218, Deed Records and Deed dated December 8, 1999, filed December 30, 1999 under Document Number 834151, Official Records of Hidalgo County, Texas.**
3. **Terms, stipulations and conditions contained in Oil, Gas and Mineral Lease dated July 30, 1943, recorded in Volume 49, Page 453, Oil and Gas Records of Hidalgo County, Texas.**
4. **Terms, stipulations and conditions contained in Declaration of Unit as set forth in instrument dated September 15, 1946, recorded in Volume 63, Page 87, Oil and Gas Records of Hidalgo County, Texas.**
5. **Road right of way along the West 20 feet and a tower at the Southeast corner as shown by survey prepared by Fabian, Nelson & Medina, Inc. dated August 7, 2002 under Work Order #47197.**
6. **Subject to the subdivision regulations of the County of Hidalgo and/or Ordinances of governmental regulation of the City in which the property may be located or holding extra-territorial jurisdiction of said property.**
7. **Taxes for the years 2003 and subsequent thereto, together with subsequent assessments for such year and prior years due to change of ownership, use, or both, the payment of which Grantee assumes.**

Grantor, for the consideration and subject to the reservations from, and exceptions to conveyance and warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any wise belonging, to have and hold it to Grantee, Grantee's heirs, executors, administrators, successors, or assigns forever. Grantor binds Grantor and Grantor's heirs, executors, administrators, and successors to warrant and forever defend all and singular the property to Grantee and Grantee's heirs, executors, administrators, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to warranty.

The vendor's lien against and superior title to the property are retained until each note described is fully paid according to its terms, at which time this deed shall become absolute.

FIRST NATIONAL BANK, at Grantee's request, has paid in cash to Grantor that portion of the purchase price of the property that is evidenced by the note described. The vendor's lien and the superior title to the property are retained for the benefit of FIRST NATIONAL BANK and are transferred to FIRST NATIONAL BANK without recourse on Grantor.

When the context requires, singular nouns and pronouns include the plural.

JUAN M. MEDINA

MARY ALICE MEDINA

(ACKNOWLEDGMENT)

State of Texas

This instrument was acknowledged before me on the 21st day of October, 2002, by **JUAN M. MEDINA.**

RACHEL C. RUIZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 03-13-2004

Notary Public, State of Texas

(ACKNOWLEDGMENT)

State of Texas

This instrument was acknowledged before me on the 21st day of October, 2002, by **MARY ALICE MEDINA.**

RACHEL C. RUIZ
Notary Public
STATE OF TEXAS
My Comm. Exp. 03-13-2004

Notary Public, State of Texas

PREPARED BY:

Law Offices of Richard S. Talbert
612 South Texas
Weslaco, TX 78596-6222
(956) 968-1578
(956) 968-0698 (Fax)

File/GF Number: 6195/79402vit

AFTER RECORDING RETURN TO:

O. E. INVESTMENTS, INC.
4800 North 23rd
McAllen, Texas 78501

CHARGE RECORDING FEES TO:

Valley Land Title Co.
123 B East McIntyre
Edinburg, TX 78539

Filed For Record in:
Hidalgo County
by J. D. Salinas, III
County Clerk

On: Nov 05, 2002 at 03:43P

As a Recording

Document Number: 1137627
Total Fees : 16.00

Receipt Number - 457088
By,
Imelda Leal, Deputy

EXHIBIT "B"

BID PAGE with BID TABULATION

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-WESLACO, TX"
BID No: 2010-044-05-12-ERT
Bid Opening Date: May 12, 2010 at 9:30 AM

Vendor must have a bid amount for ALL terms.

Initial 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,700.00
Total cost for 1st term of 1 year (12 months)	$32,400.00
Renewal Options 2nd 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,835.00
Total cost for 2nd term of 1 year (12 months)	$34,020.00
3rd 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,977.00
Total cost for 3rd term of 1 year (12 months)	$35,724.00
4th 1 year term:	
Total cost per month	$3,126.00

Total cost for 4th term of 1 year (12 months)	$37,512.00
5th 1 year term:	
Total cost per month	$3,282.00
Total cost for 5th term of 1 year (12 months)	$39,384.00
6th 1 year term:	
Total cost per month	$3,446.00
Total cost for 6th term of 1 year (12 months)	$41,352.00
7th 1 year term:	
Total cost per month	$3,618.00
Total cost for 7th term of 1 year (12 months)	$43,416.00
8th 1 year term:	
Total cost per month	$3,799.00
Total cost for 8th term of 1 year (12 months)	$45,588.00
9th 1 year term:	
Total cost per month	$3,989.00
Total cost for 9th term of 1 year (12 months)	$47,868.00
10th 1 year term:	
Total cost per month	$4,188.00

Total cost for 10th term of 1 year (12 months)	$50,256.00
Grand Total	
Total Cost for 10 years (120 months)	$407,520.00
FCC Antenna Site Registration #	1236688

BIDDER'S INFORMATION:

BIDDER/COMPANY NAME: O.E. Investments, Ltd.

ADDRESS: P.O. Box 4408

CITY/STATE/ZIP CODE: McAllen, TX 78502

PHONE & FAX NO'S: (956) 793-0103, (956) 631-2334-Fax

CELLULAR NO: (956) 793-0103

E-MAIL ADDRESS: obrand@rioplexwireless.com

AUTHORIZED SIGNATURE:

PRINTED NAME: Othal E. Brand, Jr.

TITLE President / CEO

OPENED
9:50am
MAY 12 2010
Witnessed

HIDALGO COUNTY PURCHASING DEPARTMENT
BID TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES	
BID OPENING DATE: May 12, 2010	**BID OPENING TIME: 9:30 A.M.**
DESCRIPTION OF BID: "LEASE OF TOWER SPACE-WESLACO, TX"	
BID NO: 2010-044-05-12-ERT	**BUYER: ERIC TREVINO**

NAME OF COMPANY	BID AMOUNT
O.E INVESTMENTS, LTD **MCALLEN, TX 78502**	Year 1 - $32,400.00
	Year 2 - $34,020.00
	Year 3 - $35,724.00
	Year 4 - $37,512.00
	Year 5 - $39,384.00
	Year 6 - $41,352.00
	Year 7 - $43,416.00
	Year 8 - $45,588.00
	Year 9 - $47,868.00
	Year 10 - $50,256.00
	Grand Total for 10 years - $407,520.00

THIS IS THE ONLY VENDOR THAT SUBMITTED A BID.

EXHIBIT "C"

INSURANCE CERTIFICATE

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/02/2009

PRODUCER 956.686.3888 FAX 956.682.5650
Shepard Insurance Agency
P O Box 4288
5801 N 10th #300
McAllen, TX 78502

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED O E Investments, Inc.
Po Box 4408
McAllen, TX 78502-4408

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	CPS1097250	12/02/2009	12/02/2010	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 1,000,000 $ 1,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed as additional insured on GL policy.

CERTIFICATE HOLDER

Hidalgo County
Purchasing Dept
2812 S Bus Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Kent Shepard/CL25

ACORD 25 (2009/01) FAX: 956.292.7612

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ACORD

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/01/2009

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY	PHONE (A/C, No, Ext): 956.686.3888	COMPANY
Shepard Insurance Agency P O Box 4288 5801 N 10th #300 McAllen, TX 78502		Great American Insurance Comp 3200 Wilcrest Ste 300 Houston, TX 77042
FAX (A/C, No): 956.682.5650	E-MAIL ADDRESS:	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID #: 00007015		

INSURED	LOAN NUMBER	POLICY NUMBER
O E Investments, Inc. Po Box 4408 McAllen, TX 78502-4408		IMP157 53 62 00
	EFFECTIVE DATE: 12/02/2009	EXPIRATION DATE: 12/02/2010
	☐ CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION/DESCRIPTION

1 Loc 00001 Bldg 00001 41600 Hwy 83 La Joya, TX 78560

2 Loc 00002 Bldg 00001 176 S Milanos Weslaco, TX 78596

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN I: SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

	COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
1	Communication Tower, RC, Special (Including theft) - Detail	20,000	1000
2	Communication Tower, RC, Special (Including theft) - Detail	20,000	1000

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATIO OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS		
Hidalgo County Purchasing Department 2812 S Bus Hwy 281 Edinburg, TX 78539	☐ MORTGAGEE ☐ LOSS PAYEE	☐ ADDITIONAL INSURED X Certificate holder
	LOAN #	
	AUTHORIZED REPRESENTATIVE Kent Shepard/CL25	

ACORD 27 (2006/07)

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AI-22261 **44.A.0.**

Hidalgo County Emergency Mgt Division-Amended and Restated Lease Agreements (O E Brand Investments, Ltd) for Tower Space in La Joya and Weslaco, Texas

CC REGULAR

Date: 08/03/2010
Submitted By: Letty Saenz, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department **Sub-category:** Hidalgo County

Information

CAPTION

Requesting approval of the "Amended" and "Restated" Lease Agreements previously (approved by CC on 06/22/10) to O.E. Investments, LTD for the "Lease of Tower Space" in the Cities of La Joya and Weslaco, Texas for the Hidalgo County Emergency Management Division.

Amended and Restated Lease Agreement by legal counsel #C-10-043-08-03 (La Joya Tower Site)
Amended and Restated Lease Agreement by legal counsel #C-10-044-08-03 (Weslaco Tower Site)

BACKGROUND

Amended and Restated Lease Agreement by legal counsel #C-10-043-08-03 (La Joya Tower Site)
Amended and Restated Lease Agreement by legal counsel #C-10-044-08-03 (Weslaco Tower Site)

Fiscal Impact

FISCAL YEAR: 2010 **ACCT. #:** 0-1100-429-00-300-023-0-441
FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**
BUDGETARY IMPACT:

Attachments

Link: Lease Agreement-C-10-043-08-03-OE Investments Ltd
Link: Lease Agreement-C-10-044-08-03-O E Investments Ltd

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
	(Originator)	Letty Saenz	07/29/2010 03:00 PM	CREATED
1	Purchasing Department			NEW
2	Budget & Management			
3	Auditor's Office			

Form Started By: Letty Saenz Started On: 07/29/2010 03:00 PM

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Shepard Insurance Agency
P O Box 4288
5801 N 10th #300
McAllen, TX 78502

CONTACT NAME:
PHONE (A/C, No, Ext): 956.686.3888 FAX (A/C, No): 956.682.5650
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURED
O. E. Investments, Ltd.
P.O. Box 440
McAllen, TX 502

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Essex Ins Co	
INSURER B:	Texas Mutual Insurance Company	0060
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: Master 2010-2012 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC			CL420912456	01/18/2011	01/18/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ Excluded $ 2,000,000 $ Excluded
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TSF0001208277	01/28/2011	01/28/2012	WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured in favor of certificate holder as pertains to General Liability & Business Auto
30 Day notice of cancellation as pertains to Workers Compensation Policy

CERTIFICATE HOLDER

FAX: 318.2629

Hidalgo County
Attn: Purchasing Dept
2812 S. Bus Hwy 281
Edinburg, T 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Kent Shepard

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SIA
SHEPARD INSURANCE AGENCY
5801 N. 10th Street, Suite 300 McAllen, TX 78504
P: (956) 686-3888; F: (956) 682-5650

Date: 2/1/11

TO: Hidalgo County

Attn: Leticia Saenz

Fax # 318-262

Total Number of pages: 2

Re: O.E. Investments, Ltd

Attach please find certificate to insurance for the above captioned insured.

Should you have any questions feel free to call or e-mail me.

Thank you,

Nellie Hernandez
Shepard Insurance Agency
5801 N. 10th Street Suite #300
McAllen, Texas 78504
P: (956) 686-3888 F: (956) 682-5650
P: (888) 686-3888
e-mail: nellieh@shepins.com

"Payment Disclaimer: It is not normal business practice to advise clients of either a lapse or cancellation of coverage due to non-payment of premium. Appropriate notification of such action will be sent directly to you by either your insurance company or premium finance company."

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 2, 2016

Rene Lucio, Owner
RENE LUCIO d/b/a **R & R DISTRIBUTING**
5705 E. Texas Rd.
Edinburg, Texas 78539
Ph. (956) 451-1831

via email: roselucio@sbcglobal.net
via facsimile (956) 287-9614
Extension Term: August 19, 2016 - August 18, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-239A-06-23 - Commissary Supplies (on an as needed basis) - Hidalgo County Adult Detention Facility (Jail)

Dear Mr. Lucio:

Be advised, that County has chosen the option to exercise the **second (2nd & FINAL) year** of the additional two (2) one (1) year terms, **under the same rates, terms and conditions** with **Rene Lucio** d/b/a **R&R Distributing** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-246A-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on May 3, 2016**, the signed notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 06/10/2016
Rene Lucio, Owner

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/lhs
Enclosures

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-68670

Date Filed:
06/09/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Rene Lucio d/b/a R&R Distributing
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

County of Hidalgo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-246A-00-00
Commissary Supplies - Hidalgo County Adult Detention Facility (Jail)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

ELIZABETH RODRIGUEZ
Notary Public
STATE OF TEXAS
Notary ID# 128530678
My Comm. Exp. 03-14-2019

APPIX NOTARY STAMP / SEAL ABOVE

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Rene Lucio DBA R&R Distributing, this the 10th day of June, 2016, to certify which, witness my hand and seal of office.

Elizabeth Rodriguez — Signature of officer administering oath
Elizabeth Rodriguez — Printed name of officer administering oath
New Accounts Rep — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-68670

Date Filed:
06/09/2016

Date Acknowledged:
06/14/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Rene Lucio d/b/a R&R Distributing
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

County of Hidalgo

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-246A-00-00
Commissary Supplies - Hidalgo County Adult Detention Facility (Jail)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

EXHIBIT "C"

Insurance Requirements

AFFIDAVIT ON
EXEMPTION FROM WORKERS COMPENSATION INSURANCE

I, ***Rene Lucio***, authorized representation for ***R&R Distributing***, do hereby affirm that I am exempt from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq. as I am a sole proprietor and do not employ any individuals under contract of hire as defined by the aforementioned law.

Rene Lucio, Owner
R&R Distributing

NOTARY STATEMENT

I, Elizabeth Rodriguez, a Notary Public, do hereby certify that on this the 10th day of June, 2016, personally appeared before me Rene Lucio DBA R&R Distributing, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statement contained herein is true and correct.

NOTARY SEAL:

ELIZABETH RODRIGUEZ
Notary Public
STATE OF TEXAS
Notary ID# 128530678
My Comm. Exp. 03-14-2019

Notary Public, State of Texas

Printed/Typed Name: Elizabeth Rodriguez

My Commission Expires: 3/14/2019

R&RDIST-01 BETSEYBAKER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
IBC Insurance Agency, LTD P. O. Box 39790 San Antonio, TX 78218	PHONE (A/C, No, Ext): (210) 646-9870	FAX (A/C, No): (210) 646-8418
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Lloyds Insurance Co	38253
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

R & R Distributing
Rene Lucio Dba
5835 East Texas Rd.
Edinburg, TX 78542

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			65SBMIM6993	07/01/2016	07/01/2017	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

County of Hidalgo
P.O Box 1228
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/08/2016

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PRODUCER	Ruben Solis 508 n 10TH ST STE C-1 MCALLEN, TEXAS 78502	CONTACT NAME: Rosana Garcia	
		PHONE (A/C, No, Ext): 956-630-2936	FAX (A/C, No): 956-630-6207
		E-MAIL ADDRESS: rosana.garcia.lvba@statefarm.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : STATE FARM MUTUAL AUTOMOBILE INSURANCE CO	25178
INSURED	LUCIO, RENE DBA R & R DISTRIBUTING 5835 E TEXAS RD EDINBURG, TEXAS 78542-7264	INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$ 500,000
	☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS			264-8805-C26-53	03/25/2016	09/25/2016	BODILY INJURY (Per accident)	$ 500,000
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ 500,000
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2000- FREIGHTLINER FL-70 BOX TRK-VIN# 1FV6HJFA7YH641417

CERTIFICATE HOLDER	CANCELLATION
HIDALGO COUNTY 2802 S BUS HWY 281 EDINBURG, TEXAS 78539	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Rosana Garcia LSAS

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REQUIREMENTS AGREEMENT
C-14-107A-06-30

THIS AGREEMENT (the "Agreement") is entered into effective as of the **30th** day of **June, 2014** by and between **RENE LUCIO** d/b/a **R & R DISTRIBUTING** ("Seller") and **Hidalgo County, Texas** ("Buyer").

WHEREAS, Buyer has solicited sealed bids for the supply of its requirements for the **"Commissary Supplies** for **Hidalgo County Adult Detention Facility (Jail)" (on an as needed basis),** (the "Product") as further described in Exhibit "A", Request for Sealed Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **one (1) year** and;

WHEREAS, Seller has submitted a proposal to supply Buyer's requirements; and

WHEREAS, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

NOW THEREFORE, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, the Product listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Buyer's projects for a period of **one (1) year** with the Buyer's option to extend for an additional two (2) one (1) year terms under the same rates, terms and conditions. Buyer also reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. The initial term of this Contract shall commence on **August 19, 2014** and expire on **August 18, 2015,** and it is agreed that the Product will meet the Specifications in the Request for Sealed Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Product to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Product required. The Product shall be specified by buyer in its Purchase Order F.O.B. Seller's location in Hidalgo County, Texas.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer on or before the 30th day following receipt of the invoice.

4. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer:

Hidalgo County
Attn: County Judge
302 West University Drive
Edinburg, Texas 78539

If to Seller:

Rene Lucio d/b/a R&R Distributing
Attn: Rene Lucio, Owner
5835 East Texas
Edinburg, Texas 78542

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

f. **Termination.** Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

g. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

h. **Successors.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

i. **Assignment.** This Agreement shall not be assignable.

j. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

k. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate

l. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

m. **Insurance.** Seller shall provide, to the extend it deems necessary, insurance in force on all persons connected with providing services under this Contract naming Buyer as an additional insured, and shall furnish to Buyer certificates of such insurance coverage Exhibit "C", which is attached hereto.

n. **Commitment of Current Revenues Only**. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

o. **Purchasing Ethics**. Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

(1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Buyer, or for any elected official, department head or employee or former elected official, department head or employee of Buyer, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of Buyer.

(2) It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Buyer, or any person associated therewith, as an inducement for the award of a subcontract or order.

EXECUTED effective as of the day and year first above written.

Approved by Commissioner's Court: June 30, 2014.

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain, Attorney

BUYER:
COUNTY OF HIDALGO

By: Ramon Garcia
Ramon Garcia, Buyer Judge

ATTEST:

_____
Arturo Guajardo Jr., Buyer Clerk

Approved by Commissioners' Court
on 6-30-14

SELLER:
RENE LUCIO d/b/a R&R DISTRIBUTING

By: _____
Printed Name: Rene Lucio
Title: Owner

EXHIBIT "A"

REQUEST FOR SEALED BIDS (RFB) PROCUREMENT PACKET

Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

May 5, 2014

Participant's name

Address

City

State, Zip Code

Re: ***Hidalgo County Sheriff's Office***
Request for Bids–*"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"*
Bid No: 2014-107-05-21-SMA

Dear Prospective Bidders:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/sma
Enclosures

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

REQUEST FOR BIDS (RFB)

Hidalgo County Sheriff's Office
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"
Bid No: 2014-107-05-21-SMA"

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7.	**Vendor/Bidder Application and W-9 form**	**6**
8.	**Certification Regarding Debarment**	**1**
9.	**Draft Requirements Agreement Document**	**8**

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626 or via email to sandra.montalvo@co.hidalgo.tx.us, and advise of missing documentation.

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

May 5, 2014
Date

Bid No: 2014-107-05-21-SMA	Buyer: Sandra Montalvo	Tel. No.: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"

Bid Opening Date: May 21, 2014 @ 9:30 a.m.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281 – New Administration Building
Edinburg, Texas 78539
956-318-2626

Form HCPD-05

1. Sealed bids will be received for **HIDALGO COUNTY SHERIFF'S OFFICE- "COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth; Bidder guarantees products/services offered will meet, or exceed, the written specifications identified in the bid. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). All deviations from the specifications must be noted in writing, in detail, by the bidder at the time of submittal of the bid. Strong rationale must be presented for any deviation from the specifications. The absence of a written list of specification deviations will hold the bidder strictly accountable to the County to the specifications as written. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid. Any deviation from the specifications as written which the bidder did not previously submit prior to bid opening, as required, will be grounds for rejection of the materials/goods/services and/or equipment when delivered.

2. One (1) original and Three (3) copies of all bids are required with bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **BID-2014-107-05-21-SMA- HIDALGO COUNTY SHERIFF'S OFFICE–COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** and in County's Purchasing Department, Physical Address: 2802 S. Business Highway 281, Postal/Mailing Address: 2812 S. Business Highway 281, New Administration Building, Edinburg, Texas, 78539 **on or before 9:30 a.m., Wednesday, May 21, 2014.**

   NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY BID RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE IN REFERENCE TO BID.

   Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County. Hidalgo County will not be responsible for mis-sent or misplaced bids.

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so.

   One or more vendors may be designated as approved "Primary" and/or "Secondary" vendors for purchases from this contract through the effective period of the award. In situations when purchasing from the Primary Vendor(s) is not in the best interest of the County (e.g., when vendor fails to meet established delivery schedules), departments may purchase from the Secondary Vendor(s).

   If a vendor is in default on an order, the County reserves the right to purchase the item in default and charge the increase in price, if any, and cost of handling to the vendor. Failure to pay a damage assessment is cause for contract cancellation and/or suspension or removal of the vendor from the County's Centralized Master Bidders List (CMBL).

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Once a contract is awarded, no substitutions of products on the orders will be allowed without prior written consent from ordering department(s). Substitutions must be approved prior to shipment

on a trial basis only, until original item(s) becomes available. Outstanding orders are not automatically amended by an approved substitution.

Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise. The County may purchase on the open market any commodity reported by a vendor to be on back order when the resultant delivery time is unsatisfactory. Damage may be applicable in cases of a pattern of back orders. Back orders received after the delivery scheduled date will not be accepted.

5. For work performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids. A bid cannot be altered or amended after the bid opening date and time. Any alterations made before the opening date and time shall be initialed by the bidder or the bidder's authorized agent identified in the bid.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening. No bid can be withdrawn after the bid opening date and time without approval of County. All approvals shall be based upon an acceptable written reason for the action. Prices submitted for the bid must be current and in effect at the time of the bid opening and shall remain firm throughout the contract term, including any contract extensions. No price increases are allowed. Vendors are required to implement immediately any price decreases, roll backs, etc. that may become available. The County must be notified in writing of any decreases for file updating purposes and notice to contract users.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request. Both unit prices and extensions must be submitted. In case of discrepancies, unit prices shall govern.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing

years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out. Purchase orders shall be generated by the County to the successful bidder(s). The purchase order number must appear on all itemized invoices, packing slips and delivery tickets. County will not be held responsible for any orders placed/delivered without a valid, signed purchase order.

14. Upon award and prior to execution of a contract. Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.

15. **POST AWARD PRODUCTS DELIVERY INSTRUCTIONS:**

- Materials and supplies must be shipped within 72 hours from arrival of purchase order.
- Deliveries shall be accepted between 8:00 AM, Monday- Friday, unless prior approvals for after -hours deliveries have been obtained from respective department(s) contact person(s) before delivery will be accepted, unless other delivery arrangements have been made.
- At least seventy two (72) hours prior notice of delivery must be given to. Martha L. Salazar, Purchasing Agent before delivery will be accepted, unless other delivery arrangements have been made.
- Deliveries not made within delivery schedule shall be considered delinquent. Delinquent orders shall constitute a breach of contract. The vendor must notify the requesting department of orders that exceed the delivery schedule to either cancel the order or extend the delivery schedule for that order.
- At least seventy-two (72) hours prior to notice of a foreseen delivery delay shall also be given to appropriate department(s) contact person(s). The County has the right to extend the delivery date if reasons appear valid. The vendor must keep the County advised at all times of the status of the order(s). If the vendor has orders in their possession which have not been completed within the specified delivery time, the County reserves the right to withhold issuances of further orders until all orders have been filled and acceptable assurance has been given that the event will not be repeated.
- For items not in stock at the time of order, vendor is to contact respective department(s) for approval, or cancellation, of a delivery time and date.
- The County reserves the right to pick up orders during emergency situations.
- If you need additional information, contact information will be provided upon contract award

16. **BILLING AND PAYMENT INSTRUCTIONS:**

- All vendors doing business with the County must have on file a Form W-9, Request for Taxpayer Identification Number and Certifications. A copy of this form is included for your use and is to be submitted with your bid, if not on file.
    a) Invoices must include:
    b) Name and address of successful bidder
    c) Name and address of receiving department or official (signed delivery tickets)

d) Purchase Order Number (if any)
e) Notation-"**HIDALGO COUNTY SHERIFF'S OFFICE- COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)**"
Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Vehicle title paperwork must be properly filled out and provided at time of delivery.
- The following documentation must be included:

a) Certificate of Origin (signed Title, if used vehicle purchase)
b) Application For Texas Certificate Of Title (Form 130-U)
c) Odometer Disclosure Statement

- Discount payments will be considered when offered. Price decreases are acceptable. Volume discount on products are acceptable by County. The County reserves the right to negotiate the price of any product listed in the catalog when larger quantities are requested by a user department.

- Contact person for Billing and Payment questions:

Attn: Budget Office
HIDALGO COUNTY SHERIFF'S OFFICE
711 El Cibolo Road
Edinburg, Texas 78539
(956) 383-8114

17. **SCHEDULE OF EVENTS**

Bid Opening, 9:30 A.M.	**May 21, 2014**
Projected Award of Contract or Issuance of Purchase Order	**_____, 2014**
Projected Commence Work or Deliver Products	**_____, 2014**

18. **ETHICAL STANDARDS:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

19. **DISCLOSURE OF CONFLICT OF INTEREST**

- Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services. Vendors must provide, at no cost, at lease one (1) copy of any applicable Material Safety Data Sheets (MSDS) with each shipment during the term of the contract. If OSHA or Federal or State laws provide for additional requirements, those requirements are in addition to the MSDS requirement. All items must meet all applicable OSHA standards and regulations and all electrical items must bear the appropriate listing from UL, FMRC, or NEMA.

20. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder must be a well established organization and have an adequate number of trained personnel to ensure quality and performance and completion of contract within a specified time period. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

21. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

22. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

    A. Meet schedules;
    B. Pay any required fees or taxes; or
    C. Otherwise perform in accordance with the specifications.

23. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

24. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

25. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281– New Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

EXHIBIT "A"

Specifications/Requirements
Hidalgo County Sheriff's Office
"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"
BID No. 2014-107 05-21-SMA

SCOPE

Hidalgo County Sheriff's Office is seeking to contract with a qualified vendor(s) to furnish "***COMMISSARY PRODUCTS***" on an "***As Needed Basis***" including, but not limited to, the following:

REQUIREMENTS/SPECIFICATIONS, TERMS & CONDITIONS

The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County Sheriff's Office. These requirements and/or specifications may be equal or better. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

1) Hidalgo County Sheriff's Office has the authority to utilize State Contracts from its membership with their existing or new cooperatives when ever it is in the County's best interest to do so.

2) All purchases will be on an "**As Needed Basis**", there are no set quantities to be purchased.

3) The initial contract term for this project will be for one (1) year with the County's option to extend for an additional two (2) one (1) year term.

4) Hidalgo County Sheriff's Office reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.

5) Insurance requirements for this project to be maintained through out the contract term (Refer to limits on the Exhibit "C" for limits).

6) Hidalgo County Sheriff's Office reserves the right to award to the lowest qualified bid on a lump sum basis to one bidder or to multiple bidders if the County determines it is in the best interest to do so.

7) All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.

8) Awarded vendor will ensure that all deliveries will be made in full within two (2) to five (5) working days from purchase order.

9) ***SUPPLIES REQUIRED:***

Hidalgo County Sheriff's Office requires Total/Full Jail Inmate Commissary products such as but not limited to following:

- Snacks
- Sugar & artificial sweetener
- Drinks/drink mix
- Candies
- Small supplies such as pens/pencils/envelopes/etc.
- Personal items (combs, lotion, etc.)
- Personal hygiene items
- Dental care items
- Various over –the-counter medications
- Sports bras, women's undergarments, men's undergarments, T-shirts, shower shoes

10) Hidalgo County Sheriff's Office Inventory History: Commissary history for the period of January through December 2013 is as follows:

Total inventory purchases:

- **$_467,290.00** (Current average daily total detention center population is at 1384).

11) Hidalgo County Sheriff's Office reserves the right to add/delete items as it deems to be in the best interest of the County.

12) ***PRODUCT CONTAINERS:*** No glass or metal containers shall be allowed. Size and type of containers shall be approved by Hidalgo County Sheriff's Office. Hidalgo County Sheriff's Office reserves the right to increase/decrease products offered as it deems to be in the best interest of the County.

13) ***SECURITY:*** All security provisions established for the facility shall be strictly followed. Hidalgo County Sheriff's Office reserves the right to enforce existing or establish new security procedures as deemed to be in the best interest of the County in order to maintain safe and orderly operation of the detention facility.

14) All food products must be properly labeled, only fresh and legal products shall be delivered to the Commissary. Item(s) found defective or not meeting specifications shall immediately be picked and replaced by the awarded vendor.

15) Hidalgo County Sheriff's Office reserves the right to search any bags or personal items brought into the jail by the awarded vendor at any time. The County may request a complete list of awarded vendor's employees at any time during this contract which will include name, date of birth, social security number, sex, nationality and driver's license. Vendor's employees shall be in company uniform, and be clearly identified as being employed by the company, and present themselves in a professional manner at all times.

16) ***RECORD/INVENTORY:*** Hidalgo County Sheriff's Office may require that the vendor provide a monthly inventory to account for commissary activities.

17) Commissary items may be substituted by vendors but, must be equal or better and must be approved by the Hidalgo County Sheriff's Office.

18) ***MARKET VOLATILITY AND UNIT PRICE ADJUSTMENTS:***

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

A) **Requesting Price Adjustment**: Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.

- A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier=s advisory or notification to the vendor of the price changes.
- The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
- The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
- No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
- The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.

B) **Price Reduction**: Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

C) **Time frame for Adjusted Price Increases:** Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. The County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.

D) **Allowable Review Periods**: Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

E) **Dollar Limit to Price Changes**: The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

20) ADDITIONAL INFORMATION:

All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.

Hidalgo County is requesting that any and all questions, inquires and clarifications regarding bids, or statements of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, 2812 South Business Hwy. 281, Edinburg, Tx 78539

ALL WRITTEN INQUIRIES WILL BE ACCEPTED via e-mail to sandra.montalvo@co.hidalgo.tx.us by no later than Wednesday, **May 14,** 2014 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via email by no later than Friday, **May 16,** 2014 by 5:00 p.m.

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$
2.	Almond Joy Bar 1.61.oz	$
3.	Baby Ruth 2.1 oz.	$
4.	Butter Finger Bar 2.1 oz.	$
5.	Snickers Almond Bar 1.76 oz.	$
6.	Milky Way Bar 2.05 oz.	$
7.	Pay Day Bar 1.85 oz.	$
8.	Snickers Bar 2.07 oz.	$
9.	3 Musketeers Bar 2.13 oz.	$
10.	Skittles "Original Fruits" 2.17 oz. bag	$
11.	M & M Peanuts 1.74 oz. bag	$
12.	Twix Bar 2.0 oz.	$
13.	Peanut Pattie 2.25 oz.	$
14.	Reese's Peanut Butter Cups 1.5 oz.	$
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$
16.	Chili Corn Nuts-1.4 oz	$
17.	Ranch Corn Nuts -1.4 oz	$
18.	Salted Peanuts 1.75 oz. bag	$
19.	Chunk Light Tuna 4.23 oz. Pouch	$
20.	Refried Beans Resealable Pouch 6 oz.	$
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$
23.	Peanut Butter Squeezers 1.12 oz.	$
24.	Chili No Beans 11.25oz. Pouch	$
25.	Chili w/Beans 11.25oz. Pouch	$
26.	Hot Chili w/Beans 11.25 oz. Pouch	$
27.	Roast Beef & Gravy 10 oz. Pouch	$
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$
29.	Fish Fillets 3.53oz. Pouch	$
30.	B.B.Q. Potato Chips 1.5 oz. bag	$
31.	Flaming Hot Cheetos 1.5oz. bag	$
32.	BBQ Corn Chips 1.5oz. bag	$
33.	Doritos Nacho Cheese 1.5oz	$

	LIST OF ITEMS	UNIT PRICE
34.	Tortilla Chips 12 oz. bag	$
35.	Tostadas 12oz. pack	$
36.	Takis or Extremes 3.7 oz. bag	$
37.	Hot/Spicy Pork Cracklings 2 oz.	$
38.	Snack Crackers 12 oz. box	$
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray	$
40.	Zinger Cremes 4 oz. pack	$
41.	Cinnamon Rolls 4 oz. pk	$
42.	Honey Bun 6oz. pk	$
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$
45.	Cherry/Strawberry Danish 4.25 oz.	$
46.	Coca Cola Classic 20 oz. plastic bottle	$
47.	Sprite 20 oz. plastic bottle	$
48.	Fanta Orange 20 oz. plastic bottle	$
49.	Dr. Pepper 20 oz. plastic bottle	$
50.	Diet Coke 20 oz. plastic bottle	$
51.	Diet Dr. Pepper 20 z. plastic bottle	$
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$
53.	Coffee Mug w/Lid 14 oz.	$
54.	Hot Cocoa Mix 1oz. bag	$
55.	Cereal Bowl w/Lid 24 oz.	$
56.	Ozarka Spring Water 20 oz. plastic bottle	$
57.	Sugar Cubes 1 1b. bx	$
58.	Grey Sweatshirts (small thru 4XL)	$
59.	White Sport Bras (medium thru 3XL)	$
60.	White Boxer Shorts (small thru 6XL)	$
61.	White Thermal Underwear Set (small thru 6XL)	$
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$
63.	White Men Briefs (small thru 5XL)	$
64.	Men's/Ladies Crew Socks (one size fits all)	$
65.	White Ladies Panties (Size 5 thru 18)	$
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)	$
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$
68.	Advil Coated (2 tablet pouch) 50 ct. box	$
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$
70.	Tums- 3-roll pack	$
71.	4" Anti Shank Security Toothbrush & Clear Cap	$
72.	Anti-Shank Security Razor – Single Edge	$
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$
74.	Sunflower Kernels 4 oz. Bag	$

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$
76.	Elastic Pony Tails 18 ct. pk-black	$
77.	St. Valentines Cards (English/Spanish) 6/pk	$
78.	Happy Easter Card (English/Spanish) 6/pk	$
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$
80.	Father's Day Card (English/Spanish) 6/pk	$
81.	Happy Birthday Card (English/Spanish) 6/pk	$
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$
83.	Christmas Card (English/Spanish) 6/pk	$
84.	Oral Pain Relief 0.33 oz. Tube	$
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$
87.	Athletes Foot Cream 0.05 oz. Tube	$
88.	Hydrocortisone Cream 1 oz. Tube	$
89.	Chap Stick Lip Balm 15 oz.	$
90.	Hemorrhoid Ointment 2 oz. Tube	$
91.	Muscle Rub 3 oz. Tube	$
92.	Medicated Chest Rub 3.53 oz.	$
93.	Eye Drops 0.5 oz.	$
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$
96.	Acne Gel Medication 1 oz. Tube	$
97.	Contact Lens Solution 4 oz.	$
98.	Legal Gummed Pads (8 ½ x 11")	$
99.	3 ½" Flexible Pencil	$
100.	Bubble Cushioned Envelope (6" x 9")	$
101.	#10 White Security Envelopes	$
102.	No Clasp Envelope (9" x 12")	$
103.	Twin Pocket Folders	$
104.	Dictionary (English – Spanish & English)	$
105.	Word Seek Puzzles Books	$
106.	Sketch Pads (50 Sheets)	$
107.	Playing Cards Deck	$
108.	4 ½" Flexible Black Ink Pen	$
109.	Tracing Paper Pad (40 Sheets)	$
110.	Tan PVC Shower Sandals (Size 8 thru 13)	$
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$
112.	Close Up "Red Gel" Toothpaste- 4.0 oz.	$
113.	Three Flowers Brilliantine- 4 oz.	$
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$
115.	Nair Hair Removal- 9 oz.	$

	LIST OF ITEMS	UNIT PRICE
116.	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$
117.	Razorless Hair Removing Cream 6 oz.	$
118.	After Shave Lotion- 4 oz.	$
119.	Baby Lotion- 4 oz.	$
120.	Shaving Gel 3 oz. Clear Tube	$
121.	White Handkerchief (15" x 15")	$
122.	VO5 Extra Body Shampoo- 12.5 oz.	$
123.	VO5 Extra Body Conditioner- 12.5 oz.	$
124.	Suave Powder Fresh Deodorant 1.7 oz. Clear	$
125.	Hinged Soap Dish Box- Regular Size	$
126.	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$
127.	Dial Soap- 4 oz. bar	$
128.	Greaseless Skin Cream 4.5 oz.	$
129.	Cocoa Butter Moisturizing Soap 3.6 oz.	$
130.	Hair Moisturizer 4 oz. Tube	$
131.	Palm Hair Brush Flexible – Black	$
132.	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$
133.	Disposable Douche- 4.5 oz.	$
134.	White Washcloth -(12"x12")	$
135.	Topitos Salsa Verde Chips- 3.7 oz.	$
136.	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$
137.	Gummy Bears- 4 oz.	$
138.	Mild Dill Pickle- 5 oz.	$
139.	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$
140.	Caramel Popcorn-3.53 oz. Bag	$
141.	Vanilla Caramels- 3 oz. Bag	$
142.	Hormel Spam Single Classic Pouch- 3 oz.	$
143.	Chicken Vienna Sausages Pouch- 3 oz.	$
144.	Hershey's Chocolate Almond- 1.45 oz.	$
145.	Plastic Reading Glasses	$
146.	Postcards	$
147.	Topochico Beverage Mineral Water- 20 oz.	$
148.	Topochico Beverage Apple- 20 oz.	$
149.	Topochico Beverage Peach- 20 oz.	$
150.	Topochico Beverage Strawberry- 20 oz.	$
151.	Topochico Beverage Pineapple- 20 oz.	$

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO'S: _____

CELLULAR NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services
(Other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an **additional insured** shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 03/11/11

EXHIBIT "C"
Insurance Requirements

ACORD	CERTIFICATE OF INSURANCE	DATE (MM/DD/YY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE OCCUR ☐ OWNER S & CONT PROT ☐ OWNER S PROTECTIVE LIABILITY GEN L AGGREGATE LIMIT APPLIES PER ☐ POLICY PROJECT ☐ LOC				EACH OCCURRENCE	$
					FIRE DAMAGE (Any one fire)	$
					MED (Any one person)	$
					PER & ADV INJURY	$
					AL AGGREGATE	$
					ODUCTS – COMP/OP AGG	$
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT	$
					OTHER THAN AUTO ONLY EA ACC	$
					AGG	$
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIM DE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURENCE	$
					AGGREGATE	$
						$
						$
						$
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILIT**				WC STATU ☐ OTHER ORY LIMITS	
					E L EACH ACCIDENT	$
					E L. DISEASE EA EMPL YEE	$
					E L DISEASE POLICY LIMIT	$
	OTHER					

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S Highway Bus. 281
Edinburg, Texas 78539

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ***30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UP N THE INSURER ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

EXHIBIT "C"
Insurance Requirements
Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

NOTICE TO BIDDER:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "C"

Insurance Requirements
PROJECT REQUIREMENTS
ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bond (if applicable)_____
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE — FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the
Hidalgo County Purchasing Department
thru Facsimile: (956) 318-2629 or (956) 292-7612
in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539
or e-mail: purchasing@co.hidalgo.tx.us

Company Name:	**Telephone No. ( )**
dba Name:	
Legal Name:	
Mailing Address :	**Fax No. ( )**
Physical Address:	
City, State, Zip	**Tax I.D. No.**
Remit to Address :	**City, State, Zip**
E-Mail Address:	
Representative(s) Name(s) & Title(s)	

Type of Organization (check one): _____ **Individual** _____ **Partnership** _____ **Corporation** _____**Non-Profit**
_____ **LLC** _____ **Sole Proprietor** _____ **Other, Specify**
State Identification No._____ **(Please attached completed W-9 form with this application)**
Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ **Date:**_____ **Other:**

Type of Business (check one): _____ **Manufacturer** _____ **Wholesaler** _____ **Retailer** _____ **Broker**
_____ **Distributor** _____ **Service Organization** _____ **Other, Specify**

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)
Small Business:_____**Disadvantaged Business (At Least 51% Ownership)**

Less than 125,000 annual gross receipt	Black American	Native American
Less than 250,000 annual gross receipt	Hispanic American	Women
Less than 499,000 annual gross receipt	Asian Pacific American	Other
More than 500,000 annual gross receipt		

Have you been certified as a HUB or an MBE/WBE source?: Yes No

Indicate Certification No.(s):_____ **or are Certificate(s) attached?:** Yes No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: Yes No

To Be Completed by the County: Rec'd by (Purchasing):_____ **Date Rec'd by (Purchasing):**

Date Forwarded Information to Auditor's Office:_____**Entry Date:** _____ **Vendor No.:**

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: Yes No

---

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ - ___ - ____

Employer identification number
__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "B"
BID PAGE

Awarded items (ONLY) to:

R&R Distributing

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$1.35
2.	Almond Joy Bar 1.61.oz	$0.63
3.	Baby Ruth 2.1 oz.	$0.63
4.	Butter Finger Bar 2.1 oz.	$0.63
5.	Snickers Almond Bar 1.76 oz.	$0.63
6.	Milky Way Bar 2.05 oz.	$0.63
7.	Pay Day Bar 1.85 oz.	$0.63
8.	Snickers Bar 2.07 oz.	$0.63
9.	3 Musketeers Bar 2.13 oz.	$0.63
10.	Skittles "Original Fruits" 2.17 oz. bag	$0.63
11.	M & M Peanuts 1.74 oz. bag	$0.63
12.	Twix Bar 2.0 oz.	$0.63
13.	Peanut Pattie 2.25 oz.	$0.63
14.	Reese's Peanut Butter Cups 1.5 oz.	$0.63
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp, Spicy Chicken, Spicy Beef)	$0.20
36.	Takis or Extremes 3.7 oz. bag	$0.95
40.	Zinger Cremes 4 oz. pack	$0.79
42.	Honey Bun 6oz. pk	$0.42
61.	White Thermal Underwear Set (small thru 6XL)	$6.50
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$0.41
68.	Advil Coated (2 tablet pouch) 50 ct. box	$0.41
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$0.55
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$0.44
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$0.44
107.	Playing Cards Deck	$0.94
108.	4 ½" Flexible Black Ink Pen	$0.34
122.	VO5 Extra Body Shampoo 12.5 oz.	$1.04
123.	VO5 Extra Body Conditioner 12.5 oz.	$1.04
125.	Hinged Soap Dish Box- Regular Size	$0.34
127.	Dial Soap 4 oz. bar	$0.70
131.	Palm Hair Brush Flexible – Black	$0.30
133.	Disposable Douche 4.5 oz.	$1.59
136.	Super Cantinero Peanuts & Tortilla Chips 5 ¼ oz.	$1.79
144.	Hershey's Chocolate Almond 1.45 oz.	$0.63
147.	Topochico Beverage Mineral Water 20 oz.	$0.85
148.	Topochico Beverage Apple 20 oz.	$0.85
149.	Topochico Beverage Peach 20 oz.	$0.85
150.	Topochico Beverage Strawberry 20 oz.	$0.85
151.	Topochico Beverage Pineapple 20 oz.	$0.85

OFFICIAL BID PRICING BY R&R

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$ 1.35
2.	Almond Joy Bar 1.61.oz	$ 0.63
3.	Baby Ruth 2.1 oz.	$ 0.63
4.	Butter Finger Bar 2.1 oz.	$ 0.63
5.	Snickers Almond Bar 1.76 oz.	$ 0.63
6.	Milky Way Bar 2.05 oz.	$ 0.63
7.	Pay Day Bar 1.85 oz.	$ 0.63
8.	Snickers Bar 2.07 oz.	$ 0.63
9.	3 Musketeers Bar 2.13 oz.	$ 0.63
10.	Skittles "Original Fruits" 2.17 oz. bag	$ 0.63
11.	M & M Peanuts 1.74 oz. bag	$ 0.63
12.	Twix Bar 2.0 oz.	$ 0.63
13.	Peanut Pattie 2.25 oz.	$ 0.63
14.	Reese's Peanut Butter Cups 1.5 oz.	$ 0.63
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$ 0.20
16.	Chili Corn Nuts-1.4 oz	$ 0.49
17.	Ranch Corn Nuts -1.4 oz	$ 0.49
18.	Salted Peanuts 1.75 oz. bag	$ 0.00
19.	Chunk Light Tuna 4.23 oz. Pouch	$ 0.00
20.	Refried Beans Resealable Pouch 6 oz.	$ 0.00
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$ 0.00
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$ 0.00
23.	Peanut Butter Squeezers 1.12 oz.	$ 0.00
24.	Chili No Beans 11.25oz. Pouch	$ 0.00
25.	Chili w/Beans 11.25oz. Pouch	$ 0.00
26.	Hot Chili w/Beans 11.25 oz. Pouch	$ 0.00
27.	Roast Beef & Gravy 10 oz. Pouch	$ 0.00
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$ 0.00
29.	Fish Fillets 3.53oz. Pouch	$ 0.00
30.	B.B.Q. Potato Chips 1.5 oz. bag (SUBSTITUTE WITH 1 OZ BAG)	$ 0.30
31.	Flaming Hot Cheetos 1.5oz. bag (SUBSTITUTE WITH 1 OZ BAG)	$ 0.30
32.	BBQ Corn Chips 1.5oz. bag (SUBSTITUTE WITH 1 OZ BAG)	$ 0.30
33.	Doritos Nacho Cheese 1.5oz (SUBSTITUTE WITH 1 OZ BAG)	$ 0.30

	LIST OF ITEMS	UNIT PRICE
34.	Tortilla Chips 12 oz. bag	$ 1.45
35.	Tostadas 12oz. pack	$ 1.65
36.	Takis or Extremes 3.7 oz. bag	$ 0.95
37.	Hot/Spicy Pork Cracklings 2 oz.	$ 0.90
38.	Snack Crackers 12 oz. box	$ 0.00
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray (SUBSTITUTE 5 OZ)	$ 0.60
40.	Zinger Cremes 4 oz. pack	$ 0.79
41.	Cinnamon Rolls 4 oz. pk	$ 0.69
42.	Honey Bun 6oz. pk	$ 0.42
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$ 0.50
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$ 0.39
45.	Cherry/Strawberry Danish 4.25 oz.	$ 0.69
46.	Coca Cola Classic 20 oz. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.80
47.	Sprite 20 oz. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.80
48.	Fanta Orange 20 oz. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.00
49.	Dr. Pepper 20 oz. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.80
50.	Diet Coke 20 oz. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.80
51.	Diet Dr. Pepper 20 z. plastic bottle (SUBSTITUTE 16.9 OZ)	$ 0.80
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$ 0.00
53.	Coffee Mug w/Lid 14 oz.	$ 0.00
54.	Hot Cocoa Mix 1oz. bag	$ 0.00
55.	Cereal Bowl w/Lid 24 oz.	$ 0.00
56.	Ozarka Spring Water 20 oz. plastic bottle	$ 0.53
57.	Sugar Cubes 1 1b. bx	$ 2.00
58.	Grey Sweatshirts (small thru 4XL)	$ 11.00
59.	White Sport Bras (medium thru 3XL)	$ 6.00
60.	White Boxer Shorts (small thru 6XL)	$ 3.99
61.	White Thermal Underwear Set (small thru 6XL)	$ 6.50
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$ 4.10
63.	White Men Briefs (small thru 5XL)	$ 3.20
64.	Men's/Ladies Crew Socks (one size fits all)	$ 0.95
65.	White Ladies Panties (Size 5 thru 18)	$ 2.89
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13) (SUBSTITUTE SLIP ON DECK SHOES)	$ 6.90
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$ 0.41
68.	Advil Coated (2 tablet pouch) 50 ct. box	$ 0.41
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$ 0.55
70.	Tums- 3-roll pack	$ 0.99
71.	4" Anti Shank Security Toothbrush & Clear Cap	$ 0.00
72.	Anti-Shank Security Razor – Single Edge	$ 0.00
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$ 1.19
74.	Sunflower Kernels 4 oz. Bag	$ 0.00

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$ 1.29
76.	Elastic Pony Tails 18 ct. pk-black	$ 0.50
77.	St. Valentines Cards (English/Spanish) 6/pk	$ 0.00
78.	Happy Easter Card (English/Spanish) 6/pk	$ 0.00
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$ 0.00
80.	Father's Day Card (English/Spanish) 6/pk	$ 0.00
81.	Happy Birthday Card (English/Spanish) 6/pk	$ 0.00
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$ 0.00
83.	Christmas Card (English/Spanish) 6/pk	$ 0.00
84.	Oral Pain Relief 0.33 oz. Tube	$ 0.00
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$ 0.00
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$ 0.00
87.	Athletes Foot Cream 0.05 oz. Tube	$ 0.00
88.	Hydrocortisone Cream 1 oz. Tube	$ 0.00
89.	Chap Stick Lip Balm 15 oz.	$ 1.18
90.	Hemorrhoid Ointment 2 oz. Tube	$ 0.00
91.	Muscle Rub 3 oz. Tube	$ 2.60
92.	Medicated Chest Rub 3.53 oz.	$ 0.00
93.	Eye Drops 0.5 oz.	$ 0.00
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$ 0.44
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$ 0.44
96.	Acne Gel Medication 1 oz. Tube	$ 0.00
97.	Contact Lens Solution 4 oz.	$ 0.00
98.	Legal Gummed Pads (8 ½ x 11")	$ 0.00
99.	3 ½" Flexible Pencil	$ 0.00
100.	Bubble Cushioned Envelope (6" x 9")	$ 0.49
101.	#10 White Security Envelopes	$ 0.03
102.	No Clasp Envelope (9" x 12")	$ 0.09
103.	Twin Pocket Folders	$ 0.51
104.	Dictionary (English – Spanish & English)	$ 1.89
105.	Word Seek Puzzles Books	$ 3.19
106.	Sketch Pads (50 Sheets)	$ 0.00
107.	Playing Cards Deck	$ 0.94
108.	4 ½" Flexible Black Ink Pen	$ 0.34
109.	Tracing Paper Pad (40 Sheets) (SUBSTITUTE 30 SHEETS)	$ 6.29
110.	Tan PVC Shower Sandals (Size 8 thru 13) (SUBSTITUTE BROWN)	$ 3.00
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$ 2.49
112.	Close Up "Red Gel" Toothpaste- 4.0 oz.	$ 0.00
113.	Three Flowers Brilliantine- 4 oz.	$ 0.00
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$ 0.00
115.	Nair Hair Removal- 9 oz.	$ 0.00

	LIST OF ITEMS	UNIT PRICE
116.	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$ 0.00
117.	Razorless Hair Removing Cream 6 oz.	$ 3.85
118.	After Shave Lotion- 4 oz.	$ 0.95
119.	Baby Lotion- 4 oz. (SUBSTITUTE FRESH SCENT BABY LOTION)	$ 1.50
120.	Shaving Gel 3 oz. Clear Tube	$ 1.03
121.	White Handkerchief (15" x 15") (SUBSTITUTE 17" x 17")	$ 0.89
122.	VO5 Extra Body Shampoo- 12.5 oz.	$ 1.04
123.	VO5 Extra Body Conditioner- 12.5 oz.	$ 1.04
124.	Suave Powder Fresh Deodorant 1.7 oz. Clear	$ 0.00
125.	Hinged Soap Dish Box- Regular Size	$ 0.34
126.	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$ 1.15
127.	Dial Soap- 4 oz. bar	$ 0.70
128.	Greaseless Skin Cream 4.5 oz.	$ 0.00
129.	Cocoa Butter Moisturizing Soap 3.6 oz.	$ 0.00
130.	Hair Moisturizer 4 oz. Tube	$ 0.00
131.	Palm Hair Brush Flexible – Black	$ 0.30
132.	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$ 0.45
133.	Disposable Douche- 4.5 oz.	$ 1.59
134.	White Washcloth -(12"x12")	$ 0.33
135.	Topitos Salsa Verde Chips- 3.7 oz.	$ 0.95
136.	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$ 1.79
137.	Gummy Bears- 4 oz.	$ 0.99
138.	Mild Dill Pickle- 5 oz.	$ 0.99
139.	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$ 0.00
140.	Caramel Popcorn-3.53 oz. Bag	$ 0.00
141.	Vanilla Caramels- 3 oz. Bag	$ 0.00
142.	Hormel Spam Single Classic Pouch- 3 oz.	$ 0.00
143.	Chicken Vienna Sausages Pouch- 3 oz.	$ 0.00
144.	Hershey's Chocolate Almond- 1.45 oz.	$ 0.63
145.	Plastic Reading Glasses	$ 0.00
146.	Postcards	$ 0.00
147.	Topochico Beverage Mineral Water- 20 oz.	$ 0.85
148.	Topochico Beverage Apple- 20 oz.	$ 0.85
149.	Topochico Beverage Peach- 20 oz.	$ 0.85
150.	Topochico Beverage Strawberry- 20 oz.	$ 0.85
151.	Topochico Beverage Pineapple- 20 oz.	$ 0.85

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME:	R&R Distributing
ADDRESS:	5835 E. Texas Rd.
CITY/STATE/ZIP CODE:	Edinburg, TX 78542
PHONE & FAX NO'S:	(956) 451-1831 -- Phone & (956) 287-9614 -- Fax
CELLULAR NO:	(956) 451-1831
E-MAIL ADDRESS:	rrdistributing@sbcglobal.net
AUTHORIZED SIGNATURE:	
PRINTED NAME:	Rene Lucio
TITLE	Owner

EXHIBIT "C"
CERTIFICATE OF INSURANCE

R&RDIST-01 DEBORAHDEHA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
IBC Insurance Agency, LTD P. O. Box 39790 San Antonio, TX 78218	PHONE (A/C, No, Ext): (210) 646-9870	FAX (A/C, No): (210) 646-8418
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Lloyds Insurance Co	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

R & R Distributing
Rene Lucio Dba
5835 East Texas Rd.
Edinburg, TX 78542

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			65SBMIM6993	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

County of Hidalgo
P.O Box 1228
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER JAIME ZAPATA JR. 508 N. 10TH ST. STE C-1 StateFarm PO BOX 5069 MCALLEN, TX 78502	CONTACT NAME: LIDIA ARROYO PHONE (A/C, No, Ext): 956-630-2936 FAX (A/C, No): 956 630-6207 E-MAIL ADDRESS: LIDIA.ARROYO.NFXT@STATEFARM.COM
INSURED LUCIO, RENE DBA R & R DISTRIBUTING 5835 E TEXAS RD EDINBURG TX 78542-7264	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : State Farm Mutual Automobile Insurance Company — 25178 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$ 500,000
	ALL OWNED AUTOS ☒ SCHEDULED AUTOS			124 4052-A16	01/16/2014	07/16/2014	BODILY INJURY (Per accident)	$ 500,000
	HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$ 500,000
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
		☐	☐					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

05 GMC K2500 PICKUP VIN: 1GTHK23U55F929404

07 WELL UT TRAILER VIN: 1W4200G2872059904

CERTIFICATE HOLDER

HIDALGO COUNTY
2802 S BUS HWY 281
EDINBURG TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Lidia Arroyo.

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EXHIBIT "C"

Insurance Requirements

AFFIDAVIT ON
EXEMPTION FROM WORKERS COMPENSATION INSURANCE

I, ***Rene Lucio***, authorized representative for ***R & R Distributing***, do hereby affirm that I am exempt from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq. as I am a sole proprietor and do not employ any individuals under contract of hire as defined by the aforementioned law.

Rene Lucio, Owner
R & R Distributing

NOTARY STATEMENT

I, Dulce M Silva. a Notary Public, do hereby certify that on this the 16th day of May, 2014, personally appeared before me Rene Lucio, known to me to be the person whose name is subscribed to the foregoing instrument, and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statement contained therein is true and correct.

DULCE M SILVA
My Commission Expires
April 19, 2018

Notary Public, State of Texas

Printed/Typed Name: Dulce M Silva

My Commission Expires: April 19, 2018

APPROVED

AI-44967 **Purchasing Department** **21. C. 2.**

CC - REGULAR

Meeting Date: 06/30/2014

Submitted For: Hon. J. E. Guerra, HC-Sheriff

Submitted By: Sandra Montalvo, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Presentation of bids received for the purpose of award and approval of contract documents to multiple responsible vendors submitting the lowest and best bids (meeting all specifications and/or requirements) for: **Hidalgo County Sheriff's Office-"Commissary Supplies for HC Adult Detention Facility (Jail)" -RFB:2014-107-05-21-SMA.**

BACKGROUND

Recommended multiple vendors:

1) C-14-107-07-01- (KEEFE GROUP .)
2) C-14-107a-07-01 (R & R DISTRIBUTING)
3) C-14-107b-07-01 (ICS JAIL SUPPLIES, INC.)

Contracts to commence on August 19, 2014.

Contracts reviewed and approved by legal counsel as to form.

Fiscal Impact

FISCAL YEAR: **ACCT. #:**

FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**

BUDGETARY IMPACT:

The vendor will supply inventory which will generate revenue to operate commissary

Attachments

participation, tabulation-acceptance, depts recommendations
email frm legal-approved Keefe & R&R
legal
contract
contract
contract

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/20/2014 04:57 PM
Budget & Management	Obdett Calzada	06/23/2014 03:26 PM
Auditor's Office	Monica Badillo	06/26/2014 05:46 PM

Form Started By: Sandra Montalvo Started On: 06/10/2014

Final Approval Date: 06/26/2014

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 2, 2016

J.M. Bogan, III, Vice President
ICS JAIL SUPPLIES, INC.
P.O. Box 21056
Waco, Texas 76702
P (800) 524-5427

via email bids@icswaco.com
via facsimile (254) 751-0299
Extension Term: August 19, 2016 - August 18, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-239B-06-23 -"Commissary Supplies" (on an as needed basis) - Hidalgo County Adult Detention Facility (Jail)

Dear Mr. Bogan:

Be advised, that County has chosen the option to exercise the **second (2nd & FINAL) year** of the additional two (2) one (1) year terms, **under the same rates, terms and conditions** with **ICS JAIL SUPPLIES, INC.** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-246B-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 7 June 16
J.M. Bogan, III, Vice President

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,
Martha L Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

ICSJAIL OP ID: RR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Browder General Ins Agency Inc P.O. Box 8056 Waco, TX 76714	CONTACT NAME: Rhonda Rebber PHONE (A/C, No, Ext): 254-776-1582 FAX (A/C, No): 254-776-7131 E-MAIL ADDRESS: rhonda@browderinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Employers Mutual Casualty Co. — 21415
INSURED ICS Jail Supplies, Inc PO Box 21056 Waco, TX 76702	INSURER B : Travelers Insurance Co. — 36170
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	X		3D10214	07/02/2015	07/02/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			3E10214	07/02/2015	07/02/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-3G37480-7	10/12/2015	10/12/2016	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Hidalgo is included as additional insured on General Liability policy.

CERTIFICATE HOLDER

Hidalgo County
ATTN: Purchasing Dept
2812 S Business Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-68126

Date Filed:
06/09/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ICS Jail Supplies, Inc.
WACO, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-16-246B-00-00
Commissary Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Bogan, TW	Waco, TX United States	X	
Bogan III, JM	Waco, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

ERYN ELIZABETH PUTMAN
Notary Public, State of Texas
My Commission Expires
August 11, 2018

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said vice president, this the 9th day of June, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Eryn E. Putman — Printed name of officer administering oath | contract Accounts Manager — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
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ICS Jail Supplies, Inc.
WACO, TX United States

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Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-16-246B-00-00
Commissary Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Bogan, TW	Waco, TX United States	X	
Bogan III, JM	Waco, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 2, 2016

J.M. Bogan, III, Vice President
ICS JAIL SUPPLIES, INC.
P.O. Box 21056
Waco, Texas 76702
P (800) 524-5427

via email bids@icswaco.com
via facsimile (254) 751-0299
Extension Term: August 19, 2016 - August 18, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-239B-06-23 -"Commissary Supplies" (on an as needed basis) - Hidalgo County Adult Detention Facility (Jail)

Dear Mr. Bogan:

Be advised, that County has chosen the option to exercise the **second (2nd & FINAL) year** of the additional two (2) one (1) year terms, **under the same rates, terms and conditions** with **ICS JAIL SUPPLIES, INC.** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-246B-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 7 June 16
J.M. Bogan, III, Vice President

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,
Martha L Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

ICSJAIL OP ID: RR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/11/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Browder General Ins Agency Inc P.O. Box 8056 Waco, TX 76714	CONTACT NAME: Rhonda Rebber PHONE (A/C, No, Ext): 254-776-1582 FAX (A/C, No): 254-776-7131 E-MAIL ADDRESS: rhonda@browderinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Employers Mutual Casualty Co. — 21415
INSURED ICS Jail Supplies, Inc PO Box 21056 Waco, TX 76702	INSURER B : Travelers Insurance Co. — 36170
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	X		3D10214	07/02/2015	07/02/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			3E10214	07/02/2015	07/02/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-3G37480-7	10/12/2015	10/12/2016	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Hidalgo is included as additional insured on General Liability policy.

CERTIFICATE HOLDER

Hidalgo County
ATTN: Purchasing Dept
2812 S Business Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E-15-239B-06-23

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 10, 2015

J.M. Bogan, III, Vice President
ICS JAIL SUPPLIES, INC.
P.O. Box 21056
Waco, Texas 76702
P (800) 524-5427

via email bids@icswaco.com
via facsimile (254) 751-0299

Re: ***Renewal/Extension - Contract C-14-107B-06-30 - "Commissary Supplies" (on an as needed basis) - Hidalgo County Adult Detention Facility (Jail)***

Dear Mr. Bogan:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **FIRST (1ST) YEAR** of the additional two (2) one (1) year periods as provided in the current contract (under the same rates, terms and conditions).

Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda/meeting for discussion, consideration and action, by signing below and returning to the Purchasing Department, via facsimile to (956) 956-318-2629 or email to: leticia.saenz@co.hidalgo.tx.us.

By: _____ Date: 12 JUNE 15

J.M. Bogan, III, Vice President
ICS JAIL SUPPLIES, INC.

Additionally, we are requesting your company provides an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Respectively,

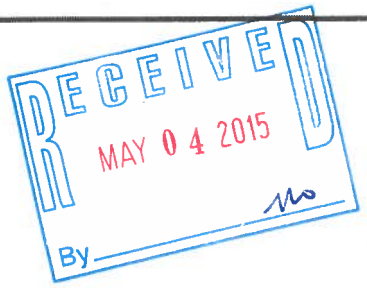
Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file

ICS

www.icswaco.com

P.O. Box 21056
Waco, TX
76702-1056



April 30, 2015

Marty Salazar
Hidalgo County Purchasing Department
302 West University Drive
Edinburg, Texas 78539

RE: Bid/Proposal #AI-44967 (C-14-107b-07-01)

Dear Mr. Salazar,

ICS Jail Supplies, Inc would like to extend the above mentioned contract for an additional year at the current proposed prices. The contact period will be beginning July 1, 2015 through June 30, 2016.

If you have any questions or if I can be of any further assistant please do not hesitate to contact me. We appreciate your business and look forward to hearing from you soon.

Sincerely,

Michelle Markum-Gwin
Director of Operations

MLMG/srs

Phone: 800-524-5427
254-751-1566

Fax: 254-751-0299

email: bids@icswaco.com
ics@icswaco.com
sales@icswaco.com

ICSJAIL OP ID: RR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Browder General Ins Agency Inc
P.O. Box 8056
Waco, TX 76714

CONTACT NAME: Rhonda Rebber
PHONE (A/C, No, Ext): 254-776-1582 FAX (A/C, No): 254-776-7131
E-MAIL ADDRESS: rhonda@browderinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Employers Mutual Casualty Co.	21415
INSURER B : First Comp	38970
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ICS Jail Supplies, Inc
PO Box 21056
Waco, TX 76702

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	[ ] CLAIMS-MADE [X] OCCUR	X		3D10214	07/02/2014	07/02/2015	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			3E10214	07/02/2014	07/02/2015	BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A		MWC0015338-04	10/12/2014	10/12/2015	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Hidalgo is included as additional insured on General Liability policy.

CERTIFICATE HOLDER

Hidalgo County
ATTN: Purchasing Dept
2812 S Business Hwy 281
Edinburg, TX 78539

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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SPECIAL MEETING - June 23, 2015

BE IT REMEMBERED, that on this 23rd day of June A.D., 2015, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	HIDALGO COUNTY JUDGE
HONORABLE A.C. CUELLAR, JR.	COMMISSIONER, PRECINCT NO. 1
HONORABLE EDUARDO "EDDIE" CANTU	COMMISSIONER, PRECINCT NO. 2
HONORABLE JOE M. FLORES	COMMISSIONER, PRECINCT NO. 3
HONORABLE JOSEPH PALACIOS	COMMISSIONER, PRECINCT NO. 4

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:

AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
June 23, 2015
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 3, JOE M. FLORES, the Court made a UNANIMOUS vote of approval for the exception of Items. 2.F. and 3.B. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. **AI-50250** **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2015 Intradepartmental transfers:**

A. **AI-50227** 2015 - Tax Office (1100)

B. **AI-50222** 2015 - WIC Lactation Center (1292)

C. **AI-50215** 2015 - 430th District Court (1100)

D. **AI-50210** 2015 - J.P. Pct. 3, Pl. 1 (1100)

E. **AI-50113** 2015 - Facilities Management (1100)

F. **AI-50200** 2015 - County Judge / Economic Development (1100)

NO ACTION taken on this Item.

G. **AI-50154** 2015 - I. T. Department (1100)

H. **AI-50172** 2015 - District Attorney (1100)

I. **AI-50076** 2015 - Elections Dept. (1100)

J. **AI-50096** 2015 - Human Resources (1100)

K. **AI-50118** 2015 - WIC Lac Support Center (1292)

L. **AI-50065** 2015 - Pct.1 Admin. (1200)

M. **AI-50070** 2015 - Pct.1 BCAP (1312)

N. **AI-50178** 2015 - Pct. 2 Parks (1100)

O. **AI-50221** 2015 - Pct #3 Rd. Maint. (1200)

P. **AI-50162** 2015 - Pct. 4 Parks (1100)

Q. **AI-50161** 2015 - Pct. 4 Rd. Maint. (1200)

R. **AI-50058** 2015 - 389th D.C. (1100)

5. **Planning Department:**

A. **AI-50151** 1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)

2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

6. **Monthly Fee Reports:**

A. **AI-50048** Revised April 2015 Financial Report

B. **AI-50036** District Clerk Fee Report for the Month of May 2015 $440,722.99

7. **Executive Office - Valde Guerra:**

A. **AI-50085** **Right of Way:**
Saenz Brothers Construction, LLC.
Proposed 48 inch storm line shall be installed west to east, approximately 700 feet north of FM 1925 centerline, crossing Mile 4W existing 60.0' right of way

B. **AI-50141** Approval of 457 Plan hardship withdrawal request for employee #115487

8. **Tax Refunds:**

A. **AI-50042**

Account Number	Payer	Amount
R1600.00.000.0009.00	LC CASTILLO CORPORATION	$6,782.59
R2255.02.000.0152.00	CORELOGIC	$2,859.64

B. **AI-50062**

Account Number	Payer	Amount
L0400.00.008.0000.02	South Texas Electric Cooperative Inc	$19,657.62

C. **AI-50047**

Account Number	Payer	Amount
A1800.99.038.0015.10	DRIVELINE INTERNATIONAL INC	$2,852.62

9. **Membership Dues:**

A. **AI-50081** Fire Marshal (1100):
Approval to pay Fire Marshal Juan Martinez membership dues to the National Fire Protection Association for the amount of $165.00 (Requisition #00278766) with authority for county treasurer to issue payment after review and auditing procedures are completed.

10. **Budget & Management:**

A. **AI-50126** Report and approval of emergency transfers for the period of May 1, 2015 through May 30, 2015.

B. **AI-49856** 1. Approval of reimbursement in the amount of $952,643.49 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 05/23/15 to 06/05/15.

05/23-29/15	$337,383.98
06/01-05/15	$615,259.51
TOTAL	$952,643.49

2. Approval of wire transfer to cover claims paid.

C. **AI-50079** Self-Insured (2202)
Requesting approval of reimbursement of Hidalgo County Workers' Comp. paying account for claims paid by Tristar Risk Management for the period of 05/16-31/2015 in the amount of $36,832.52 and requesting approval of wire transfer.

11. **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. **AI-50190** Ratification of fully executed Change Orders No. 1, 2 & 3 in connection with the Pct. #1 -SIOUX ROAD PAVING & DRAINAGE IMPROVEMENTS PROJECT (from Tower Road to Val Verde Road) as recommended by project engineer, Mr. Raul Sesin, P.E, Hidalgo County Drainage District No. 1.

B. **AI-50218** Acceptance and approval of **WORK AUTHORIZATION #3** for **$42,900.53** submitted by **L&G Engineering Consulting Engineers** d/b/a **L&G ENGINEERING** contracted (On Call) engineering firm for the purposes of --[Geo Technical and Construction Materials Testing] services for projects located within Hidalgo County Precinct #4 under Contract# C-14-330-09-09 for **PROJECT: [Construction Material Testing Services]** for **HOEHN SUBDIVISION SANITARY SEWER IMPROVEMENTS.**

C. **AI-50220** Acceptance and approval of request for payment of Application No. 10 for $47,642.50 submitted by JCon Construction for the Linn San Manuel Emergency Facility through PO # 712761.

D. **AI-50152** 1. Hidalgo County Juvenile Probation Department Executive Director, Israel "Buddy" Silva is requesting that Commissioners Court permit the Hidalgo County Purchasing to conduct the procurement process only as the HC Juvenile Board of Judges will select and award contract/engagement of the professional provision of: Independent Audit Services;

2. Authority for the HC Purchasing Dept. to advertise and approval of procurement packet developed through collaboration with Juvenile Probation director and staff (i.e., specifications, legal notices, terms, conditions and requirements such as governmental audit guidelines, etc.) as attached hereto for professional: Independent Audit Services [including the authority to re-advertise the project if necessary].

E. **AI-50109** 1. Approval of Request for Payment-Application No. 4 in the amount of $474,976.25 from Central Air and Heating Services, Inc., awarded contractor for the Sheriff's Office "Adult Detention Center and Law Enforcement Facility Roof &/or Air Condition Repairs &/or Replacement", and as certified for payment by project engineer, Chanin Engineering, and reviewed & initialed by construction manager, Prodigy Construction Management through contract #C-14-047-01-20;

2. Acceptance & approval of Invoice No.1226 in the amount of $7,623.00, submitted by contracted vendor, Prodigy Construction Management, LLC, C-C-14-360-10-14, for the provision of construction management services for, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement."

3. Acceptance and approval of invoice No. 13159-7 in the amount $5,988.20 submitted by Chanin Engineering LLC, contracted engineer for the, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement" C-13-133-07-09;

F. **AI-50129** Acceptance and approval of request for Payment Application #2 in the total amount of $22,292.62 submitted by Herrera & Hunt Inc., including acceptance of Certificate of Completion submitted by project engineer Raul E. Sesin, P.E., in connection with the concrete portion of the project: Hidalgo County -"Concrete Work and Water Line Improvements to Constable Pct. 1 Building", project No. 2013-032-01-16-MSS through PO#692409.

G. **AI-50142** Acceptance and approval of request for Payment Application #1 in the total amount of $18,048.59 submitted by Herrera & Hunt Inc., in connection with the project: Hidalgo County Precinct No. 4 -"Monument Sign for Precinct No. 4 Annex Building on "M" Road", project No. 2014-157-MSS through PO#716858.

H. **AI-50163** Acceptance and approval of the following requests for payment submitted by Hellmuth, Obata & Kassabaum, LP, aka, HOK for the Schematic Design Review of New Courthouse:
1. Invoice #14.09017.00-3-$3,513.43;
2. Invoice #14.09017.00-4-$1,926.97;
including authority for Hidalgo County Treasurer, Hon. Norma G. Garcia to issue payment after review and audit procedures are completed by County Auditor.

I. **AI-50165** 1. Requesting authority to exercise the Fifth (5th) Year of the additional nine (9)-one (1) year options to extend/renew as provided in the current agreement for the:"LEASE OF TOWER SPACE" in connection to Lease Agreements (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/03/15.

a. E-14-299-07-08 (C-10-043-08-03) - SBA TOWERS IV, LLC - LA JOYA TOWER SITE
b. E-14-299A-07-08 (C-10-044-08-03) - O.E. INVESTMENTS, LTD - WESLACO TOWER SITE

2. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew provided in the current contract for:"COMMISSARY SUPPLIES" in connection to Contracts (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/19/15.

a. C-14-107-06-30 - KEEFE COMMISSARY NETWORK, LLC
b. C-14-107A-06-30 - RENE LUCIO d/b/a R & R DISTRIBUTING
c. C-14-107B-06-30 - ICS JAIL SUPPLIES, INC.

APPROVED

3. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew as provided in the current contract with NTC DRUG TESTING SERVICES, INC. for the purposes of: "DRUG TESTING SERVICES" for the Hidalgo County Sheriff's Office in connection to Contract #C-13-077-06-25, under the same rates, terms and conditions, effective 08/22/15.

REQUIREMENTS AGREEMENT
C-14-107B-06-30

THIS AGREEMENT (the "Agreement") is entered into effective as of the **30th** day of **June, 2014** by and between **ICS JAIL SUPPLIES, INC.** ("Seller") and **Hidalgo County, Texas** ("Buyer").

WHEREAS, Buyer has solicited sealed bids for the supply of its requirements for the **"Commissary Supplies** for **Hidalgo County Adult Detention Facility (Jail)" (on an as needed basis),** (the "Product") as further described in Exhibit "A", Request for Sealed Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **one (1) year** and;

WHEREAS, Seller has submitted a proposal to supply Buyer's requirements; and

WHEREAS, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

NOW THEREFORE, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, the Product listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Buyer's projects for a period of **one (1) year** with the Buyer's option to extend for an additional two (2) one (1) year terms under the same rates, terms and conditions. Buyer also reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. The initial term of this Contract shall commence on **August 19, 2014** and expire on **August 18, 2015,** and it is agreed that the Product will meet the Specifications in the Request for Sealed Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Product to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Product required. The Product shall be specified by buyer in its Purchase Order F.O.B. Seller's location in Hidalgo County, Texas.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer on or before the 30th day following receipt of the invoice.

4. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer:

Hidalgo County
Attn: County Judge
302 West University Drive
Edinburg, Texas 78539

If to Seller:

ICS Jail Supplies, Inc.
Attn: J. M. Bogan, III, Vice President
P.O. Box 21056
Waco, Texas 76702

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

f. **Termination.** Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

g. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

h. **Successors.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

i. **Assignment.** This Agreement shall not be assignable.

j. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

k. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate

l. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

m. **Insurance.** Seller shall provide, to the extend it deems necessary, insurance in force on all persons connected with providing services under this Contract naming Buyer as an additional insured, and shall furnish to Buyer certificates of such insurance coverage Exhibit "C", which is attached hereto.

n. **Commitment of Current Revenues Only**. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

o. **Purchasing Ethics**. Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

(1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Buyer, or for any elected official, department head or employee or former elected official, department head or employee of Buyer, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of Buyer.

(2) It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Buyer, or any person associated therewith, as an inducement for the award of a subcontract or order.

EXECUTED effective as of the day and year first above written.

Approved by Commissioner's Court: JUNE 30, 2014.

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain, Attorney

BUYER:
COUNTY OF HIDALGO

By: Ramon Garcia
Ramon Garcia, Buyer Judge

ATTEST:

_____
Arturo Guajardo Jr., Buyer Clerk

Approved by Commissioners' Court
on 6-30-14 SDL

SELLER: ICS JAIL SUPPLIES, INC.

By: _____
Printed Name: J. M. Bogan, III
Title: Vice President

Awarded items (ONLY) to:

ICS JAIL SUPPLIES INC.

	LIST OF ITEMS	UNIT PRICE
60.	White Boxer Shorts (small thru 6XL)	$1.22
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$2.39
63.	White Men Briefs (small thru 5XL)	$1.01
64.	Men's/Ladies Crew Socks (one size fits all)	$0.45
65.	White Ladies Panties (Size 5 thru 18)	$0.87
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)	$5.67
72.	Anti-Shank Security Razor – Single Edge	$0.10
87.	Athletes Foot Cream 0.05 oz. Tube	$0.65
88.	Hydrocortisone Cream 1 oz. Tube	$0.98
89.	Chap Stick Lip Balm 15 oz.	$0.52
118.	After Shave Lotion 4 oz.	$0.64
119.	Baby Lotion 4 oz.	$0.39
121.	White Handkerchief (15" x 15")	$0.59
132.	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$0.08
134.	White Washcloth (12"x12")	$0.11

EXHIBIT "A"

REQUEST FOR SEALED BIDS (RFB) PROCUREMENT PACKET

Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

May 5, 2014

Participant's name

Address

City

State, Zip Code

Re: ***Hidalgo County Sheriff's Office***
Request for Bids–*"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"*
Bid No: 2014-107-05-21-SMA

Dear Prospective Bidders:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/sma
Enclosures

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

REQUEST FOR BIDS (RFB)

Hidalgo County Sheriff's Office
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"
Bid No: 2014-107-05-21-SMA"

Table of Contents

Item	Description	No. of Pages
1.	**Request for Bid Letter**	1
2.	**Request for Bid, Legal Notice**	8
3.	**Exhibit "A" Specifications/Requirements/Qualifications**	3
4.	**Exhibit "B" Bid Page**	5
5.	**Exhibit "C" Insurance Requirements**	4
6.	**Exhibit "D" CIQ Conflict of Interest Questionnaire**	1
7.	**Vendor/Bidder Application and W-9 form**	6
8.	**Certification Regarding Debarment**	1
9.	**Draft Requirements Agreement Document**	8

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626 or via email to sandra.montalvo@co.hidalgo.tx.us, and advise of missing documentation.

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

May 5, 2014
Date

Bid No: 2014-107-05-21-SMA	Buyer: Sandra Montalvo	Tel. No.: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"

Bid Opening Date: May 21, 2014 @ 9:30 a.m.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281 – New Administration Building
Edinburg, Texas 78539
956-318-2626

1. Sealed bids will be received for **HIDALGO COUNTY SHERIFF'S OFFICE- "COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth; Bidder guarantees products/services offered will meet, or exceed, the written specifications identified in the bid. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). All deviations from the specifications must be noted in writing, in detail, by the bidder at the time of submittal of the bid. Strong rationale must be presented for any deviation from the specifications. The absence of a written list of specification deviations will hold the bidder strictly accountable to the County to the specifications as written. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid. Any deviation from the specifications as written which the bidder did not previously submit prior to bid opening, as required, will be grounds for rejection of the materials/goods/services and/or equipment when delivered.

2. One (1) original and Three (3) copies of all bids are required with bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **BID-2014-107-05-21-SMA- HIDALGO COUNTY SHERIFF'S OFFICE–COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** and in County's Purchasing Department, Physical Address: 2802 S. Business Highway 281, Postal/Mailing Address: 2812 S. Business Highway 281, New Administration Building, Edinburg, Texas, 78539 **on or before 9:30 a.m., Wednesday, May 21, 2014.**

   NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY BID RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE IN REFERENCE TO BID.

   Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County. Hidalgo County will not be responsible for mis-sent or misplaced bids.

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so.

   One or more vendors may be designated as approved "Primary" and/or "Secondary" vendors for purchases from this contract through the effective period of the award. In situations when purchasing from the Primary Vendor(s) is not in the best interest of the County (e.g., when vendor fails to meet established delivery schedules), departments may purchase from the Secondary Vendor(s).

   If a vendor is in default on an order, the County reserves the right to purchase the item in default and charge the increase in price, if any, and cost of handling to the vendor. Failure to pay a damage assessment is cause for contract cancellation and/or suspension or removal of the vendor from the County's Centralized Master Bidders List (CMBL).

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Once a contract is awarded, no substitutions of products on the orders will be allowed without prior written consent from ordering department(s). Substitutions must be approved prior to shipment

on a trial basis only, until original item(s) becomes available. Outstanding orders are not automatically amended by an approved substitution.

Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise. The County may purchase on the open market any commodity reported by a vendor to be on back order when the resultant delivery time is unsatisfactory. Damage may be applicable in cases of a pattern of back orders. Back orders received after the delivery scheduled date will not be accepted.

5. For work performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids. A bid cannot be altered or amended after the bid opening date and time. Any alterations made before the opening date and time shall be initialed by the bidder or the bidder's authorized agent identified in the bid.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening. No bid can be withdrawn after the bid opening date and time without approval of County. All approvals shall be based upon an acceptable written reason for the action. Prices submitted for the bid must be current and in effect at the time of the bid opening and shall remain firm throughout the contract term, including any contract extensions. No price increases are allowed. Vendors are required to implement immediately any price decreases, roll backs, etc. that may become available. The County must be notified in writing of any decreases for file updating purposes and notice to contract users.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request. Both unit prices and extensions must be submitted. In case of discrepancies, unit prices shall govern.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing

years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out. Purchase orders shall be generated by the County to the successful bidder(s). The purchase order number must appear on all itemized invoices, packing slips and delivery tickets. County will not be held responsible for any orders placed/delivered without a valid, signed purchase order.

14. Upon award and prior to execution of a contract. Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.

15. **POST AWARD PRODUCTS DELIVERY INSTRUCTIONS:**

- Materials and supplies must be shipped within 72 hours from arrival of purchase order.
- Deliveries shall be accepted between 8:00 AM, Monday- Friday, unless prior approvals for after -hours deliveries have been obtained from respective department(s) contact person(s) before delivery will be accepted, unless other delivery arrangements have been made.
- At least seventy two (72) hours prior notice of delivery must be given to. Martha L. Salazar, Purchasing Agent before delivery will be accepted, unless other delivery arrangements have been made.
- Deliveries not made within delivery schedule shall be considered delinquent. Delinquent orders shall constitute a breach of contract. The vendor must notify the requesting department of orders that exceed the delivery schedule to either cancel the order or extend the delivery schedule for that order.
- At least seventy-two (72) hours prior to notice of a foreseen delivery delay shall also be given to appropriate department(s) contact person(s). The County has the right to extend the delivery date if reasons appear valid. The vendor must keep the County advised at all times of the status of the order(s). If the vendor has orders in their possession which have not been completed within the specified delivery time, the County reserves the right to withhold issuances of further orders until all orders have been filled and acceptable assurance has been given that the event will not be repeated.
- For items not in stock at the time of order, vendor is to contact respective department(s) for approval, or cancellation, of a delivery time and date.
- The County reserves the right to pick up orders during emergency situations.
- If you need additional information, contact information will be provided upon contract award

16. **BILLING AND PAYMENT INSTRUCTIONS:**

- All vendors doing business with the County must have on file a Form W-9, Request for Taxpayer Identification Number and Certifications. A copy of this form is included for your use and is to be submitted with your bid, if not on file.
    a) Invoices must include:
    b) Name and address of successful bidder
    c) Name and address of receiving department or official (signed delivery tickets)

d) Purchase Order Number (if any)
e) Notation-"**HIDALGO COUNTY SHERIFF'S OFFICE- COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"**
Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Vehicle title paperwork must be properly filled out and provided at time of delivery.
- The following documentation must be included:

a) Certificate of Origin (signed Title, if used vehicle purchase)
b) Application For Texas Certificate Of Title (Form 130-U)
c) Odometer Disclosure Statement

- Discount payments will be considered when offered. Price decreases are acceptable. Volume discount on products are acceptable by County. The County reserves the right to negotiate the price of any product listed in the catalog when larger quantities are requested by a user department.

- Contact person for Billing and Payment questions:

Attn: Budget Office
HIDALGO COUNTY SHERIFF'S OFFICE
711 El Cibolo Road
Edinburg, Texas 78539
(956) 383-8114

17. **SCHEDULE OF EVENTS**

Bid Opening, 9:30 A.M.	**May 21, 2014**
Projected Award of Contract or Issuance of Purchase Order	**_____, 2014**
Projected Commence Work or Deliver Products	**_____, 2014**

18. **ETHICAL STANDARDS:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

19. **DISCLOSURE OF CONFLICT OF INTEREST**

- Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER**.

Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services. Vendors must provide, at no cost, at lease one (1) copy of any applicable Material Safety Data Sheets (MSDS) with each shipment during the term of the contract. If OSHA or Federal or State laws provide for additional requirements, those requirements are in addition to the MSDS requirement. All items must meet all applicable OSHA standards and regulations and all electrical items must bear the appropriate listing from UL, FMRC, or NEMA.

20. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder must be a well established organization and have an adequate number of trained personnel to ensure quality and performance and completion of contract within a specified time period. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

21. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

22. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

    A. Meet schedules;
    B. Pay any required fees or taxes; or
    C. Otherwise perform in accordance with the specifications.

23. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

24. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

25. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281– New Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

EXHIBIT "A"

Specifications/Requirements
Hidalgo County Sheriff's Office
"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"
BID No. 2014-107 05-21-SMA

SCOPE

Hidalgo County Sheriff's Office is seeking to contract with a qualified vendor(s) to furnish "***COMMISSARY PRODUCTS***" on an "***As Needed Basis***" including, but not limited to, the following:

REQUIREMENTS/SPECIFICATIONS, TERMS & CONDITIONS

The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County Sheriff's Office. These requirements and/or specifications may be equal or better. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

1) Hidalgo County Sheriff's Office has the authority to utilize State Contracts from its membership with their existing or new cooperatives when ever it is in the County's best interest to do so.

2) All purchases will be on an "**As Needed Basis**", there are no set quantities to be purchased.

3) The initial contract term for this project will be for one (1) year with the County's option to extend for an additional two (2) one (1) year term.

4) Hidalgo County Sheriff's Office reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.

5) Insurance requirements for this project to be maintained through out the contract term (Refer to limits on the Exhibit "C" for limits).

6) Hidalgo County Sheriff's Office reserves the right to award to the lowest qualified bid on a lump sum basis to one bidder or to multiple bidders if the County determines it is in the best interest to do so.

7) All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.

8) Awarded vendor will ensure that all deliveries will be made in full within two (2) to five (5) working days from purchase order.

9) ***SUPPLIES REQUIRED:***

Hidalgo County Sheriff's Office requires Total/Full Jail Inmate Commissary products such as but not limited to following:

- Snacks
- Sugar & artificial sweetener
- Drinks/drink mix
- Candies
- Small supplies such as pens/pencils/envelopes/etc.
- Personal items (combs, lotion, etc.)
- Personal hygiene items
- Dental care items
- Various over –the-counter medications
- Sports bras, women's undergarments, men's undergarments, T-shirts, shower shoes

10) Hidalgo County Sheriff's Office Inventory History: Commissary history for the period of January through December 2013 is as follows:

Total inventory purchases:

- **$ 467,290.00** (Current average daily total detention center population is at 1384).

11) Hidalgo County Sheriff's Office reserves the right to add/delete items as it deems to be in the best interest of the County.

12) ***PRODUCT CONTAINERS:*** No glass or metal containers shall be allowed. Size and type of containers shall be approved by Hidalgo County Sheriff's Office. Hidalgo County Sheriff's Office reserves the right to increase/decrease products offered as it deems to be in the best interest of the County.

13) ***SECURITY:*** All security provisions established for the facility shall be strictly followed. Hidalgo County Sheriff's Office reserves the right to enforce existing or establish new security procedures as deemed to be in the best interest of the County in order to maintain safe and orderly operation of the detention facility.

14) All food products must be properly labeled, only fresh and legal products shall be delivered to the Commissary. Item(s) found defective or not meeting specifications shall immediately be picked and replaced by the awarded vendor.

15) Hidalgo County Sheriff's Office reserves the right to search any bags or personal items brought into the jail by the awarded vendor at any time. The County may request a complete list of awarded vendor's employees at any time during this contract which will include name, date of birth, social security number, sex, nationality and driver's license. Vendor's employees shall be in company uniform, and be clearly identified as being employed by the company, and present themselves in a professional manner at all times.

16) ***RECORD/INVENTORY:*** Hidalgo County Sheriff's Office may require that the vendor provide a monthly inventory to account for commissary activities.

17) Commissary items may be substituted by vendors but, must be equal or better and must be approved by the Hidalgo County Sheriff's Office.

18) ***MARKET VOLATILITY AND UNIT PRICE ADJUSTMENTS:***

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

A) **Requesting Price Adjustment**: Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.

- A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier=s advisory or notification to the vendor of the price changes.
- The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
- The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
- No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
- The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.

B) **Price Reduction**: Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

C) **Time frame for Adjusted Price Increases:** Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. The County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.

D) **Allowable Review Periods**: Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

E) **Dollar Limit to Price Changes**: The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

20) ADDITIONAL INFORMATION:

All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.

Hidalgo County is requesting that any and all questions, inquires and clarifications regarding bids, or statements of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, 2812 South Business Hwy. 281, Edinburg, Tx 78539

ALL WRITTEN INQUIRIES WILL BE ACCEPTED via e-mail to sandra.montalvo@co.hidalgo.tx.us by no later than Wednesday, **May 14,** 2014 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via email by no later than Friday, **May 16**, 2014 by 5:00 p.m.

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$
2.	Almond Joy Bar 1.61.oz	$
3.	Baby Ruth 2.1 oz.	$
4.	Butter Finger Bar 2.1 oz.	$
5.	Snickers Almond Bar 1.76 oz.	$
6.	Milky Way Bar 2.05 oz.	$
7.	Pay Day Bar 1.85 oz.	$
8.	Snickers Bar 2.07 oz.	$
9.	3 Musketeers Bar 2.13 oz.	$
10.	Skittles "Original Fruits" 2.17 oz. bag	$
11.	M & M Peanuts 1.74 oz. bag	$
12.	Twix Bar 2.0 oz.	$
13.	Peanut Pattie 2.25 oz.	$
14.	Reese's Peanut Butter Cups 1.5 oz.	$
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$
16.	Chili Corn Nuts-1.4 oz	$
17.	Ranch Corn Nuts -1.4 oz	$
18.	Salted Peanuts 1.75 oz. bag	$
19.	Chunk Light Tuna 4.23 oz. Pouch	$
20.	Refried Beans Resealable Pouch 6 oz.	$
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$
23.	Peanut Butter Squeezers 1.12 oz.	$
24.	Chili No Beans 11.25oz. Pouch	$
25.	Chili w/Beans 11.25oz. Pouch	$
26.	Hot Chili w/Beans 11.25 oz. Pouch	$
27.	Roast Beef & Gravy 10 oz. Pouch	$
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$
29.	Fish Fillets 3.53oz. Pouch	$
30.	B.B.Q. Potato Chips 1.5 oz. bag	$
31.	Flaming Hot Cheetos 1.5oz. bag	$
32.	BBQ Corn Chips 1.5oz. bag	$
33.	Doritos Nacho Cheese 1.5oz	$

	LIST OF ITEMS	UNIT PRICE
34.	Tortilla Chips 12 oz. bag	$
35.	Tostadas 12oz. pack	$
36.	Takis or Extremes 3.7 oz. bag	$
37.	Hot/Spicy Pork Cracklings 2 oz.	$
38.	Snack Crackers 12 oz. box	$
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray	$
40.	Zinger Cremes 4 oz. pack	$
41.	Cinnamon Rolls 4 oz. pk	$
42.	Honey Bun 6oz. pk	$
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$
45.	Cherry/Strawberry Danish 4.25 oz.	$
46.	Coca Cola Classic 20 oz. plastic bottle	$
47.	Sprite 20 oz. plastic bottle	$
48.	Fanta Orange 20 oz. plastic bottle	$
49.	Dr. Pepper 20 oz. plastic bottle	$
50.	Diet Coke 20 oz. plastic bottle	$
51.	Diet Dr. Pepper 20 z. plastic bottle	$
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$
53.	Coffee Mug w/Lid 14 oz.	$
54.	Hot Cocoa Mix 1oz. bag	$
55.	Cereal Bowl w/Lid 24 oz.	$
56.	Ozarka Spring Water 20 oz. plastic bottle	$
57.	Sugar Cubes 1 1b. bx	$
58.	Grey Sweatshirts (small thru 4XL)	$
59.	White Sport Bras (medium thru 3XL)	$
60.	White Boxer Shorts (small thru 6XL)	$
61.	White Thermal Underwear Set (small thru 6XL)	$
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$
63.	White Men Briefs (small thru 5XL)	$
64.	Men's/Ladies Crew Socks (one size fits all)	$
65.	White Ladies Panties (Size 5 thru 18)	$
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)	$
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$
68.	Advil Coated (2 tablet pouch) 50 ct. box	$
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$
70.	Tums- 3-roll pack	$
71.	4" Anti Shank Security Toothbrush & Clear Cap	$
72.	Anti-Shank Security Razor – Single Edge	$
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$
74.	Sunflower Kernels 4 oz. Bag	$

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$
76.	Elastic Pony Tails 18 ct. pk-black	$
77.	St. Valentines Cards (English/Spanish) 6/pk	$
78.	Happy Easter Card (English/Spanish) 6/pk	$
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$
80.	Father's Day Card (English/Spanish) 6/pk	$
81.	Happy Birthday Card (English/Spanish) 6/pk	$
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$
83.	Christmas Card (English/Spanish) 6/pk	$
84.	Oral Pain Relief 0.33 oz. Tube	$
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$
87.	Athletes Foot Cream 0.05 oz. Tube	$
88.	Hydrocortisone Cream 1 oz. Tube	$
89.	Chap Stick Lip Balm 15 oz.	$
90.	Hemorrhoid Ointment 2 oz. Tube	$
91.	Muscle Rub 3 oz. Tube	$
92.	Medicated Chest Rub 3.53 oz.	$
93.	Eye Drops 0.5 oz.	$
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$
96.	Acne Gel Medication 1 oz. Tube	$
97.	Contact Lens Solution 4 oz.	$
98.	Legal Gummed Pads (8 ½ x 11")	$
99.	3 ½" Flexible Pencil	$
100.	Bubble Cushioned Envelope (6" x 9")	$
101.	#10 White Security Envelopes	$
102.	No Clasp Envelope (9" x 12")	$
103.	Twin Pocket Folders	$
104.	Dictionary (English – Spanish & English)	$
105.	Word Seek Puzzles Books	$
106.	Sketch Pads (50 Sheets)	$
107.	Playing Cards Deck	$
108.	4 ½" Flexible Black Ink Pen	$
109.	Tracing Paper Pad (40 Sheets)	$
110.	Tan PVC Shower Sandals (Size 8 thru 13)	$
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$
112.	Close Up "Red Gel" Toothpaste- 4.0 oz.	$
113.	Three Flowers Brilliantine- 4 oz.	$
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$
115.	Nair Hair Removal- 9 oz.	$

	LIST OF ITEMS	UNIT PRICE
116.	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$
117.	Razorless Hair Removing Cream 6 oz.	$
118.	After Shave Lotion- 4 oz.	$
119.	Baby Lotion- 4 oz.	$
120.	Shaving Gel 3 oz. Clear Tube	$
121.	White Handkerchief (15" x 15")	$
122.	VO5 Extra Body Shampoo- 12.5 oz.	$
123.	VO5 Extra Body Conditioner- 12.5 oz.	$
124.	Suave Powder Fresh Deodorant 1.7 oz. Clear	$
125.	Hinged Soap Dish Box- Regular Size	$
126.	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$
127.	Dial Soap- 4 oz. bar	$
128.	Greaseless Skin Cream 4.5 oz.	$
129.	Cocoa Butter Moisturizing Soap 3.6 oz.	$
130.	Hair Moisturizer 4 oz. Tube	$
131.	Palm Hair Brush Flexible – Black	$
132.	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$
133.	Disposable Douche- 4.5 oz.	$
134.	White Washcloth -(12"x12")	$
135.	Topitos Salsa Verde Chips- 3.7 oz.	$
136.	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$
137.	Gummy Bears- 4 oz.	$
138.	Mild Dill Pickle- 5 oz.	$
139.	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$
140.	Caramel Popcorn-3.53 oz. Bag	$
141.	Vanilla Caramels- 3 oz. Bag	$
142.	Hormel Spam Single Classic Pouch- 3 oz.	$
143.	Chicken Vienna Sausages Pouch- 3 oz.	$
144.	Hershey's Chocolate Almond- 1.45 oz.	$
145.	Plastic Reading Glasses	$
146.	Postcards	$
147.	Topochico Beverage Mineral Water- 20 oz.	$
148.	Topochico Beverage Apple- 20 oz.	$
149.	Topochico Beverage Peach- 20 oz.	$
150.	Topochico Beverage Strawberry- 20 oz.	$
151.	Topochico Beverage Pineapple- 20 oz.	$

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO'S: _____

CELLULAR NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services
(Other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an **additional insured** shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 03/11/11

EXHIBIT "C"
Insurance Requirements

ACORD	CERTIFICATE OF INSURANCE	DATE (MM/DD/YY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE OCCUR ☐ OWNER'S & CONT. PROT ☐ OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY PROJECT ☐ LOC				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED (Any one person) PERS & ADV INJURY AL AGGREGATE ODUCTS – COMP/OP AGG	$ $ $ $ $ $
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY EA ACC AGG	$ $ $
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				WC STATU ☐ OTHER TORY LIMITS L EACH ACCIDENT E L DISEASE EA EMPLOYEE E L DISEASE POLICY LIMIT	$ $ $
	OTHER					

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION
Hidalgo County **Attn: Purchasing Department** **2812 S Highway Bus. 281** **Edinburg, Texas 78539**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ***30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE

EXHIBIT "C"
Insurance Requirements
Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

NOTICE TO BIDDER:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "C"

Insurance Requirements
PROJECT REQUIREMENTS
ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bond (if applicable)_____
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE — FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department thru Facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539 or e-mail: purchasing@co.hidalgo.tx.us

Company Name:	**Telephone No. ( )**
dba Name:	
Legal Name:	
Mailing Address :	**Fax No. ( )**
Physical Address:	
City, State, Zip	**Tax I.D. No.**
Remit to Address :	**City, State, Zip**
E-Mail Address:	
Representative(s) Name(s) & Title(s)	

Type of Organization (check one): _____ **Individual** _____ **Partnership** _____ **Corporation** _____**Non-Profit** _____ **LLC** _____ **Sole Proprietor** _____ **Other, Specify**

State Identification No._____ **(Please attached completed W-9 form with this application)**

Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ **Date:**_____ **Other:**

Type of Business (check one): _____ **Manufacturer** _____ **Wholesaler** _____ **Retailer** _____ **Broker** _____ **Distributor** _____ **Service Organization** _____ **Other, Specify**

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)

Small Business:_____**Disadvantaged Business (At Least 51% Ownership)**

Less than 125,000 annual gross receipt	Black American	Native American
Less than 250,000 annual gross receipt	Hispanic American	Women
Less than 499,000 annual gross receipt	Asian Pacific American	Other
More than 500,000 annual gross receipt		

Have you been certified as a HUB or an MBE/WBE source?: Yes No

Indicate Certification No.(s):_____ **or are Certificate(s) attached?:** Yes No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: Yes No

To Be Completed by the County: Rec'd by (Purchasing):_____ **Date Rec'd by (Purchasing):**

Date Forwarded Information to Auditor's Office:_____**Entry Date:** _____ **Vendor No.:**

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: Yes No

---

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ - ___ - ____

Employer identification number
__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee [1] The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "B"
BID PAGE

OFFICIAL BID PRICING BY ICS

ICS JAIL SUPPLIES, INC.
P.O. Box 21056
Waco, TX 76702-1056
Phone: 800-524-5427 Fax: 254-751-0299
WWW.ICSWACO.COM
bids@icswaco.com
sales@icswaco.com
FED ID # 27-0294351
GSA Contract # GS 07F-0352S
TXMAS-12-84060

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.85 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$ 0.44 each
2.	Almond Joy Bar 1.61.oz	$ N/B
3.	Baby Ruth 2.1 oz.	$ N/B
4.	Butter Finger Bar 2.1 oz.	$ N/B
5.	Snickers Almond Bar 1.76 oz.	$
6.	Milky Way Bar 2.05 oz.	$
7.	Pay Day Bar 1.85 oz.	$
8.	Snickers Bar 2.07 oz.	$
9.	3 Musketeers Bar 2.13 oz.	$
10.	Skittles "Original Fruits" 2.17 oz. bag	$
11.	M & M Peanuts 1.74 oz. bag	$
12.	Twix Bar 2.0 oz.	$
13.	Peanut Pattie 2.25 oz.	$
14.	Reese's Peanut Butter Cups 1.5 oz.	$
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$
16.	Chili Corn Nuts-1.4 oz	$
17.	Ranch Corn Nuts -1.4 oz	$
18.	Salted Peanuts 1.75 oz. bag	$
19.	Chunk Light Tuna 4.23 oz. Pouch	$
20.	Refried Beans Resealable Pouch 6 oz.	$
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$
23.	Peanut Butter Squeezers 1.12 oz.	$
24.	Chili No Beans 11.25oz. Pouch	$
25.	Chili w/Beans 11.25oz. Pouch	$
26.	Hot Chili w/Beans 11.25 oz. Pouch	$
27.	Roast Beef & Gravy 10 oz. Pouch	$
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$
29.	Fish Fillets 3.53oz. Pouch	$
30.	B.B.Q. Potato Chips 1.5 oz. bag	$
31.	Flaming Hot Cheetos 1.5oz. bag	$
32.	BBQ Corn Chips 1.5oz. bag	$
33.	Doritos Nacho Cheese 1.5oz	$

P.O. Box 21056
Waco, TX 76702-1056
Phone: 800-524-5427 Fax: 254-751-0299
WWW.ICSWACO.COM
bids@icswaco.com
sales@icswaco.com
FED ID # 27-1494351
GSA Contract # GS 07F-0552C
TXMAS-12-84060

	LIST OF ITEMS	UNIT PRICE
34.	Tortilla Chips 12 oz. bag	$ N/B
35.	Tostadas 12oz. pack	$
36.	Takis or Extremes 3.7 oz. bag	$
37.	Hot/Spicy Pork Cracklings 2 oz.	$
38.	Snack Crackers 12 oz. box	$
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray	$
40.	Zinger Cremes 4 oz. pack	$
41.	Cinnamon Rolls 4 oz. pk	$
42.	Honey Bun 6oz. pk	$
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$
45.	Cherry/Strawberry Danish 4.25 oz.	$
46.	Coca Cola Classic 20 oz. plastic bottle	$
47.	Sprite 20 oz. plastic bottle	$
48.	Fanta Orange 20 oz. plastic bottle	$
49.	Dr. Pepper 20 oz. plastic bottle	$
50.	Diet Coke 20 oz. plastic bottle	$
51.	Diet Dr. Pepper 20 z. plastic bottle	$
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$
53.	Coffee Mug w/Lid 14 oz.	$
54.	Hot Cocoa Mix 1oz. bag	$
55.	Cereal Bowl w/Lid 24 oz.	$
56.	Ozarka Spring Water 20 oz. plastic bottle	$
57.	Sugar Cubes 1 1b. bx	$
58.	Grey Sweatshirts (small thru 4XL)	$ $10.28 ea
59.	White Sport Bras (medium thru 3XL)	$ $2.27 ea
60.	White Boxer Shorts (small thru 6XL)	$ $1.22 ea
61.	White Thermal Underwear Set (small thru 6XL)	$ $9.21 each
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$ $2.39 each
63.	White Men Briefs (small thru 5XL)	$ $1.01 each
64.	Men's/Ladies Crew Socks (one size fits all)	$ 0.45 each pr
65.	White Ladies Panties (Size 5 thru 18)	$ 0.87 each
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)	$ $5.67 each
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$ N/B
68.	Advil Coated (2 tablet pouch) 50 ct. box	$ N/B
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$ N/B
70.	Tums- 3-roll pack	$ N/B
71.	4" Anti Shank Security Toothbrush & Clear Cap	$ 0.045 each
72.	Anti-Shank Security Razor – Single Edge	$ 0.10 each
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$ N/B
74.	Sunflower Kernels 4 oz. Bag	$ N/B

ICS JAIL SUPPLIES, INC.
ICS JAIL P.O. Box 21056
Waco, TX 76702-1056
Phone: 800-524-5427 Fax: 254-751-0299
WWW.ICSWACO.COM
bids@icswaco.com
sales@icswaco.com
FED ID # 27-1494351
GSA Contract # GS 07F-0552D
TXMAS-12-84060

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$ N/B
76.	Elastic Pony Tails 18 ct. pk-black	$
77.	St. Valentines Cards (English/Spanish) 6/pk	$
78.	Happy Easter Card (English/Spanish) 6/pk	$
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$
80.	Father's Day Card (English/Spanish) 6/pk	$
81.	Happy Birthday Card (English/Spanish) 6/pk	$
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$
83.	Christmas Card (English/Spanish) 6/pk	$
84.	Oral Pain Relief 0.33 oz. Tube	$
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$
87.	Athletes Foot Cream 0.05 oz. Tube	$ 0.65 ea
88.	Hydrocortisone Cream 1 oz. Tube	$ 0.98 ea
89.	Chap Stick Lip Balm 15 oz.	$ 0.52 ea
90.	Hemorrhoid Ointment 2 oz. Tube	$ N/B
91.	Muscle Rub 3 oz. Tube	$ N/B
92.	Medicated Chest Rub 3.53 oz.	$ N/B
93.	Eye Drops 0.5 oz.	$ N/B
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$ N/B
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$ N/B
96.	Acne Gel Medication 1 oz. Tube	$ N/B
97.	Contact Lens Solution 4 oz.	$ N/B
98.	Legal Gummed Pads (8 ½ x 11")	$ N/B
99.	3 ½" Flexible Pencil	$ 0.40 each
100	Bubble Cushioned Envelope (6" x 9")	$ N/B
101	#10 White Security Envelopes	$ 10.61 bx 500
102	No Clasp Envelope (9" x 12")	$ N/B
103	Twin Pocket Folders	$ N/B
104	Dictionary (English – Spanish & English)	$ $2.16 each
105	Word Seek Puzzles Books	$ 0.81 each
106	Sketch Pads (50 Sheets)	$ N/B
107	Playing Cards Deck	$ N/B
108	4 ½" Flexible Black Ink Pen	$ N/B
109	Tracing Paper Pad (40 Sheets)	$ N/B
110	Tan PVC Shower Sandals (Size 8 thru 13)	$ 1.75 each
111	Colgate "Red Gel" Toothpaste 4.2 oz.	$ N/B
112	Close Up "Red Gel" Toothpaste- 4.0 oz.	$ N/B
113	Three Flowers Brilliantine- 4 oz.	$
114	Dandruff Shampoo & Conditioner 14.2 oz.	$
115	Nair Hair Removal- 9 oz.	$

	LIST OF ITEMS	UNIT PRICE
116	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$ 2.62 each
117	Razorless Hair Removing Cream 6 oz.	$ N/B
118	After Shave Lotion- 4 oz.	$ 0.64 each
119	Baby Lotion- 4 oz.	$ 0.39 each
120	Shaving Gel 3 oz. Clear Tube	$ 1.02 each
121	White Handkerchief (15" x 15")	$ 0.59 ea
122	VO5 Extra Body Shampoo- 12.5 oz.	$ N/B
123	VO5 Extra Body Conditioner- 12.5 oz.	$ N/B
124	Suave Powder Fresh Deodorant 1.7 oz. Clear	$ N/B
125	Hinged Soap Dish Box- Regular Size	$ 14.39 - bx 100
126	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$55.60 (1.077 each)
127	Dial Soap- 4 oz. bar	$55.60 (0.77 each)
128	Greaseless Skin Cream 4.5 oz.	$ N/B
129	Cocoa Butter Moisturizing Soap 3.6 oz.	$ N/B
130	Hair Moisturizer 4 oz. Tube	$ N/B
131	Palm Hair Brush Flexible – Black	$ N/B
132	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$ 0.08 each
133	Disposable Douche- 4.5 oz.	$ N/B
134	White Washcloth -(12"x12")	$ 0.11 each
135	Topitos Salsa Verde Chips- 3.7 oz.	$ N/B
136	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$
137	Gummy Bears- 4 oz.	$
138	Mild Dill Pickle- 5 oz.	$
139	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$
140	Caramel Popcorn-3.53 oz. Bag	$
141	Vanilla Caramels- 3 oz. Bag	$
142	Hormel Spam Single Classic Pouch- 3 oz.	$
143	Chicken Vienna Sausages Pouch- 3 oz.	$
144	Hershey's Chocolate Almond- 1.45 oz.	$
145	Plastic Reading Glasses	$
146	Postcards	$
147	Topochico Beverage Mineral Water- 20 oz.	$
148	Topochico Beverage Apple- 20 oz.	$
149	Topochico Beverage Peach- 20 oz.	$
150	Topochico Beverage Strawberry- 20 oz.	$
151	Topochico Beverage Pineapple- 20 oz.	$

ICS JAIL SUPPLIES, INC.
P.O. Box 21056
Waco, TX 76702-1056
Phone: 800-524-5427 Fax: 254-751-0291
WWW.ICSWACO.COM
bids@icswaco.com
sales@icswaco.com
FED ID # 27-1494351
GSA Contract # GS 07F-0552C
TXMAS-12-84060

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: ICS Jail Supplies Inc

ADDRESS: P.O. Box 21056

CITY/STATE/ZIP CODE: Waco, TX, 76702

PHONE & FAX NO'S: (800) 524-5427 (254) 751-0299

CELLULAR NO:

E-MAIL ADDRESS: bids@icswaco.com

AUTHORIZED SIGNATURE:

PRINTED NAME: JM Bryan

TITLE Vice President

ICS JAIL SUPPLIES, INC.
P O. Box 21056
Waco, TX 76702-1056
Phone: 800-524-5427 Fax: 254-751-029
WWW.ICSWACO.COM
bids@icswaco.com
sales@icswaco.com
FED ID # 27-1494351
GSA Contract # GS 07F-0552
TXMAS-12-84060

EXHIBIT "C"

CERTIFICATE OF INSURANCE

ACORD

ICSJAIL OP ID: RR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Browder General Ins Agency Inc P.O. Box 8056 Waco, TX 76714	CONTACT NAME: Rhonda Rebber PHONE (A/C, No, Ext): 254-776-1582 FAX (A/C, No): 254-776-7131 E-MAIL ADDRESS: rhonda@browderinsurance.com
INSURED ICS Jail Supplies, Inc PO Box 21056 Waco, TX 76702	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Employers Mutual Casualty Co. — 21415 INSURER B : First Comp — 38970 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER	X		3D10214	07/02/2014	07/02/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			3E10214	07/02/2014	07/02/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC0015338-03	10/12/2013	10/12/2014	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Hidalgo is included as additional insured on General Liability policy.

CERTIFICATE HOLDER

Hidalgo County
ATTN: Purchasing Dept
2812 S Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bobbie Browder

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APPROVED

AI-44967 **Purchasing Department** **21. C. 2.**

CC - REGULAR

Meeting Date: 06/30/2014

Submitted For: Hon. J. E. Guerra, HC-Sheriff

Submitted By: Sandra Montalvo, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Presentation of bids received for the purpose of award and approval of contract documents to multiple responsible vendors submitting the lowest and best bids (meeting all specifications and/or requirements) for: **Hidalgo County Sheriff's Office-"Commissary Supplies for HC Adult Detention Facility (Jail)" -RFB:2014-107-05-21-SMA.**

BACKGROUND

Recommended multiple vendors:
1) C-14-107-07-01- (KEEFE GROUP .)
2) C-14-107a-07-01 (R & R DISTRIBUTING)
3) C-14-107b-07-01 (ICS JAIL SUPPLIES, INC.)

Contracts to commence on August 19, 2014.

Contracts reviewed and approved by legal counsel as to form.

Fiscal Impact

FISCAL YEAR: **ACCT. #:**

FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**

BUDGETARY IMPACT:

The vendor will supply inventory which will generate revenue to operate commissary

Attachments

participation, tabulation-acceptance, depts recommendations
email frm legal-approved Keefe & R&R
legal
contract
contract
contract

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/20/2014 04:57 PM
Budget & Management	Obdett Calzada	06/23/2014 03:26 PM
Auditor's Office	Monica Badillo	06/26/2014 05:46 PM

Form Started By: Sandra Montalvo Started On: 06/10/2014

Final Approval Date: 06/26/2014

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 2, 2016

Kevin Myers, Regional Vice President or
Blake Taylor, Account Manager
KEEFE COMMISSARY NETWORK, LLC.
3101 Marquis, Suite 200
Garland, Texas 75042
P (972) 272-1564 **C** (214) 392-7248

via email btaylor@keefegroup.com
Extension Term: August 19, 2016 - August 18, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-239-06-23 - Commissary Supplies (on an as needed basis) - Hidalgo County Adult Detention Facility (Jail)

Dear Mr. Taylor:

Be advised, that County has chosen the option to exercise the **second (2nd & FINAL) year** of the additional two (2) one (1) year terms, **under the same rates, terms and conditions** with **KEEFE COMMISSARY NETWORK, LLC** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-246-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 6/15/16
Blake Taylor, Account Manager

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,
Martha L. Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/lhs
Enclosures

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-73625

Date Filed:
06/20/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Keefe Commissary Network, LLC
Garland, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Purchasing Department

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-16-246-00-00
Commissary Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

ELLEN J. EARNEST
Notary Public, State of Texas
My Commission Expires
August 24, 2019

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kevin Myers, this the 20th day of June, 20 16, to certify which, witness my hand and seal of office.

Ellen J. Earnest — Signature of officer administering oath
Ellen J. Earnest — Printed name of officer administering oath
Business Manager — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
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Keefe Commissary Network, LLC
Garland, TX United States

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Hidalgo County Purchasing Department

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E-16-246-00-00
Commissary Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF LIABILITY INSURANCE

12/1/2016

DATE (MM/DD/YYYY) 11/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED 1357689 Keefe Commissary Network, LLC 10880 Linpage Place St. Louis MO 63132	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Federal Insurance Company 20281 INSURER B : Great Northern Insurance Company 20303 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CENGR **CERTIFICATE NUMBER:** 12940993 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:	Y	N	7321-00-90	12/1/2015	12/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	N	N	73210092	12/1/2015	12/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX $ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE [ ]	$ XXXXXXX $ XXXXXXX $ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	7165-55-50	12/1/2015	12/1/2016	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Hidalgo is an additional insured under general liability as reqired by written contract.

CERTIFICATE HOLDER

12940993
Hidalgo County
Purchasing Department
2812 S. Highway Bus. 281
Edinburg TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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E-15-239-06-23

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 10, 2015

Kevin Myers, Regional Vice President or
Blake Taylor, Account Manager
KEEFE COMMISSARY NETWORK, LLC.
3101 Marquis, Suite 200
Garland, Texas 75042
P (972) 272-1564 **C** (214) 392-7248

via email btaylor@keefegroup.com
via facsimile (972) 272-5387

Re: Renewal/Extension for Contract C-14-107-06-30 - "Commissary Supplies" (on an as needed basis) - Hidalgo County Sheriff's Office

Dear Mr. Taylor:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **FIRST (1ST) YEAR** of the additional two (2) one (1) year periods as provided in the current contract (under the same rates, terms and conditions).

Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda/meeting for discussion, consideration and action, by signing below and returning to the Purchasing Department, via facsimile to (956) 956-318-2629 or email to: leticia.saenz@co.hidalgo.tx.us.

By: _____ Date: 6/16/15

Kevin Myers, Reg. VP or Blake Taylor, Account Manager
KEEFE COMMISSARY NETWORK, LLC

Additionally, we are requesting your company provides an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Respectfully,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file

CERTIFICATE OF LIABILITY INSURANCE

12/1/2015

DATE (MM/DD/YYYY) 12/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
Lockton Companies
Three City Place Drive, Suite 900
St. Louis MO 63141-7081
(314) 432-0500

RECEIVED
DEC 29 2014
By Ma 12 Opm

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Great Northern Insurance Company	20303
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1357689
Keefe Commissary Network, LLC
10880 Linpage Place
St. Louis MO 63132

COVERAGES CENGR CERTIFICATE NUMBER: 12940993 REVISION NUMBER: XXXXXXX

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER	Y	N	7321-00-90	1/1/2015	12/1/2015	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	N	N	73210092	1/1/2015	12/1/2015	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$ XXXXXXX
							BODILY INJURY (Per accident)	$ XXXXXXX
							PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							AGGREGATE	$ XXXXXXX
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	7165-55-50	1/1/2015	12/1/2015	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Hidalgo is an additional insured under general liability as reqired by written contract.

CERTIFICATE HOLDER

12940993

Hidalgo County
Purchasing Department
2812 S. Highway Bus. 281
Edinburg TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SPECIAL MEETING - June 23, 2015

BE IT REMEMBERED, that on this 23rd day of June A.D., 2015, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	HIDALGO COUNTY JUDGE
HONORABLE A.C. CUELLAR, JR.	COMMISSIONER, PRECINCT NO. 1
HONORABLE EDUARDO "EDDIE" CANTU	COMMISSIONER, PRECINCT NO. 2
HONORABLE JOE M. FLORES	COMMISSIONER, PRECINCT NO. 3
HONORABLE JOSEPH PALACIOS	COMMISSIONER, PRECINCT NO. 4

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:

AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
June 23, 2015
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 3, JOE M. FLORES, the Court made a UNANIMOUS vote of approval for the exception of Items. 2.F. and 3.B. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. **AI-50250** **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2015 Intradepartmental transfers:**

A. **AI-50227** 2015 - Tax Office (1100)

B. **AI-50222** 2015 - WIC Lactation Center (1292)

C. **AI-50215** 2015 - 430th District Court (1100)

D. **AI-50210** 2015 - J.P. Pct. 3, Pl. 1 (1100)

E. **AI-50113** 2015 - Facilities Management (1100)

F. **AI-50200** 2015 - County Judge / Economic Development (1100)

NO ACTION taken on this Item.

G. **AI-50154** 2015 - I. T. Department (1100)

H. **AI-50172** 2015 - District Attorney (1100)

I. **AI-50076** 2015 - Elections Dept. (1100)

J. **AI-50096** 2015 - Human Resources (1100)

K. **AI-50118** 2015 - WIC Lac Support Center (1292)

L. **AI-50065** 2015 - Pct.1 Admin. (1200)

M. **AI-50070** 2015 - Pct.1 BCAP (1312)

N. **AI-50178** 2015 - Pct. 2 Parks (1100)

O. **AI-50221** 2015 - Pct #3 Rd. Maint. (1200)

P. **AI-50162** 2015 - Pct. 4 Parks (1100)

Q. **AI-50161** 2015 - Pct. 4 Rd. Maint. (1200)

R. **AI-50058** 2015 - 389th D.C. (1100)

5. **Planning Department:**

A. **AI-50151** 1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)

2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

6. **Monthly Fee Reports:**

A. **AI-50048** Revised April 2015 Financial Report

B. **AI-50036** District Clerk Fee Report for the Month of May 2015 $440,722.99

7. **Executive Office - Valde Guerra:**

A. **AI-50085** **Right of Way:**
Saenz Brothers Construction, LLC.
Proposed 48 inch storm line shall be installed west to east, approximately 700 feet north of FM 1925 centerline, crossing Mile 4W existing 60.0' right of way

B. **AI-50141** Approval of 457 Plan hardship withdrawal request for employee #115487

8. **Tax Refunds:**

A. **AI-50042**

Account Number	Payer	Amount
R1600.00.000.0009.00	LC CASTILLO CORPORATION	$6,782.59
R2255.02.000.0152.00	CORELOGIC	$2,859.64

B. **AI-50062**

Account Number	Payer	Amount
L0400.00.008.0000.02	South Texas Electric Cooperative Inc	$19,657.62

C. **AI-50047**

Account Number	Payer	Amount
A1800.99.038.0015.10	DRIVELINE INTERNATIONAL INC	$2,852.62

9. **Membership Dues:**

A. **AI-50081** Fire Marshal (1100):
Approval to pay Fire Marshal Juan Martinez membership dues to the National Fire Protection Association for the amount of $165.00 (Requisition #00278766) with authority for county treasurer to issue payment after review and auditing procedures are completed.

10. **Budget & Management:**

A. **AI-50126** Report and approval of emergency transfers for the period of May 1, 2015 through May 30, 2015.

B. **AI-49856** 1. Approval of reimbursement in the amount of $952,643.49 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 05/23/15 to 06/05/15.

05/23-29/15	$337,383.98
06/01-05/15	$615,259.51
TOTAL	$952,643.49

2. Approval of wire transfer to cover claims paid.

C. **AI-50079** Self-Insured (2202)
Requesting approval of reimbursement of Hidalgo County Workers' Comp. paying account for claims paid by Tristar Risk Management for the period of 05/16-31/2015 in the amount of $36,832.52 and requesting approval of wire transfer.

11. **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. **AI-50190** Ratification of fully executed Change Orders No. 1, 2 & 3 in connection with the Pct. #1 -SIOUX ROAD PAVING & DRAINAGE IMPROVEMENTS PROJECT (from Tower Road to Val Verde Road) as recommended by project engineer, Mr. Raul Sesin, P.E, Hidalgo County Drainage District No. 1.

B. **AI-50218** Acceptance and approval of **WORK AUTHORIZATION #3** for **$42,900.53** submitted by **L&G Engineering Consulting Engineers** d/b/a **L&G ENGINEERING** contracted (On Call) engineering firm for the purposes of --[Geo Technical and Construction Materials Testing] services for projects located within Hidalgo County Precinct #4 under Contract# C-14-330-09-09 for **PROJECT: [Construction Material Testing Services]** for **HOEHN SUBDIVISION SANITARY SEWER IMPROVEMENTS.**

C. **AI-50220** Acceptance and approval of request for payment of Application No. 10 for $47,642.50 submitted by JCon Construction for the Linn San Manuel Emergency Facility through PO # 712761.

D. **AI-50152** 1. Hidalgo County Juvenile Probation Department Executive Director, Israel "Buddy" Silva is requesting that Commissioners Court permit the Hidalgo County Purchasing to conduct the procurement process only as the HC Juvenile Board of Judges will select and award contract/engagement of the professional provision of: Independent Audit Services;

2. Authority for the HC Purchasing Dept. to advertise and approval of procurement packet developed through collaboration with Juvenile Probation director and staff (i.e., specifications, legal notices, terms, conditions and requirements such as governmental audit guidelines, etc.) as attached hereto for professional: Independent Audit Services [including the authority to re-advertise the project if necessary].

E. **AI-50109** 1. Approval of Request for Payment-Application No. 4 in the amount of $474,976.25 from Central Air and Heating Services, Inc., awarded contractor for the Sheriff's Office "Adult Detention Center and Law Enforcement Facility Roof &/or Air Condition Repairs &/or Replacement", and as certified for payment by project engineer, Chanin Engineering, and reviewed & initialed by construction manager, Prodigy Construction Management through contract #C-14-047-01-20;

2. Acceptance & approval of Invoice No.1226 in the amount of $7,623.00, submitted by contracted vendor, Prodigy Construction Management, LLC, C-C-14-360-10-14, for the provision of construction management services for, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement."

3. Acceptance and approval of invoice No. 13159-7 in the amount $5,988.20 submitted by Chanin Engineering LLC, contracted engineer for the, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement" C-13-133-07-09;

F. **AI-50129** Acceptance and approval of request for Payment Application #2 in the total amount of $22,292.62 submitted by Herrera & Hunt Inc., including acceptance of Certificate of Completion submitted by project engineer Raul E. Sesin, P.E., in connection with the concrete portion of the project: Hidalgo County -"Concrete Work and Water Line Improvements to Constable Pct. 1 Building", project No. 2013-032-01-16-MSS through PO#692409.

G. **AI-50142** Acceptance and approval of request for Payment Application #1 in the total amount of $18,048.59 submitted by Herrera & Hunt Inc., in connection with the project: Hidalgo County Precinct No. 4 -"Monument Sign for Precinct No. 4 Annex Building on "M" Road", project No. 2014-157-MSS through PO#716858.

H. **AI-50163** Acceptance and approval of the following requests for payment submitted by Hellmuth, Obata & Kassabaum, LP, aka, HOK for the Schematic Design Review of New Courthouse:
1. Invoice #14.09017.00-3-$3,513.43;
2. Invoice #14.09017.00-4-$1,926.97;
including authority for Hidalgo County Treasurer, Hon. Norma G. Garcia to issue payment after review and audit procedures are completed by County Auditor.

I. **AI-50165** 1. Requesting authority to exercise the Fifth (5th) Year of the additional nine (9)-one (1) year options to extend/renew as provided in the current agreement for the:"LEASE OF TOWER SPACE" in connection to Lease Agreements (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/03/15.

a. E-14-299-07-08 (C-10-043-08-03) - SBA TOWERS IV, LLC - LA JOYA TOWER SITE
b. E-14-299A-07-08 (C-10-044-08-03) - O.E. INVESTMENTS, LTD - WESLACO TOWER SITE

APPROVED

2. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew provided in the current contract for:"COMMISSARY SUPPLIES" in connection to Contracts (detailed below) for Hidalgo County Sheriff's Office, under the same rates, terms and conditions, effective 08/19/15.

a. C-14-107-06-30 - KEEFE COMMISSARY NETWORK, LLC
b. C-14-107A-06-30 - RENE LUCIO d/b/a R & R DISTRIBUTING
c. C-14-107B-06-30 - ICS JAIL SUPPLIES, INC.

3. Authority to exercise the First (1st) Year of the additional two (2) one (1) year options to extend/renew as provided in the current contract with NTC DRUG TESTING SERVICES, INC. for the purposes of: "DRUG TESTING SERVICES" for the Hidalgo County Sheriff's Office in connection to Contract #C-13-077-06-25, under the same rates, terms and conditions, effective 08/22/15.

REQUIREMENTS AGREEMENT
C-14-107-06-30

THIS AGREEMENT (the "Agreement") is entered into effective as of the **30th** day of **June, 2014** by and between **KEEFE COMMISSARY NETWORK, LLC** ("Seller") and **Hidalgo County, Texas** ("Buyer").

WHEREAS, Buyer has solicited sealed bids for the supply of its requirements for the **"Commissary Supplies** for **Hidalgo County Adult Detention Facility (Jail)" (on an as needed basis),** (the "Product") as further described in Exhibit "A", Request for Sealed Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **one (1) year** and;

WHEREAS, Seller has submitted a proposal to supply Buyer's requirements; and

WHEREAS, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

NOW THEREFORE, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, the Product listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Buyer's projects for a period of **one (1) year** with the Buyer's option to extend for an additional two (2) one (1) year terms under the same rates, terms and conditions. Buyer also reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. The initial term of this Contract shall commence on **August 19, 2014** and expire on **August 18, 2015,** and it is agreed that the Product will meet the Specifications in the Request for Sealed Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Product to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Product required. The Product shall be specified by buyer in its Purchase Order F.O.B. Seller's location in Hidalgo County, Texas.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer on or before the 30th day following receipt of the invoice.

4. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer:

Hidalgo County
Attn: County Judge
302 West University Drive
Edinburg, Texas 78539

If to Seller:

Keefe Commissary Network, LLC
Attn: Kevin Myers, Regional VP (or)
Blake Taylor, Account Manager
3101 Marquis, Suite 200
Garland, Texas 75042

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

f. **Termination.** Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

g. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

h. **Successors.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

i. **Assignment.** This Agreement shall not be assignable.

j. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

k. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate

l. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

m. **Insurance.** Seller shall provide, to the extend it deems necessary, insurance in force on all persons connected with providing services under this Contract naming Buyer as an additional insured, and shall furnish to Buyer certificates of such insurance coverage Exhibit "C", which is attached hereto.

n. **Commitment of Current Revenues Only**. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

o. **Purchasing Ethics**. Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

(1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Buyer, or for any elected official, department head or employee or former elected official, department head or employee of Buyer, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of Buyer.

(2) It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Buyer, or any person associated therewith, as an inducement for the award of a subcontract or order.

EXECUTED effective as of the day and year first above written.

Approved by Commissioner's Court: JUNE 30, 2014.

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain, Attorney

BUYER:
COUNTY OF HIDALGO

By: Ramon Garcia
Ramon Garcia, ~~Buyer~~ County Judge

ATTEST:

_____
Arturo Guajardo Jr., Buyer Clerk

Approved by Commissioners' Court
on 6/30/14 RD

SELLER:
KEEFE COMMISSARY NETWORK, LLC

By: _____
Printed Name: Kevin Myers, Regional VP
Printed Name: ~~Blake~~ Taylor, Account Manager

EXHIBIT "A"

REQUEST FOR SEALED BIDS (RFB) PROCUREMENT PACKET

Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

May 5, 2014

Participant's name

Address

City

State, Zip Code

Re: ***Hidalgo County Sheriff's Office***
Request for Bids–*"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"*
Bid No: 2014-107-05-21-SMA

Dear Prospective Bidders:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/sma
Enclosures

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

REQUEST FOR BIDS (RFB)

Hidalgo County Sheriff's Office
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"
Bid No: 2014-107-05-21-SMA"

Table of Contents

Item	Description	No. of Pages
1.	**Request for Bid Letter**	1
2.	**Request for Bid, Legal Notice**	8
3.	**Exhibit "A" Specifications/Requirements/Qualifications**	3
4.	**Exhibit "B" Bid Page**	5
5.	**Exhibit "C" Insurance Requirements**	4
6.	**Exhibit "D" CIQ Conflict of Interest Questionnaire**	1
7.	**Vendor/Bidder Application and W-9 form**	6
8.	**Certification Regarding Debarment**	1
9.	**Draft Requirements Agreement Document**	8

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626 or via email to sandra.montalvo@co.hidalgo.tx.us, and advise of missing documentation.

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

May 5, 2014
Date

Bid No: 2014-107-05-21-SMA	Buyer: Sandra Montalvo	Tel. No.: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES
for Hidalgo County Adult Detention Center Facility (Jail)"

Bid Opening Date: May 21, 2014 @ 9:30 a.m.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281 – New Administration Building
Edinburg, Texas 78539
956-318-2626

Form HCPD-05

1. Sealed bids will be received for **HIDALGO COUNTY SHERIFF'S OFFICE- "COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth; Bidder guarantees products/services offered will meet, or exceed, the written specifications identified in the bid. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). All deviations from the specifications must be noted in writing, in detail, by the bidder at the time of submittal of the bid. Strong rationale must be presented for any deviation from the specifications. The absence of a written list of specification deviations will hold the bidder strictly accountable to the County to the specifications as written. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid. Any deviation from the specifications as written which the bidder did not previously submit prior to bid opening, as required, will be grounds for rejection of the materials/goods/services and/or equipment when delivered.

2. One (1) original and Three (3) copies of all bids are required with bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **BID-2014-107-05-21-SMA- HIDALGO COUNTY SHERIFF'S OFFICE–COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"** and in County's Purchasing Department, Physical Address: 2802 S. Business Highway 281, Postal/Mailing Address: 2812 S. Business Highway 281, New Administration Building, Edinburg, Texas, 78539 **on or before 9:30 a.m., Wednesday, May 21, 2014.**

   NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY BID RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE IN REFERENCE TO BID.

   Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County. Hidalgo County will not be responsible for mis-sent or misplaced bids.

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so.

   One or more vendors may be designated as approved "Primary" and/or "Secondary" vendors for purchases from this contract through the effective period of the award. In situations when purchasing from the Primary Vendor(s) is not in the best interest of the County (e.g., when vendor fails to meet established delivery schedules), departments may purchase from the Secondary Vendor(s).

   If a vendor is in default on an order, the County reserves the right to purchase the item in default and charge the increase in price, if any, and cost of handling to the vendor. Failure to pay a damage assessment is cause for contract cancellation and/or suspension or removal of the vendor from the County's Centralized Master Bidders List (CMBL).

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Once a contract is awarded, no substitutions of products on the orders will be allowed without prior written consent from ordering department(s). Substitutions must be approved prior to shipment

on a trial basis only, until original item(s) becomes available. Outstanding orders are not automatically amended by an approved substitution.

Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise. The County may purchase on the open market any commodity reported by a vendor to be on back order when the resultant delivery time is unsatisfactory. Damage may be applicable in cases of a pattern of back orders. Back orders received after the delivery scheduled date will not be accepted.

5. For work performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids. A bid cannot be altered or amended after the bid opening date and time. Any alterations made before the opening date and time shall be initialed by the bidder or the bidder's authorized agent identified in the bid.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening. No bid can be withdrawn after the bid opening date and time without approval of County. All approvals shall be based upon an acceptable written reason for the action. Prices submitted for the bid must be current and in effect at the time of the bid opening and shall remain firm throughout the contract term, including any contract extensions. No price increases are allowed. Vendors are required to implement immediately any price decreases, roll backs, etc. that may become available. The County must be notified in writing of any decreases for file updating purposes and notice to contract users.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request. Both unit prices and extensions must be submitted. In case of discrepancies, unit prices shall govern.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing

years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out. Purchase orders shall be generated by the County to the successful bidder(s). The purchase order number must appear on all itemized invoices, packing slips and delivery tickets. County will not be held responsible for any orders placed/delivered without a valid, signed purchase order.

14. Upon award and prior to execution of a contract. Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.

15. **POST AWARD PRODUCTS DELIVERY INSTRUCTIONS:**

- Materials and supplies must be shipped within 72 hours from arrival of purchase order.
- Deliveries shall be accepted between 8:00 AM, Monday- Friday, unless prior approvals for after -hours deliveries have been obtained from respective department(s) contact person(s) before delivery will be accepted, unless other delivery arrangements have been made.
- At least seventy two (72) hours prior notice of delivery must be given to. Martha L. Salazar, Purchasing Agent before delivery will be accepted, unless other delivery arrangements have been made.
- Deliveries not made within delivery schedule shall be considered delinquent. Delinquent orders shall constitute a breach of contract. The vendor must notify the requesting department of orders that exceed the delivery schedule to either cancel the order or extend the delivery schedule for that order.
- At least seventy-two (72) hours prior to notice of a foreseen delivery delay shall also be given to appropriate department(s) contact person(s). The County has the right to extend the delivery date if reasons appear valid. The vendor must keep the County advised at all times of the status of the order(s). If the vendor has orders in their possession which have not been completed within the specified delivery time, the County reserves the right to withhold issuances of further orders until all orders have been filled and acceptable assurance has been given that the event will not be repeated.
- For items not in stock at the time of order, vendor is to contact respective department(s) for approval, or cancellation, of a delivery time and date.
- The County reserves the right to pick up orders during emergency situations.
- If you need additional information, contact information will be provided upon contract award

16. **BILLING AND PAYMENT INSTRUCTIONS:**

- All vendors doing business with the County must have on file a Form W-9, Request for Taxpayer Identification Number and Certifications. A copy of this form is included for your use and is to be submitted with your bid, if not on file.
    a) Invoices must include:
    b) Name and address of successful bidder
    c) Name and address of receiving department or official (signed delivery tickets)

d) Purchase Order Number (if any)
e) Notation-**"HIDALGO COUNTY SHERIFF'S OFFICE- COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"**
Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Vehicle title paperwork must be properly filled out and provided at time of delivery.
- The following documentation must be included:

a) Certificate of Origin (signed Title, if used vehicle purchase)
b) Application For Texas Certificate Of Title (Form 130-U)
c) Odometer Disclosure Statement

- Discount payments will be considered when offered. Price decreases are acceptable. Volume discount on products are acceptable by County. The County reserves the right to negotiate the price of any product listed in the catalog when larger quantities are requested by a user department.

- Contact person for Billing and Payment questions:

Attn: Budget Office
HIDALGO COUNTY SHERIFF'S OFFICE
711 El Cibolo Road
Edinburg, Texas 78539
(956) 383-8114

17. **SCHEDULE OF EVENTS**

Bid Opening, 9:30 A.M.	**May 21, 2014**
Projected Award of Contract or Issuance of Purchase Order	**_____, 2014**
Projected Commence Work or Deliver Products	**_____, 2014**

18. **ETHICAL STANDARDS:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

19. **DISCLOSURE OF CONFLICT OF INTEREST**

- Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER**.

Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services. Vendors must provide, at no cost, at lease one (1) copy of any applicable Material Safety Data Sheets (MSDS) with each shipment during the term of the contract. If OSHA or Federal or State laws provide for additional requirements, those requirements are in addition to the MSDS requirement. All items must meet all applicable OSHA standards and regulations and all electrical items must bear the appropriate listing from UL, FMRC, or NEMA.

20. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder must be a well established organization and have an adequate number of trained personnel to ensure quality and performance and completion of contract within a specified time period. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

21. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

22. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

    A. Meet schedules;
    B. Pay any required fees or taxes; or
    C. Otherwise perform in accordance with the specifications.

23. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

24. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

25. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY SHERIFF'S OFFICE
"COMMISSARY SUPPLIES for Hidalgo County Adult Detention Facility (Jail)"

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Business Highway 281– New Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

EXHIBIT "A"

Specifications/Requirements
Hidalgo County Sheriff's Office
"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"
BID No. 2014-107 05-21-SMA

SCOPE

Hidalgo County Sheriff's Office is seeking to contract with a qualified vendor(s) to furnish "***COMMISSARY PRODUCTS***" on an "***As Needed Basis***" including, but not limited to, the following:

REQUIREMENTS/SPECIFICATIONS, TERMS & CONDITIONS

The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County Sheriff's Office. These requirements and/or specifications may be equal or better. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

1) Hidalgo County Sheriff's Office has the authority to utilize State Contracts from its membership with their existing or new cooperatives when ever it is in the County's best interest to do so.

2) All purchases will be on an "**As Needed Basis**", there are no set quantities to be purchased.

3) The initial contract term for this project will be for one (1) year with the County's option to extend for an additional two (2) one (1) year term.

4) Hidalgo County Sheriff's Office reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.

5) Insurance requirements for this project to be maintained through out the contract term (Refer to limits on the Exhibit "C" for limits).

6) Hidalgo County Sheriff's Office reserves the right to award to the lowest qualified bid on a lump sum basis to one bidder or to multiple bidders if the County determines it is in the best interest to do so.

7) All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.

8) Awarded vendor will ensure that all deliveries will be made in full within two (2) to five (5) working days from purchase order.

9) ***SUPPLIES REQUIRED:***

Hidalgo County Sheriff's Office requires Total/Full Jail Inmate Commissary products such as but not limited to following:

- Snacks
- Sugar & artificial sweetener
- Drinks/drink mix
- Candies
- Small supplies such as pens/pencils/envelopes/etc.
- Personal items (combs, lotion, etc.)
- Personal hygiene items
- Dental care items
- Various over –the-counter medications
- Sports bras, women's undergarments, men's undergarments, T-shirts, shower shoes

10) Hidalgo County Sheriff's Office Inventory History: Commissary history for the period of January through December 2013 is as follows:

Total inventory purchases:

- **$_467,290.00** (Current average daily total detention center population is at 1384).

11) Hidalgo County Sheriff's Office reserves the right to add/delete items as it deems to be in the best interest of the County.

12) ***PRODUCT CONTAINERS:*** No glass or metal containers shall be allowed. Size and type of containers shall be approved by Hidalgo County Sheriff's Office. Hidalgo County Sheriff's Office reserves the right to increase/decrease products offered as it deems to be in the best interest of the County.

13) ***SECURITY:*** All security provisions established for the facility shall be strictly followed. Hidalgo County Sheriff's Office reserves the right to enforce existing or establish new security procedures as deemed to be in the best interest of the County in order to maintain safe and orderly operation of the detention facility.

14) All food products must be properly labeled, only fresh and legal products shall be delivered to the Commissary. Item(s) found defective or not meeting specifications shall immediately be picked and replaced by the awarded vendor.

15) Hidalgo County Sheriff's Office reserves the right to search any bags or personal items brought into the jail by the awarded vendor at any time. The County may request a complete list of awarded vendor's employees at any time during this contract which will include name, date of birth, social security number, sex, nationality and driver's license. Vendor's employees shall be in company uniform, and be clearly identified as being employed by the company, and present themselves in a professional manner at all times.

16) ***RECORD/INVENTORY:*** Hidalgo County Sheriff's Office may require that the vendor provide a monthly inventory to account for commissary activities.

17) Commissary items may be substituted by vendors but, must be equal or better and must be approved by the Hidalgo County Sheriff's Office.

18) ***MARKET VOLATILITY AND UNIT PRICE ADJUSTMENTS:***

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

A) **Requesting Price Adjustment**: Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.

- A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier=s advisory or notification to the vendor of the price changes.
- The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
- The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
- No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
- The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.

B) **Price Reduction**: Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

C) **Time frame for Adjusted Price Increases:** Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. The County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.

D) **Allowable Review Periods**: Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

E) **Dollar Limit to Price Changes**: The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

20) ADDITIONAL INFORMATION:

All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.

Hidalgo County is requesting that any and all questions, inquires and clarifications regarding bids, or statements of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, 2812 South Business Hwy. 281, Edinburg, Tx 78539

ALL WRITTEN INQUIRIES WILL BE ACCEPTED via e-mail to sandra.montalvo@co.hidalgo.tx.us by no later than Wednesday, **May 14,** 2014 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via email by no later than Friday, **May 16,** 2014 by 5:00 p.m.

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$
2.	Almond Joy Bar 1.61.oz	$
3.	Baby Ruth 2.1 oz.	$
4.	Butter Finger Bar 2.1 oz.	$
5.	Snickers Almond Bar 1.76 oz.	$
6.	Milky Way Bar 2.05 oz.	$
7.	Pay Day Bar 1.85 oz.	$
8.	Snickers Bar 2.07 oz.	$
9.	3 Musketeers Bar 2.13 oz.	$
10.	Skittles "Original Fruits" 2.17 oz. bag	$
11.	M & M Peanuts 1.74 oz. bag	$
12.	Twix Bar 2.0 oz.	$
13.	Peanut Pattie 2.25 oz.	$
14.	Reese's Peanut Butter Cups 1.5 oz.	$
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$
16.	Chili Corn Nuts-1.4 oz	$
17.	Ranch Corn Nuts -1.4 oz	$
18.	Salted Peanuts 1.75 oz. bag	$
19.	Chunk Light Tuna 4.23 oz. Pouch	$
20.	Refried Beans Resealable Pouch 6 oz.	$
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$
23.	Peanut Butter Squeezers 1.12 oz.	$
24.	Chili No Beans 11.25oz. Pouch	$
25.	Chili w/Beans 11.25oz. Pouch	$
26.	Hot Chili w/Beans 11.25 oz. Pouch	$
27.	Roast Beef & Gravy 10 oz. Pouch	$
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$
29.	Fish Fillets 3.53oz. Pouch	$
30.	B.B.Q. Potato Chips 1.5 oz. bag	$
31.	Flaming Hot Cheetos 1.5oz. bag	$
32.	BBQ Corn Chips 1.5oz. bag	$
33.	Doritos Nacho Cheese 1.5oz	$

	LIST OF ITEMS	UNIT PRICE
34.	Tortilla Chips 12 oz. bag	$
35.	Tostadas 12oz. pack	$
36.	Takis or Extremes 3.7 oz. bag	$
37.	Hot/Spicy Pork Cracklings 2 oz.	$
38.	Snack Crackers 12 oz. box	$
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray	$
40.	Zinger Cremes 4 oz. pack	$
41.	Cinnamon Rolls 4 oz. pk	$
42.	Honey Bun 6oz. pk	$
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$
45.	Cherry/Strawberry Danish 4.25 oz.	$
46.	Coca Cola Classic 20 oz. plastic bottle	$
47.	Sprite 20 oz. plastic bottle	$
48.	Fanta Orange 20 oz. plastic bottle	$
49.	Dr. Pepper 20 oz. plastic bottle	$
50.	Diet Coke 20 oz. plastic bottle	$
51.	Diet Dr. Pepper 20 z. plastic bottle	$
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$
53.	Coffee Mug w/Lid 14 oz.	$
54.	Hot Cocoa Mix 1oz. bag	$
55.	Cereal Bowl w/Lid 24 oz.	$
56.	Ozarka Spring Water 20 oz. plastic bottle	$
57.	Sugar Cubes 1 1b. bx	$
58.	Grey Sweatshirts (small thru 4XL)	$
59.	White Sport Bras (medium thru 3XL)	$
60.	White Boxer Shorts (small thru 6XL)	$
61.	White Thermal Underwear Set (small thru 6XL)	$
62.	Men White Crew Neck T-shirts (Small thru 6XL)	$
63.	White Men Briefs (small thru 5XL)	$
64.	Men's/Ladies Crew Socks (one size fits all)	$
65.	White Ladies Panties (Size 5 thru 18)	$
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)	$
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx	$
68.	Advil Coated (2 tablet pouch) 50 ct. box	$
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx	$
70.	Tums- 3-roll pack	$
71.	4" Anti Shank Security Toothbrush & Clear Cap	$
72.	Anti-Shank Security Razor – Single Edge	$
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$
74.	Sunflower Kernels 4 oz. Bag	$

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$
76.	Elastic Pony Tails 18 ct. pk-black	$
77.	St. Valentines Cards (English/Spanish) 6/pk	$
78.	Happy Easter Card (English/Spanish) 6/pk	$
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$
80.	Father's Day Card (English/Spanish) 6/pk	$
81.	Happy Birthday Card (English/Spanish) 6/pk	$
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$
83.	Christmas Card (English/Spanish) 6/pk	$
84.	Oral Pain Relief 0.33 oz. Tube	$
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$
87.	Athletes Foot Cream 0.05 oz. Tube	$
88.	Hydrocortisone Cream 1 oz. Tube	$
89.	Chap Stick Lip Balm 15 oz.	$
90.	Hemorrhoid Ointment 2 oz. Tube	$
91.	Muscle Rub 3 oz. Tube	$
92.	Medicated Chest Rub 3.53 oz.	$
93.	Eye Drops 0.5 oz.	$
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$
96.	Acne Gel Medication 1 oz. Tube	$
97.	Contact Lens Solution 4 oz.	$
98.	Legal Gummed Pads (8 ½ x 11")	$
99.	3 ½" Flexible Pencil	$
100.	Bubble Cushioned Envelope (6" x 9")	$
101.	#10 White Security Envelopes	$
102.	No Clasp Envelope (9" x 12")	$
103.	Twin Pocket Folders	$
104.	Dictionary (English – Spanish & English)	$
105.	Word Seek Puzzles Books	$
106.	Sketch Pads (50 Sheets)	$
107.	Playing Cards Deck	$
108.	4 ½" Flexible Black Ink Pen	$
109.	Tracing Paper Pad (40 Sheets)	$
110.	Tan PVC Shower Sandals (Size 8 thru 13)	$
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$
112.	Close Up "Red Gel" Toothpaste- 4.0 oz.	$
113.	Three Flowers Brilliantine- 4 oz.	$
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$
115.	Nair Hair Removal- 9 oz.	$

	LIST OF ITEMS	UNIT PRICE
116.	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$
117.	Razorless Hair Removing Cream 6 oz.	$
118.	After Shave Lotion- 4 oz.	$
119.	Baby Lotion- 4 oz.	$
120.	Shaving Gel 3 oz. Clear Tube	$
121.	White Handkerchief (15" x 15")	$
122.	VO5 Extra Body Shampoo- 12.5 oz.	$
123.	VO5 Extra Body Conditioner- 12.5 oz.	$
124.	Suave Powder Fresh Deodorant 1.7 oz. Clear	$
125.	Hinged Soap Dish Box- Regular Size	$
126.	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$
127.	Dial Soap- 4 oz. bar	$
128.	Greaseless Skin Cream 4.5 oz.	$
129.	Cocoa Butter Moisturizing Soap 3.6 oz.	$
130.	Hair Moisturizer 4 oz. Tube	$
131.	Palm Hair Brush Flexible – Black	$
132.	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$
133.	Disposable Douche- 4.5 oz.	$
134.	White Washcloth -(12"x12")	$
135.	Topitos Salsa Verde Chips- 3.7 oz.	$
136.	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$
137.	Gummy Bears- 4 oz.	$
138.	Mild Dill Pickle- 5 oz.	$
139.	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$
140.	Caramel Popcorn-3.53 oz. Bag	$
141.	Vanilla Caramels- 3 oz. Bag	$
142.	Hormel Spam Single Classic Pouch- 3 oz.	$
143.	Chicken Vienna Sausages Pouch- 3 oz.	$
144.	Hershey's Chocolate Almond- 1.45 oz.	$
145.	Plastic Reading Glasses	$
146.	Postcards	$
147.	Topochico Beverage Mineral Water- 20 oz.	$
148.	Topochico Beverage Apple- 20 oz.	$
149.	Topochico Beverage Peach- 20 oz.	$
150.	Topochico Beverage Strawberry- 20 oz.	$
151.	Topochico Beverage Pineapple- 20 oz.	$

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO'S: _____

CELLULAR NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services
(Other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an **additional insured** shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 03/11/11

EXHIBIT "C"
Insurance Requirements

ACORD	CERTIFICATE OF INSURANCE	DATE (MM/DD/YY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE OCCUR ☐ OWNER'S & CONT. PROT ☐ OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY PROJECT ☐ LOC				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED (Any one person) PERS & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG	$ $ $ $ $ $
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY EA ACC AGG	$ $ $
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				WC STATU ☐ OTHER TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $ $ $
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION
Hidalgo County **Attn: Purchasing Department** **2812 S Highway Bus. 281** **Edinburg, Texas 78539**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE

SAMPLE

EXHIBIT "C"
Insurance Requirements
Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

NOTICE TO BIDDER:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "C"

Insurance Requirements
PROJECT REQUIREMENTS
ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bond (if applicable)_____
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE — FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____
Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department thru Facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539 or e-mail: purchasing@co.hidalgo.tx.us

Company Name:	**Telephone No. ( )**
dba Name:	
Legal Name:	
Mailing Address :	**Fax No. ( )**
Physical Address:	
City, State, Zip	**Tax I.D. No.**
Remit to Address :	**City, State, Zip**
E-Mail Address:	
Representative(s) Name(s) & Title(s)	

Type of Organization (check one): _____ Individual _____ Partnership _____ Corporation _____Non-Profit _____ LLC _____ Sole Proprietor _____ Other, Specify

State Identification No._____ (Please attached completed W-9 form with this application)

Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ Date:_____ Other:

Type of Business (check one): _____ Manufacturer _____ Wholesaler _____ Retailer _____ Broker _____ Distributor _____ Service Organization _____ Other, Specify

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)

Small Business:_____Disadvantaged Business (At Least 51% Ownership)

Less than 125,000 annual gross receipt	Black American	Native American
Less than 250,000 annual gross receipt	Hispanic American	Women
Less than 499,000 annual gross receipt	Asian Pacific American	Other
More than 500,000 annual gross receipt		

Have you been certified as a HUB or an MBE/WBE source?: Yes No

Indicate Certification No.(s):_____ or are Certificate(s) attached?: Yes No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: Yes No

To Be Completed by the County: Rec'd by (Purchasing):_____ Date Rec'd by (Purchasing):

Date Forwarded Information to Auditor's Office:_____Entry Date: _____ Vendor No.:

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: Yes No

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LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

HUB Subcontractor Name: _____ HUB Status:_____

Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other_____

Address: _____ City: _____ State: _____ Zip:_____

Contact Person: _____ Title: _____ Phone No.: ( )_____

Subcontract Amount: $_____ Description of Work to be Performed:_____

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ - ___ - ____

Employer identification number
__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "B"
BID PAGE

Awarded items (ONLY) to:

KEEFE SUPPLY

	LIST OF ITEMS	UNIT PRICE
16.	Chili Corn Nuts-1.4 oz	$0.47
17.	Ranch Corn Nuts -1.4 oz	$0.47
18.	Salted Peanuts 1.75 oz. bag	$0.30
19.	Chunk Light Tuna 4.23 oz. Pouch	$1.12
20.	Refried Beans Resealable Pouch 6 oz.	$0.87
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$1.03
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$1.90
23.	Peanut Butter Squeezers 1.12 oz.	$0.20
24.	Chili No Beans 11.25oz. Pouch	$1.28
25.	Chili w/Beans 11.25oz. Pouch	$1.28
26.	Hot Chili w/Beans 11.25 oz. Pouch	$1.28
27.	Roast Beef & Gravy 10 oz. Pouch	$2.55
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$0.79
29.	Fish Fillets 3.53oz. Pouch	$0.79
30.	B.B.Q. Potato Chips 1.5 oz. bag	$0.25
31.	Flaming Hot Cheetos 1.5oz. bag	$0.34
32.	BBQ Corn Chips 1.5oz. bag	$0.25
33.	Doritos Nacho Cheese 1.5oz	$0.34
34.	Tortilla Chips 12 oz. bag	$1.08
35.	Tostadas 12oz. pack	$1.25
37.	Hot/Spicy Pork Cracklings 2 oz.	$0.60
38.	Snack Crackers 12 oz. box	$1.55
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray	$0.44
41.	Cinnamon Rolls 4 oz. pk	$0.50
43.	Chocolate Cupcakes (2-pk) – 4 oz.	$0.50
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.	$0.37
45.	Cherry/Strawberry Danish 4.25 oz.	$0.50
46.	Coca Cola Classic 20 oz. plastic bottle	$0.90
47.	Sprite 20 oz. plastic bottle	$0.90
48.	Fanta Orange 20 oz. plastic bottle	$0.90
49.	Dr. Pepper 20 oz. plastic bottle	$0.90
50.	Diet Coke 20 oz. plastic bottle	$0.90
51.	Diet Dr. Pepper 20 z. plastic bottle	$0.90
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch	$2.70
53.	Coffee Mug w/Lid 14 oz.	$1.13
54.	Hot Cocoa Mix 1oz. bag	$0.14
55.	Cereal Bowl w/Lid 24 oz.	$0.52
56.	Ozarka Spring Water 20 oz. plastic bottle	$0.39
57.	Sugar Cubes 1 1b. bx	$1.48
58.	Grey Sweatshirts (small thru 4XL)	$5.33

	LIST OF ITEMS	UNIT PRICE
59.	White Sport Bras (medium thru 3XL)	$2.25
70.	Tums 3-roll pack	$0.87
71.	4" Anti Shank Security Toothbrush & Clear Cap	$0.05
73.	Jolly Ranchers 3.7 oz. Assorted Bag	$0.60
74.	Sunflower Kernels 4 oz. Bag	$0.50
75.	Starlite Mints 3.75 oz. Bag	$0.45
76.	Elastic Pony Tails 18 ct. pk-black	$0.04
77.	St. Valentines Cards (English/Spanish) 6/pk	$0.79
78.	Happy Easter Card (English/Spanish) 6/pk	$0.79
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$0.79
80.	Father's Day Card (English/Spanish) 6/pk	$0.79
81.	Happy Birthday Card (English/Spanish) 6/pk	$0.79
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$0.79
83.	Christmas Card (English/Spanish) 6/pk	$0.50
84.	Oral Pain Relief 0.33 oz. Tube	$1.14
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$0.63
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$1.58
90.	Hemorrhoid Ointment 2 oz. Tube	$2.84
91.	Muscle Rub 3 oz. Tube	$1.75
92.	Medicated Chest Rub 3.53 oz.	$1.23
93.	Eye Drops 0.5 oz.	$1.20
96.	Acne Gel Medication 1 oz. Tube	$1.25
97.	Contact Lens Solution 4 oz.	$4.18
98.	Legal Gummed Pads (8 ½ x 11")	$0.55
99.	3 ½" Flexible Pencil	$0.24
100.	Bubble Cushioned Envelope (6" x 9")	$0.31
101.	#10 White Security Envelopes	$0.02
102.	No Clasp Envelope (9" x 12")	$.09
103.	Twin Pocket Folders	$.32
104.	Dictionary (English – Spanish & English)	$1.20
105.	Word Seek Puzzles Books	$0.67
106.	Sketch Pads (50 Sheets)	$0.91
109.	Tracing Paper Pad (40 Sheets)	$1.12
110.	Tan PVC Shower Sandals (Size 8 thru 13)	$1.42
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$1.89
112.	Close Up "Red Gel" Toothpaste 4.0 oz.	$1.20
113.	Three Flowers Brilliantine 4 oz.	$1.76
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$3.72
115.	Nair Hair Removal 9 oz.	$5.72
116.	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$2.18
117.	Razorless Hair Removing Cream 6 oz.	$3.24
120.	Shaving Gel 3 oz. Clear Tube	$0.74
124.	Suave Powder Fresh Deodorant 1.7 oz. Clear	$1.27
126.	Dial -Hypo Allergenic Soap 3-3.2 oz. bar	$0.46
128.	Greaseless Skin Cream 4.5 oz.	$1.15
129.	Cocoa Butter Moisturizing Soap 3.6 oz.	$0.42
130.	Hair Moisturizer 4 oz. Tube	$2.04

LIST OF ITEMS		UNIT PRICE
135.	Topitos Salsa Verde Chips 3.7 oz.	$0.93
137.	Gummy Bears 4 oz.	$0.52
138.	Mild Dill Pickle 5 oz.	$0.43
139.	Beef & Cheese Snack Pack, Hot Flavor, 1.2 oz.	$0.89
140.	Caramel Popcorn 3.53 oz. Bag	$0.44
141.	Vanilla Caramels 3 oz. Bag	$0.42
142.	Hormel Spam Single Classic Pouch 3 oz.	$1.15
145.	Plastic Reading Glasses	$1.09
146.	Postcards	$0.19

OFFICIAL BID PRICING BY KEEFE

EXHIBIT "B"

Bid Page

Hidalgo County Sheriff's Office

"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"

BID No. 2014-107- 05-21-SMA

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

	LIST OF ITEMS	UNIT PRICE
1.	Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.)	$ No Bid
2.	Almond Joy Bar 1.61.oz	$ .68
3.	Baby Ruth 2.1 oz.	$ .68
4.	Butter Finger Bar 2.1 oz.	$ .68
5.	Snickers Almond Bar 1.76 oz.	$ .68
6.	Milky Way Bar 2.05 oz.	$ .68
7.	Pay Day Bar 1.85 oz.	$ .68
8.	Snickers Bar 2.07 oz.	$ .68
9.	3 Musketeers Bar 2.13 oz.	$ .68
10.	Skittles "Original Fruits" 2.17 oz. bag	$ .68
11.	M & M Peanuts 1.74 oz. bag	$ .68
12.	Twix Bar 2.0 oz.	$ .68
13.	Peanut Pattie 2.25 oz.	$ No Bid
14.	Reese's Peanut Butter Cups 1.5 oz.	$ .68
15.	Ramen Soups 3 oz. Clear Pack (chili,beef,chicken,Shrimp Chili Lime Shrimp,Spicy Chicken, Spicy Beef)	$ .22
16.	Chili Corn Nuts-1.4 oz	$ .47
17.	Ranch Corn Nuts -1.4 oz	$ .47
18.	Salted Peanuts 1.75 oz. bag	$ .30
19.	Chunk Light Tuna 4.23 oz. Pouch	$ 1.62
20.	Refried Beans Resealable Pouch 6 oz.	$ 0.87
21.	Jalapeno Cheese Spread 8 oz. Plastic Tub	$ 1.03
22.	Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle	$ 1.90
23.	Peanut Butter Squeezers 1.12 oz.	$ .20
24.	Chili No Beans 11.25oz. Pouch	$ 1.28
25.	Chili w/Beans 11.25oz. Pouch	$ 1.28
26.	Hot Chili w/Beans 11.25 oz. Pouch	$ 1.28
27.	Roast Beef & Gravy 10 oz. Pouch	$ 2.55
28.	Sardines in Hot Tomato Sauce 3.53oz. Pouch	$ .79
29.	Fish Fillets 3.53oz. Pouch	$ .79
30.	B.B.Q. Potato Chips 1.5 oz. bag	$ .25
31.	Flaming Hot Cheetos 1.5oz. bag	$ .34
32.	BBQ Corn Chips 1.5oz. bag	$ .25
33.	Doritos Nacho Cheese 1.5oz	$ .34

OPENED
5/21/14
10:00 AM
Witnessed
Marco Hernandez

	LIST OF ITEMS		UNIT PRICE
34.	Tortilla Chips 12 oz. bag		$ 1.08
35.	Tostadas 12oz. pack		$ 1.25
36.	Takis or Extremes 3.7 oz. bag		$ 1.07
37.	Hot/Spicy Pork Cracklings 2 oz.		$ .60
38.	Snack Crackers 12 oz. box		$ 1.55
39.	Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray		$ .44
40.	Zinger Cremes 4 oz. pack		$ 1.24
41.	Cinnamon Rolls 4 oz. pk		$ .50
42.	Honey Bun 6oz. pk		$ .50
43.	Chocolate Cupcakes (2-pk) – 4 oz.		$ .50
44.	Moon pies (banana/strawberry/chocolate) 2.75 oz.		$ .37
45.	Cherry/Strawberry Danish 4.25 oz.		$ .50
46.	Coca Cola Classic 20 oz. plastic bottle		$ .90
47.	Sprite 20 oz. plastic bottle		$ .90
48.	Fanta Orange 20 oz. plastic bottle		$ .90
49.	Dr. Pepper 20 oz. plastic bottle		$ .90
50.	Diet Coke 20 oz. plastic bottle		$ .90
51.	Diet Dr. Pepper 20 z. plastic bottle		$ .90
52.	Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch		$ 2.70
53.	Coffee Mug w/Lid 14 oz.		$ 1.13
54.	Hot Cocoa Mix 1oz. bag		$ .14
55.	Cereal Bowl w/Lid 24 oz.		$ .52
56.	Ozarka Spring Water 20 oz. plastic bottle		$ .39
57.	Sugar Cubes 1 1b. bx		$ 1.48
58.	Grey Sweatshirts (small thru 4XL)		$ 5.33
59.	White Sport Bras (medium thru 3XL)		$ 2.25
60.	White Boxer Shorts (small thru 6XL)		$ 2.35
61.	White Thermal Underwear Set (small thru 6XL)		$ 7.00
62.	Men White Crew Neck T-shirts (Small thru 6XL)		$ 2.85
63.	White Men Briefs (small thru 5XL)		$ 1.68
64.	Men's/Ladies Crew Socks (one size fits all)		$ .79
65.	White Ladies Panties (Size 5 thru 18)		$ 1.80
66.	White Men's/Ladies Velcro Tennis Shoes (Size 6-13)		$ No Bid
67.	Tylenol Extra Strength (2 gel pouch) 50 ct. bx		$ .42
68.	Advil Coated (2 tablet pouch) 50 ct. box		$ .42
69.	Motrin Ibuprofen (2 tablet pouch) 50 ct. bx		$ 1.17
70.	Tums- 3-roll pack		$ .87
71.	4" Anti Shank Security Toothbrush & Clear Cap		$ .05
72.	Anti-Shank Security Razor – Single Edge		$ .17
73.	Jolly Ranchers 3.7 oz. Assorted Bag		$ .60
74.	Sunflower Kernels 4 oz. Bag		$ .50

	LIST OF ITEMS	UNIT PRICE
75.	Starlite Mints 3.75 oz. Bag	$ .45
76.	Elastic Pony Tails 18 ct. pk-black	$ .04
77.	St. Valentines Cards (English/Spanish) 6/pk	$ ~~.50~~ .79
78.	Happy Easter Card (English/Spanish) 6/pk	$ ~~.50~~ .79
79.	Happy Mother's Day Card (English/Spanish) 6/pk	$ ~~.50~~ .79
80.	Father's Day Card (English/Spanish) 6/pk	$ ~~.50~~ .79
81.	Happy Birthday Card (English/Spanish) 6/pk	$ ~~.50~~ .79
82.	Thanksgiving Day Card (English/Spanish) 6/pk	$ ~~.50~~ .79
83.	Christmas Card (English/Spanish) 6/pk	$ .50
84.	Oral Pain Relief 0.33 oz. Tube	$ 1.14
85.	Alcohol – Free Mouthwash 8 oz. Plastic Bottle	$ .63
86.	Alcohol – Free Hair Gel 16 oz. Plastic Bottle	$ 1.58
87.	Athletes Foot Cream 0.05 oz. Tube	$ 1.05
88.	Hydrocortisone Cream 1 oz. Tube	$ 1.37
89.	Chap Stick Lip Balm 15 oz.	$ 1.19
90.	Hemorrhoid Ointment 2 oz. Tube	$ 2.84
91.	Muscle Rub 3 oz. Tube	$ 1.75
92.	Medicated Chest Rub 3.53 oz.	$ 1.23
93.	Eye Drops 0.5 oz.	$ 1.20
94.	Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box	$ .48
95.	Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx	$ .57
96.	Acne Gel Medication 1 oz. Tube	$ 1.25
97.	Contact Lens Solution 4 oz.	$ 4.18
98.	Legal Gummed Pads (8 ½ x 11")	$ .55
99.	3 ½" Flexible Pencil	$ .24
100.	Bubble Cushioned Envelope (6" x 9")	$ .31
101.	#10 White Security Envelopes	$ .02
102.	No Clasp Envelope (9" x 12")	$ .09
103.	Twin Pocket Folders	$ .32
104.	Dictionary (English – Spanish & English)	$ 1.20
105.	Word Seek Puzzles Books	$ .67
106.	Sketch Pads (50 Sheets)	$ .91
107.	Playing Cards Deck	$ .98
108.	4 ½" Flexible Black Ink Pen	$ .35
109.	Tracing Paper Pad (40 Sheets)	$ 1.12
110.	Tan PVC Shower Sandals (Size 8 thru 13)	$ 1.42
111.	Colgate "Red Gel" Toothpaste 4.2 oz.	$ 1.89
112.	Close Up "Red Gel" Toothpaste- 4.0 oz.	$ 1.20
113.	Three Flowers Brilliantine- 4 oz.	$ 1.76
114.	Dandruff Shampoo & Conditioner 14.2 oz.	$ 3.72
115.	Nair Hair Removal- 9 oz.	$ 5.72

	LIST OF ITEMS	UNIT PRICE
116	Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.	$ 2.18
117	Razorless Hair Removing Cream 6 oz.	$ 3.24
118	After Shave Lotion- 4 oz.	$ 1.93
119	Baby Lotion- 4 oz.	$ .45
120	Shaving Gel 3 oz. Clear Tube	$ .74
121	White Handkerchief (15" x 15")	$ .60
122	VO5 Extra Body Shampoo- 12.5 oz.	$ 1.20
123	VO5 Extra Body Conditioner- 12.5 oz.	$ 1.20
124	Suave Powder Fresh Deodorant 1.7 oz. Clear	$ 1.27
125	Hinged Soap Dish Box- Regular Size	$ .35
126	Dial -Hypo Allergenic Soap- 3-3.2 oz. bar	$ .46
127	Dial Soap- 4 oz. bar	$ .82
128	Greaseless Skin Cream 4.5 oz.	$ 1.15
129	Cocoa Butter Moisturizing Soap 3.6 oz.	$ .42
130	Hair Moisturizer 4 oz. Tube	$ 2.04
131	Palm Hair Brush Flexible – Black	$ .38
132	Tampons – Singles (Regular/Super/Junior) 40 ct. Box	$ 5.04 / 20ct
133	Disposable Douche- 4.5 oz.	$ 1.66
134	White Washcloth -(12"x12")	$ .32
135	Topitos Salsa Verde Chips- 3.7 oz.	$ .93
136	Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.	$ No Bid
137	Gummy Bears- 4 oz.	$ .52
138	Mild Dill Pickle- 5 oz.	$ .43
139	Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.	$ .89
140	Caramel Popcorn-3.53 oz. Bag	$ .44
141	Vanilla Caramels- 3 oz. Bag	$ .42
142	Hormel Spam Single Classic Pouch- 3 oz.	$ 1.15
143	Chicken Vienna Sausages Pouch- 3 oz. / Item no longer available	$ Armour Discontinued
144	Hershey's Chocolate Almond- 1.45 oz.	$ .68
145	Plastic Reading Glasses	$ 1.09
146	Postcards	$ .19
147	Topochico Beverage Mineral Water- 20 oz.	$ No Bid
148	Topochico Beverage Apple- 20 oz.	$ No Bid
149	Topochico Beverage Peach- 20 oz.	$ No Bid
150	Topochico Beverage Strawberry- 20 oz.	$ No Bid
151	Topochico Beverage Pineapple- 20 oz.	$ No Bid

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: Keefe Supply

ADDRESS: 3101 Marquis Suite 200

CITY/STATE/ZIP CODE: Garland, Tx 75042

PHONE & FAX NO'S: 972-272-1564 / F-972-272-5387

CELLULAR NO: 214-392-7248

E-MAIL ADDRESS: btaylor@keefegroup.com

AUTHORIZED SIGNATURE:

PRINTED NAME: Blake Taylor

TITLE Keefe Account Manager

EXHIBIT "C"

CERTIFICATE OF INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

1/1/2015

DATE (MM/DD/YYYY) 5/16/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies Three City Place Drive, Suite 900 St. Louis MO 63141-7081 (314) 432-0500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Great Northern Insurance Company	20303
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED 1357689 Keefe Commissary Network, LLC
10880 Linpage Place
St. Louis MO 63132

COVERAGES CENGR **CERTIFICATE NUMBER:** 12940993 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:	Y	N	7321-00-90	1/1/2014	1/1/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	N	N	73210092	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ XXXXXXX $ XXXXXXX $ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE AGGREGATE	$ XXXXXXX $ XXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N	7165-55-50	1/1/2014	1/1/2015	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Hidalgo is an additional insured under general liability as reqired by written contract.

CERTIFICATE HOLDER

12940993
Hidalgo County
Purchasing Department
2812 S. Highway Bus. 281
Edinburg TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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APPROVED

AI-44967 **Purchasing Department** **21. C. 2.**

CC - REGULAR

Meeting Date: 06/30/2014

Submitted For: Hon. J. E. Guerra, HC-Sheriff

Submitted By: Sandra Montalvo, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Presentation of bids received for the purpose of award and approval of contract documents to multiple responsible vendors submitting the lowest and best bids (meeting all specifications and/or requirements) for: **Hidalgo County Sheriff's Office-"Commissary Supplies for HC Adult Detention Facility (Jail)" -RFB:2014-107-05-21-SMA.**

BACKGROUND

Recommended multiple vendors:

1) C-14-107-07-01- (KEEFE GROUP .)
2) C-14-107a-07-01 (R & R DISTRIBUTING)
3) C-14-107b-07-01 (ICS JAIL SUPPLIES, INC.)

Contracts to commence on August 19, 2014.

Contracts reviewed and approved by legal counsel as to form.

Fiscal Impact

FISCAL YEAR: **ACCT. #:**

FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**

BUDGETARY IMPACT:

The vendor will supply inventory which will generate revenue to operate commissary

Attachments

participation, tabulation-acceptance, depts recommendations
email frm legal-approved Keefe & R&R
legal
contract
contract
contract

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/20/2014 04:57 PM
Budget & Management	Obdett Calzada	06/23/2014 03:26 PM
Auditor's Office	Monica Badillo	06/26/2014 05:46 PM

Form Started By: Sandra Montalvo Started On: 06/10/2014

Final Approval Date: 06/26/2014

CERTIFICATE OF LIABILITY INSURANCE

12/1/2015

DATE (MM/DD/YYYY) 12/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lockton Companies
Three City Place Drive, Suite 900
St. Louis MO 63141-7081
(314) 432-0500

RECEIVED
DEC 29 2014
By Ma 12 Opm

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Great Northern Insurance Company	20303
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
1357689
Keefe Commissary Network, LLC
10880 Linpage Place
St. Louis MO 63132

COVERAGES CENGR CERTIFICATE NUMBER: 12940993 REVISION NUMBER: XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER	Y	N	7321-00-90	1/1/2015	12/1/2015	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	N	N	73210092	1/1/2015	12/1/2015	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$ XXXXXXX
							BODILY INJURY (Per accident)	$ XXXXXXX
							PROPERTY DAMAGE (Per accident)	$ XXXXXXX
								$ XXXXXXX
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			NOT APPLICABLE			EACH OCCURRENCE	$ XXXXXXX
							AGGREGATE	$ XXXXXXX
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	7165-55-50	1/1/2015	12/1/2015	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
County of Hidalgo is an additional insured under general liability as reqired by written contract.

CERTIFICATE HOLDER

12940993

Hidalgo County
Purchasing Department
2812 S. Highway Bus. 281
Edinburg TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 10, 2016

Debora Medic, Site Administrations Specialist II
SBA TOWERS IV, LLC
5900 Broken Sound Parkway NW
Boca Raton, Florida 33487
P (561) 322-7893 F (561)-226-0875

via email dmedici@sbasite.com
Term: August 3, 2016 - August 2, 2017

Re: **Extension Notice / HB1295 FORM REQUIRED**
Contract# E-15-238-06-23 (C-10-043-08-03) –Lease of Tower Space **(LA JOYA TOWER SITE)** for **HIDALGO COUNTY SHERIFF'S OFFICE**

Dear Ms. Medici:

Be advised, that County has chosen the option to exercise the **SIXTH (6TH) YEAR** of the additional nine (9) one (1) year terms, **under the same rates, terms and conditions** with **SBA TOWERS IV,LLC** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908,** and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-252-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized **"HB Form 1295"** and **"Extension Notice"** must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, June 17 , 2016.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your ***"Updated Certificate of Insurance"*** with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

By: _____ Date: 6-21-16
~~Debora Medici Site Admin. Specialist II~~

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,
Martha L Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/lhs

SBACO-1 OP ID: RJH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Henderson Brothers, Inc.
920 Ft Duquesne Blvd
Pittsburgh, PA 15222
Clem J. Wandrisco, III

RECEIVED MAR 28 2016 By

CONTACT NAME: Clem J. Wandrisco, III
PHONE (A/C, No, Ext): 412-261-1842 FAX (A/C, No): 412-261-4149
E-MAIL ADDRESS: cjwandrisco@hendersonbrothers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Travelers Property & Casualty	25674
INSURER B : The Charter Oak Fire Ins. Co.	25615
INSURER C : St Paul Fire & Marine Ins Co	24767
INSURER D : Illinois Union Insurance Compa	27960
INSURER E :	
INSURER F :	

INSURED
SBA Communications Corporation
8051 Congress Ave.
Boca Raton, FL 33487

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X $100,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			TJEXGL474M8138TIL16	03/15/2016	03/15/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	900,000 900,000 N/A 900,000 2,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS [ ] SCHEDULED AUTOS X HIRED AUTOS [X] NON-OWNED AUTOS X 100,000 DED-HCPD			TC2JCAP474M814ATIL16	03/15/2016	03/15/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			ZUP15N3740516NF	03/15/2016	03/15/2017	EACH OCCURRENCE AGGREGATE	$ $	25,000,000 25,000,000
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TC2OUB475M437816 (AOS) TRJUB475M438A16	03/15/2016 03/15/2016	03/15/2017 03/15/2017	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
D	PROFESSIONAL POLLUTION			COOG24541800006	03/15/2016	03/15/2017	CLAIM/AGG SIR		5,000,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Site ID: TX15151-A

CERTIFICATE HOLDER

COUNTYO

County of Hidalgo
2812 S. Bus. Hwy 281
Edinburg, TX 76539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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INITIAL CONTRACT TERM - SBA - LA JOYA TOWER SITE

INITIAL CONTRACT #C-10-043-08-03 - OE INVESTMENTS (APPROVED BY CC ON 08/03/10)
FIRST INITIAL TERM - ONE (1) YEAR - $ 2,700.00 PER MONTH
COMMENCED, 08/03/2010, EXPIRED, 08/02/11

EXTENSION / RENEWAL TERMS

CONTRACT # E-11-215-07-26 (C-10-044-08-03) - OE INVESTMENTS (APPROVED BY CC ON 07/26/11)
FIRST (1ST) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS - $ 2,835.00 PER MONTH
COMMENCED, 08/03/11, EXPIRED, 08/02/12

CONTRACT # E-12-205-07-31 (C-10-044-08-03) - OE INVESTMENTS (APPROVED BY CC ON 07/31/12)
SECOND (2ND) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 2,977.00 PER MONTH
COMMENCED, 08/03/12, EXPIRES, 08/02/13
***Note: Amendment-New Bill of Sale/New Owner with SBA TOWERS IV, LLC (Approved by CC on 01/22/13), under the same terms and conditions.

CONTRACT # E-12-205-07-31 (C-10-044-08-03) - SBA TWRS IV, LLC (APPROVED BY CC ON 07/30/13)
THIRD (3RD) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,126.00 PER MONTH
COMMENCED, 08/03/13, EXPIRES, 08/02/14

*** (PENDING CC APPROVAL ON 07/08/14) *SBA TOWERS IV, LLC*
FOURTH (4TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,282.00 PER MONTH
COMMENCES, 08/03/14, EXPIRES, 08/02/15

SBA TOWERS IV, LLC
FIFTH (5TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,446.00 PER MONTH
COMMENCES, 08/03/15, EXPIRES, 08/02/16

SBA TOWERS IV, LLC
SIXTH (6TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,618.00 PER MONTH
COMMENCES, 08/03/16, EXPIRES, 08/02/17

SBA TOWERS IV, LLC
SEVENTH (7TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,799.00 PER MONTH
COMMENCES, 08/03/17, EXPIRES, 08/02/18

SBA TOWERS IV, LLC
EIGTH (8TH) YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS -$ 3,989.00 PER MONTH
COMMENCES, 08/03/17, EXPIRES, 08/02/18

SBA TOWERS IV, LLC
NINTH (9TH) & FINAL YEAR OF THE ADDITIONAL NINE (9) ONE YEAR TERMS - $ 4,188.00 PER MONTH
COMMENCES, 08/03/18, EXPIRES, 08/02/19

E-13-247-07-30

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

July 11, 2013

Rhonda Kranick, Site Admin. Specialist via email rkranick@sbasite.com
SBA TOWERS IV, LLC
5900 Broken Sound Parkway NW
Boca Raton, Florida 33487
Ph. 1 (888) 950-7483 / (561) 226-9235 Facsimile (561)-322-2883

Re: E-12-205-07-31 (C-10-043-08-03) -LA JOYA TOWER SPACE-HIDALGO COUNTY SHERIFF'S / EMERGENCY DIVISION.

Dear Ms. Kranick:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **(THIRD 3RD YEAR)** of the additional nine (9) one (1) year periods as provided in the current lease agreement (under the same rates, terms and conditions). Please acknowledge receipt of this notice of placement on the next Commissioners' Court agenda/meeting for discussion, consideration and action, by signing below and returning to the Purchasing Department, via facsimile to (956) 956-318-2629 or email to: leticia.saenz@co.hidalgo.tx.us , so as to meet the agenda request form deadlines.

By: _____ Alyssa Houlihan Director of Leasing Date: 7-26-13
SBA Towers IV, ~~LLC~~ Authorized Signature

Additionally, we are requesting your company provides an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file

SBACO-1 OP ID: NC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/13

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PRODUCER Henderson Brothers, Inc. 920 Ft Duquesne Blvd Pittsburgh, PA 15222 Clem J. Wandrisco, III 412-261-1842 412-261-4149	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED SBA Communications Corporation Thomas Hunt, Esquire 5900 NW Broken Sound Parkway Boca Raton, FL 33487	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Travelers Property Casualty Co INSURER B : The Phoenix Insurance Company INSURER C : St Paul Fire & Marine Ins Co — 24767 INSURER D : Illinois Union Insurance Compa INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X $100,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC			TJEXGL474M813813	03/15/13	03/15/14	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 N/A 1,000,000 2,000,000 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X $500 COMP X $500 COLL			TJCAP474M814A13	03/15/13	03/15/14	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ZUP15N3740513NF	03/15/13	03/15/14	EACH OCCURRENCE AGGREGATE	$ $	25,000,000 25,000,000
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TC2NUB475M437813 (AOS) TRJUB475M438A13	03/15/13 03/15/13	03/15/14 03/15/14	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
D	PROFESSIONAL POLLUTION			COOG24541800003	03/15/13	03/15/14	CLAIM/AGG SIR		5,000,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Site ID: TX15151-A

CERTIFICATE HOLDER

COUNTYO

County of Hidalgo
2812 S. Bus. Hwy 281
Edinburg, TX 76539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Clem J. Wandrisco, III

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NAMED INSUREDS:
SBA COMMUNICATION CORPORATION
SBA NETWORK SERVICES, LLC
SBA DAS HOLDINGS, LLC
SBA DEPOSITOR LLC
SBA GUARANTOR LLC
SBA HOLDINGS LLC
SBA INFRASTRUCTURE, LLC
SBA LAND, LLC FKA TCO LAND LLC
SBA MONARCH ACQUISITION, LLC
SBA MONARCH TOWERS I, LLC
SBA MONARCH TOWERS III, LLC
SBA MONARCH STEEL, LLC
SBA NETWORK MANAGEMENT, INC.
SBA PUERTO RICO, INC.
SBA SENIOR FINANCE II LLC
SBA SENIOR FINANCE LLC
SBA SITE MANAGEMENT, LLC
SBA SITES, LLC

SBA STEEL LLC
SBA STEEL II, LLC
SBA STRUCTURES LLC
SBA TELECOMMUNICATIONS, LLC
SBA TOWERS II LLC
SBA TOWERS III LLC
SBA TOWERS IV, LLC
SBA TOWERS V, LLC
SBA TOWERS USVI, INC.
SBA TOWERS USVI II INC.
SBA TOWERS, LLC
SITEXCELL VENTURES LLC
STC TOWER DEVELOPMENT ACQUISITION 2012, LLC
SUFFOLK WIRELESS ACQUISITION 2012, LLC
XCELL TOWERS ACQUISITION 2012 LLC
ATLAS TOWERS ACQUISITION 2011, LLC
SBA 2012 TC, LLC
SBA 2012 TC ACQUISITION, LLC
SBA 2012 TC ASSETS, LLC

SBA 2012 TC ASSETS LAND, LLC
SBA 2012 TC ASSETS PR, LLC
SBA 2012 TC HOLDINGS, LLC
DATAPATH DEVELOPMENT TOWERS, LLC
SBA DAS, LLC

STATE OF TEXAS §
§
COUNTY OF HIDALGO §

AMENDED AND RESTATED
LEASE AGREEMENT
C-10-043-08-03

This **AMENDED AND RESTATED LEASE AGREEMENT BETWEEN THE COUNTY OF HIDALGO, TEXAS** and **O.E. INVESTMENTS, LTD.**, a Texas Corporation, effective the 3rd day of August 2010, is made between the parties, as follows:

WHEREAS, on or about June 22, 2010 Hidalgo County (the "Lessee") executed a Lease Agreement (the "Lease Agreement") which was to be approved and executed by O.E. Brand (the "Lessor"), in which the Lessee would rent certain premises from the Lessor as described in the Agreement;

WHEREAS, the Lease Agreement accidently omitted a term required in the bid specifications and the Lessee now desires to amend and restate the Lease Agreement to correct the mistake;

WHEREAS, Lessor, although not executing the original Lease Agreement, desires to execute this Amended and Restated Lease Agreement;

NOW THEREFORE, for and in consideration of the tasks performed by the parties and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, this **AMENDED AND RESTATED LEASE AGREEMENT** is made and entered into this 3rd day of August, 2010 by and between **O. E. Investments, Inc.** a Texas Corporation, hereinafter referred to as Lessor, and **COUNTY OF HIDALGO, TEXAS,** hereinafter referred to as Lessee.

ARTICLE 1. DEMISE OF LEASE PROPERTY

Lessor, for and in consideration of the rents, covenants, and promises herein contained to be kept, performed, and observed by Lessee, does hereby lease and demise to Lessee, and Lessee does hereby rent and accept from Lessor, that certain premises more particularly described on Exhibit A-1 and Exhibit A-2, incorporated herein at this point for all purposes ("the Property").

ARTICLE 2. LEASE TERM

Term

2.01 This lease shall be a term of **one (1) year** hereinafter referred to as the "initial lease term" commencing on **August 3, 2010** and expiring on **August 2, 2011**; subject, however, to earlier termination as hereinafter provided.

Renewal

2.02 Provided Lessee is not in default hereunder, Lessee is granted the option to renew this Lease for nine (9) additional one (1) year terms (the "Renewal Term(s) as stated in the Request for Bid (RFB) Procurement Packet in Exhibit "A", under the same terms and conditions set forth in this Agreement except that the rent amount for the Property shall be established as proposed by Lessor in Exhibit "B" (the "Bid Page") and which was accepted by County. Lessee shall give Lessor written notice of its intent to exercise its renewal option at least thirty (30) days prior to the expiration of the Initial Term or any Renewal Term.

Voluntary Termination

2.03 Lessee may terminate this Contract at any time for any reason or no reason at all upon giving thirty (30) days prior written notice to the Lessor.

Commitment of Current Revenues Only

2.04 In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Lessee under this Agreement, Lessee may terminate this Agreement upon sixty (60) days written notice to Lessor. Lessee agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Lessee pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

ARTICLE 3. RENT

Monthly Rental

3.01 Lessee agrees to and shall pay to Lessor as rent for the use and occupancy of the Property during the initial lease term the sum of Two **Thousand Seven Hundred Dollars ($2,700.00)** per month for a **one (1) year period**. Rent for any partial month of the initial lease term shall be prorated. The rental amount during the Renewal Term, if Lessee exercises its renewal options, shall increase every year thereafter as described and attached hereto **Exhibit B-Bid Page 1, 2 & 3** during the nine (9) one (1) year renewal terms. Each Rental payment shall be due in advance on the first day of each month during the term of the lease. Each Rental payment shall be paid in lawful money of the United States at the time to the Lessor at: **P.O. Box 4408, McAllen, Texas 78502**, unless and until Lessor notifies Lessee in writing to make the payments to some other address.

3.02 Lessor also leases to Lessee forty two (42) square feet of the interior of that certain air conditioned, solid concrete building with generator backup located on the property described on Exhibit A-2 (the "Equipment Building") for location of Lessee's transmitter and other ancillary equipment. Lessor grants Lessee unlimited access to the Equipment Building twenty-four hours of the day, seven days a week during the term of this Lease.

ARTICLE 4. UTILITIES

Lessor shall pay or cause to be paid all charges for electricity, used on the Property throughout the term of this lease, including any connection fees.

ARTICLE 5. USE OF PROPERTY

Lessee shall have the right to use the Property for any lawful purpose pertaining to the receipt, broadcast or rebroadcast of data or radio signals.

ARTICLE 6. REPAIR AND MAINTENANCE

Lessor will, throughout the lease term, maintain the Property and keep it free of waste and nuisance. Lessor will, at Lessor's own expense, during the term of this Lease, maintain air conditioning systems, all windows, the roof, the foundation, the structural soundness of the exterior walls, the electrical wiring, paving the doors, the guy wires, the tower structure, the tower warning lights or beacons and all other components of the Property. Lessor will maintain all records and make all reports required by the Federal Aviation Administration with respect to maintenance and operation of tower warning light or beacons. In the event Lessor should neglect to reasonably maintain the Property. Lessee will have the right, but not the obligation, to cause repairs or corrections to made, with any reasonable costs therefor to be payable by Lessor to Lessee as an offset against rental on the next rental installment date. Lessee will, at its sole cost and expense, maintain and repair its own equipment, cables and antennae.

ARTICLE 7. OBLIGATIONS OF LESSOR AND LESSEE

Taxes

7.01 Lessee shall be liable for, and shall pay and discharge before the same become delinquent,all taxes levied or assessed against personal property, furniture, or fixtures located in or upon the Property owned by Lessee, but not by other Lessees or by Lessor, on the real property. Lessor shall be liable for, and shall pay and discharge before the same become delinquent, all ad valorem taxes and assessments levied against the Property, including any fixtures and improvements.

Alternation, Additions, and Improvements

7.02 Lessee may, at Lessee's discretion, but shall not be required to, make any alterations, additions or improvements to the Property, provided Lessee obtains the prior written consent of Lessor, which consent shall not be unreasonably withheld. All alterations, additions or improvements made to the Property described in Article I, excluding equipment placed on the Property by Lessee, shall become the property of Lessor at the termination of this Lease Agreement.

7.03 Addition of New and Replacement Equipment. In accordance with provision 7.02 of this Lease Agreement, Lessee shall be allowed to replace existing equipment used on the Property with the prior written consent of Lessor as described in 7.02, without experiencing an increase in monthly rental costs. Should Lessee desire to add new equipment to the Property currently not in place at Lessee's expense, Lessee shall also seek the prior written consent of Lessor as described in 7.02 and Lessor shall submit a written proposal to Lessee of the additional rental costs associated with the new equipment. If the parties reach an agreement for additional rental costs due to new equipment, then the new equipment may be added.

Damage or Destruction

7.04 In the event the Property or any portion thereof is damaged or destroyed by fire, tornado, or other casualty, Lessee shall be entitled to an abatement of rent as a result and Lessor shall promptly repair any such damages or destruction using materials and workmanship of a similar nature and quality to the original construction.

Insurance

7.05 Lessor agrees to insure the Property, at its sole cost and expense, against loss by fire, or other casualty, including extended coverage, with a policy or policies acceptable to Lessor. The coverages under such policy or policies shall provide for coverage in an amount reasonably required by Lessor to provide for the replacement or repair of the improvements located on the Property, or such portion thereof as may be damaged by a covered loss, but in no event less than the amount required by any party holding a security interest in or lien or the Property. Lessor agrees to hold Lessee harmless from any and all claims actions proceedings, damages, and liabilities arising from the use, condition and operation of the Property, and to carry liability insurance insuring at the sole cost and expense of lessor, both Lessor and Lessee against such loss and liability, in such amounts as Lessor may reasonably require. In the event Lessor should neglect to provide any insurance coverage required under this paragraph, Lessee shall have the right, but not the obligation, to purchase such coverage to protect Lessee's interest, with any reasonable costs therefor to be payable by Lessee.

Lessee's Insurance

7.06 Lessee, at its own expense, shall provide and maintain in force effective **August 3, 2010** and continuing during the term of this Lease Liability insurance in the amounts deemed adequate by Lessee, naming Lessor as additional insured.

ARTICLE 8. DEFAULT

Events of Default

8.01 The following events shall be deemed to be events of default by Lessee under this lease. Lessee shall fail to pay any installment of rent hereby reserved and such failure shall continue for a period of thirty (30) days. Lessee shall fail to comply with any term, provision, or covenant of

this lease, other than the payment of rent, and shall not cure such failure within thirty (30) days after written notice thereof to Lessee.

Remedies

8.02 Upon the occurrence of any event to default specified in Paragraph 8.01 hereof, Lessor shall have the option to pursue any one or more of the following remedies without notice of demand whatsoever.

Re-entry

Lessor may re-enter the Property immediately and remove all Lessee's personal property therefrom. Lessor may store the personal property in a public warehouse or at another place at Lessor's choosing at Lessee's expense or to Lessee's account.

Termination

After re-entry, Lessor may terminate the lease on giving ten (10) days' written notice of such termination to Lessee. Re-entry only, without notice of termination, will not terminate the lease.

Re-letting Property

After re-entering, Lessor may re-let the Property or any part thereof, for any term, without terminating the lease at such rent and on such terms as Lessor may choose. Lessor may make repairs to the Property at Lessee's expense.

Quiet Enjoyment Pending Cure Period

8.03 Notwithstanding anything to the contrary herein, Lessor understands, acknowledges and agrees that some of the Property is utilized in the receipt, transmission and/or retransmission of radio signals for law enforcement and emergency services, which Lessee is authorized to operate by virtue of a license issued by the Federal Communications Commission. Lessor shall not, except following written notice of a default and the failure to cure such default by Lessee within the time periods provided in Section 8.02 (a) and (b), exercise any remedy which may affect or in any manner interfere with Lessee's use, possession or quiet enjoyment of the property or the receipt, transmission or retransmission of any radio signal by Lessee. Further, except for any time period following expiration of any cure period for which Lessee has not satisfactorily cured any Lessee default, Lessee shall have full access to, use of any quiet enjoyment of the property undisturbed by Lessor.

ARTICLE 9. INTENTIONALLY OMITTED

ARTICLE 10. MISCELLANEOUS

Notices and Addresses

10.01 All notices provided to be given under this agreement shall be given by certified mail or registered mail addressed to the proper party, or in person against a receipt. The date of mailing of any notice under this agreement shall be deemed to be the date of such notice and shall be effective from such date. The addresses of the parties of this agreement are as follows:

LESSOR
O. E. Investments, Ltd.
Attn: Othal E. Brand, Jr.
P. O. Box 4408
McAllen, Texas 78502

LESSEE
County Of Hidalgo, Texas
Attn: Rene A. Ramirez, County Judge
100 E. Cano St.-2nd Floor
Edinburg, Texas 78539

With copy to:
Hidalgo County Division of Emergency Services
Attn: A. A. "Tony" Pena, Jr., Emergency Manager Coordinator
1615 South Closner, Suite G
Edinburg, Texas 78539

Parties Bound

10.02 This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives and assigns where permitted by this Agreement.

Texas Law to Apply

10.03 This Agreement shall be construed under and in accordance with the laws of the State of
Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas.

Legal Construction

10.04 In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions thereof and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

Prior Agreements Superseded

10.05 This Agreement constitutes the sole and only agreement of the parties hereto and supersedes any prior understanding or written or oral agreements between the parties respecting the within subject matter.

Amendment

10.06 No amendment, modification or alteration of the terms hereof shall be binding unless the same in writing, dated subsequent to the date hereof, and duly executed by the parties hereto.

Waiver of Default

10.07 No waiver by the parties hereto of any default of breach of any term, condition or covenant
of this lease shall be deemed to be a waiver of any other breach of the same or any other term, conditions or covenant contained herein.

Attorney's Fee

10.08 In the event Lessor or Lessee breaches any of the terms of this Agreement whereby the party not in default employs attorneys to protect or enforce his rights hereunder and prevails, then the defaulting party agrees to pay the other party reasonable attorneys' fees so incurred by such other party.

ARTICLE 11. WAIVER OF SUBROGATION

Lessor hereby waives Lessor's right of recovery against Lessee for damages caused by fire, explosion and other perils to any of the Property to the extent that recovery is made by Lessor under insurance policies in effect at the time of loss; and Lessee hereby waives Lessee's rights of recovery against Lessor for damages to any of Lessor's property caused by fire, explosion and other perils to the extend that recovery is made by the Lessee under insurance policies in effect at the time of loss. This agreement does not extend to and waiver does not apply to any damage suffered by either party hereto which is not recovered by the injury party under its insurance policies.

ARTICLE 12. SPECIAL PROVISIONS

Access to Property

12.01 During the term of this agreement, Lessor agrees that technical and maintenance employees and representatives and agents of Lessee shall have at all time rights of ingress and egress to the Property for the Purpose of installing, maintaining and repairing Lessee's equipment subject to the Lessor's approval/disapproval. Lessee agrees to insure that its subcontractors and employees performing maintenance or technical services on Lessee's equipment are covered by adequate levels of liability insurance and by any state-mandated worker's compensation insurance, if applicable.

Duty Not to Impair Lessee's Operations

12.02 Lessor agrees not to lease or license the use of the Property, or any portion thereof, to any party which will interfere with Lessee's use of the Property, and to require than any other lessees and licenses use and operation of radio or television transmission equipment of the Property shall be performed in such a manner as not to interfere with the operation of any equipment which Lessee has therefore installed or may thereafter install on the Property. In the event interference should result, upon notice of such interference from lessee, Lessor shall cause its lessees and licenses to take all necessary steps, without costs or expense to lessee, to remove said interference or shut down communication equipment temporarily pending repair.

Hazardous Substances

12.03 Lessor represents that it has no knowledge of any substance, chemical or waste (collectively "substance") on the Site that is identified as hazardous, toxic or dangerous in any applicable federal, state or local law or regulation. Lessee will not introduce or use any such substance on the Site in violation of any applicable law.

IN WITNESS WHEREOF, the undersigned Lessor and Lessee hereto execute this Amended and Restated Lease Agreement as of the day and year first above written

APPROVED BY COMMISSIONER COURT ON August 3, **2010**

HIDALGO COUN TY, TEXAS

By: Rene Ramirez, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

O.E. INVESTMENTS, LTD.

By:
Othal E. Brand, Jr., President/CEO

APPROVED AS TO FORM:

Atlas & Hall, L.L.P.

By:
Stephen L. Crain, Attorney

EXHIBIT "A"

REQUEST FOR BIDS (RFB) PROCUREMENT PACKET

PURCHASING DEPARTMENT
County Of Hidalgo

REQUEST FOR BID (RFB)
CHECKLIST
HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"Lease of Tower Space-La Joya, TX"
Bid No: 2010-043-05-12-ERT

1. **Request For Bid Letter, consisting of 1 page.**
2. **Request for Bid, Legal Notice, consisting of 8 pages.**
   (Page 8 must be submitted with bid).
3. **Exhibit "A" Specifications consisting of 7 pages.**
4. **Exhibit "B" Bid Page consisting of 3 pages.**
   (Must be submitted with bid).
5. **Exhibit "C" Insurance Requirements consisting of 4 pages.**
   (Must be submitted with bid).
6. **Exhibit "D" CIQ Conflict of Interest Questionnaire, consisting of 1 page.**
   (Copy of receipt and this form must be submitted with bid).
7. **Vendor/Bidder Application, consisting of 2 pages.**
   (Must be submitted with bid).
8. **W-9 form, consisting of 4 pages.**
   (Must be submitted with bid).
9. **Certification Regarding Debarment, consist of 1 page.**
   (Must be submitted with bid).
10. **Draft Lease Agreement, consisting of 10 pages.**

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

Martha L. Salazar, CPPB
Purchasing Agent

April 26, 2010
Date

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

PURCHASING DEPARTMENT
County Of Hidalgo

April 26, 2010

Re: **HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES**
Request for Bids -**"LEASE OF TOWER SPACE-LA JOYA, TX"**
Bid No: 2010-043-05-12-ERT

Dear Gentleman/Ladies:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/ert

Enclosures

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

REQUEST FOR BIDS

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-LA JOYA, TX"

BID OPENING DATE:
May 12, 2010

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2802 S. Hwy Bus 281-Administration Building
Edinburg, Texas 78539

1. Sealed bids will be received for **"HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES–LEASE OF TOWER SPACE-LA JOYA, TX"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.

2. One (1) original and Three (3) copies of all bids are required with the bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **"BID-2010-043-05-12-ERT-HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-LA JOYA, TX"** and in County's Purchasing Department, 2812 S Hwy Bus Hwy 281, Administration Building, Edinburg, Texas, **on or before 9:30 a.m., WEDNESDAY, May 12, 2010. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO "REQUEST FOR BIDS - 2010-043-05-12-ERT - RFB-HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-LA JOYA, TX".** Hidalgo County reserves the right to refuse and reject any/all RFB and to waive any/all formalities or technicalities, or to accept the RFB considered the best and most advantageous to Hidalgo County. Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County

3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."

4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item(s) to perform as specified, or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all

circumstances which affect the dollar amount of the bid.

6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.

9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10. County reserves the right to accept or reject any or all bids.

11. Costs are to be net F.O.B., County Prepaid.

12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy o their Federal ID Number Certificate.

15. DELIVERY INSTRUCTIONS:

- No deliveries accepted after 3:00 P.M., Monday-Friday.
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department

16. BILLING AND PAYMENT INSTRUCTIONS:

- Invoices must include:
  a) Name and address of successful bidder
  b) Name and address of receiving department or official
  c) Purchase Order Number (if any)
  d) Notation - **"HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES-LEASE OF TOWER SPACE-LA JOYA, TX"** Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.

- Contact person for Billing and Payment questions:

  Hidalgo County Division of Emergency Services
  Attn: Belinda Alvarez
  100 E. Cano, 2nd Floor
  P.O. Box 1356
  Edinburg, TX 78539
  956-318-2600

17. Schedule of Events

Bid Opening, 9:30 AM	**May 12, 2010**
Award of Contract	_____, 2010
Commence Work or Deliver Products	_____, 2010

18. Bid or Performance Bond and Debarment Certification; Payment Under Contract:

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.

- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.

- If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the

purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

. If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.

. For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. Ethical Standards:

. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. Disclosure of Conflict of Interest

. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to

contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

21. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

22. Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

23. Minimum Standards For Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

24. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

25. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

26. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

A. Meet schedules;
B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the specifications.

27. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

28. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

29. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

30. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-LA JOYA, TX"
BID NO.: 2010-043-05-12-ERT

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2812 S Hwy Bus 281 - Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

(THIS PAGE MUST BE SUBMITTED WITH BID)

Exhibit "A"

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
(DEPARTMENT OF EMERGENCY MANAGEMENT)
"LEASE OF TOWER SPACE-LA JOYA,TX"
RFB NO. 2010-043-05-12-ERT
SPECIFICATIONS

Hidalgo County is seeking to Lease Tower Space for the Hidalgo County Division of Emergency Services (Department of Emergency Management). Specifications are as, but not limited to the following:

Specifications & Requirements, Terms & Conditions

1) **All costs and expenses associated with the preparation and submission of (bid, proposals and / or quotes) shall be responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to HIDALGO COUNTY.**

2) Tower site shall be an existing site or a new site, with construction to be completed and ready for installations of equipment, meeting all city, county, state, and federal standards by the 1st day of May, 2009. Tower site must be geographically located within 2 miles of the following:

Name	Latitude	Longitude
La Joya	26-14-57.0 N	098-30-12.6 W

3) Height of tower shall be as follows:

Name	Minimum Required Height in feet
La Joya	480

4) Tower site lease provider must provide an equipment shelter at or near the base of the tower to house the communication system and peripherals. Equipment shelter shall be of concrete block or or other construction capable of withstanding sustained hurricane force winds.

5) Tower site lease provider shall be required to provide electricity for the Hidalgo County equipment listed below.

6) Tower site lease provider shall be required to provide air conditioning for the Hidalgo County equipment listed below.

7) Tower site lease provider shall be required to provide back-up generator power at not less than 20 kilowatt 220 – 240 volt capacity and not less than a 500 gallon LP gas storage capacity for the Hidalgo County equipment listed below.

8) Tower must be approved by and meet or exceed current standards and guideline of the F.A.A.

9) Tower must be registered with and meet or exceed standards and current guidelines of the F.C.C. Tower site lease provider shall attach a copy of each F.C.C. Antenna Site Registration.

10) Tower site lease provider will be responsible for all fines and penalties assessed by the F.A.A. or F.C.C. for the tower and tower related equipment as it relates to the tower site.

11) Tower site lease provider must, throughout the term of the lease, maintain the property and keep it free of waste and nuisance.

12) Tower site lease provider must, throughout the term of the lease, at his own expense, maintain the air conditioning systems, the roof, the foundation, the structural soundness of the exterior walls, the electrical wiring, road access or paving, the doors, the guy wires, the tower structure, the towering warning lights or beacons and/or painting, backup generator, LP storage tank and all other components of the property.

13) Tower site lease provider will maintain all records and make all reports required by the Federal Aviation Administration with respect to maintenance and operation of tower warning light or beacons.

14) Tower site lease provider agrees that Hidalgo County employees and contracted agents of Hidalgo County shall have at all times rights of ingress and egress to the property for the purpose of installing, maintaining and repairing Hidalgo County's equipment subject to the tower site lease providers approval/disapproval.

15) Tower site lease provider agrees not to lease or license the use of the property, or any portion thereof, to any party which will interfere with Hidalgo County's use of the property.

16) Tower site lease provider represents that it has no knowledge of any substance, chemical or waste (collectively, "substance") on the Site that is identified as hazardous, toxic or dangerous in any applicable federal state or local law or regulation.

17) Tower site lease provider must provide microwave connectivity at the minimum bandwidth rate of six (6) mbps to network with all other tower sites in the LRGVDC Project 25 800 MHz Voice and Data Radio Communications System.

18) **Tower site lease provider agrees to insure the property, at its sole cost and expense, against loss by fire, or other casualty, including extended coverage, with a policy or policies acceptable to Hidalgo County. The coverages under such policy or policies shall provide for coverage in an amount reasonably required by Hidalgo County to provide for the replacement or repair of the improvements located on the property, or such portion thereof as may be damaged by a covered loss, but in no event less than the required by any party holding a security interest in or lien on the property.**

19) **Tower site lease provider agrees to hold Hidalgo County harmless from any and all claims, actions, proceedings, damages and liabilities arising from the use, condition and operation of the property, and to carry liability insurance insuring, at the sole cost and expense of Tower site lease provider, both Tower site lease provider and Hidalgo County against such loss and**

liability, in such amounts as Hidalgo County may reasonably require. In the event Tower site lease provider should neglect to provide any insurance coverage required under this paragraph, Hidalgo County shall have the right, but not the obligation, to purchase such coverage to protect Hidalgo County's interests, with any reasonable cost therefore to be payable by the Tower site lease provider.

20) **HIDALGO COUNTY reserves the right to reject any or all bids submitted, if it is in the best interest to do so.**

21) **Vendor must have a bid amount for ALL terms.**

22) **Tower rent MUST include cost of electricity, air conditioning BTU/electricity cost, building space cost, microwave connectivity cost, and tower space height cost.**

23) Any contract awarded to a successful bidder will be in effect until;
a) The contract expires
b) Delivery acceptance of products and/or performance of services ordered, or
c) Terminated by County with thirty (30) days written notice prior to be cancellation.

24) **The awarded bidder shall adhere to the following insurance requirements:**
Property insurance shall provide that any proceeds for loss or damage to building or to improvements shall be payable solely to Lessor, which sum shall be used by Lessor for repair and restoration purposes. Certificates of insurance shall be submitted to Hidalgo County for approval prior to rental services being performed by Lessor hereunder. Bidder shall maintain liability insurance on the building as described and listed in: Insurance Requirements: See exhibit "C" attached. Plus also insure building for fire, accident and natural disaster; the award of the bid will be evidenced by a written lease agreement in a form acceptable to Hidalgo County.

Term:
The term of the lease contract will be for a period of one (1) year. Hidalgo County may in its sole discretion elect the option to extend the contract for nine (9) additional one (1) year terms.

Hidalgo County reserves the right to continue this bid for an additional sixty (60) days grace period at the end of the contract term due to any unforeseen delay in the procurement process.

Premises:
Shelter must be able to provide a minimum of forty two (42) square feet of equipment space inside with an estimated three (3) foot walkway available in front and back of each equipment rack row.

Installed Equipment

Division of Emergency Services will provide and cause to be installed the following equipment at the approved site:

Site – La Joya, TX

800 MHz Radio Communications System

Master Antenna System
One transmit antenna shall be located at 480 feet.
One receive antenna shall be located at 430 feet.
One tower top preamp located at 430 feet.
One three foot microwave dish located at 250 feet.

Uninterruptible Power Supply system

Site Equipment List

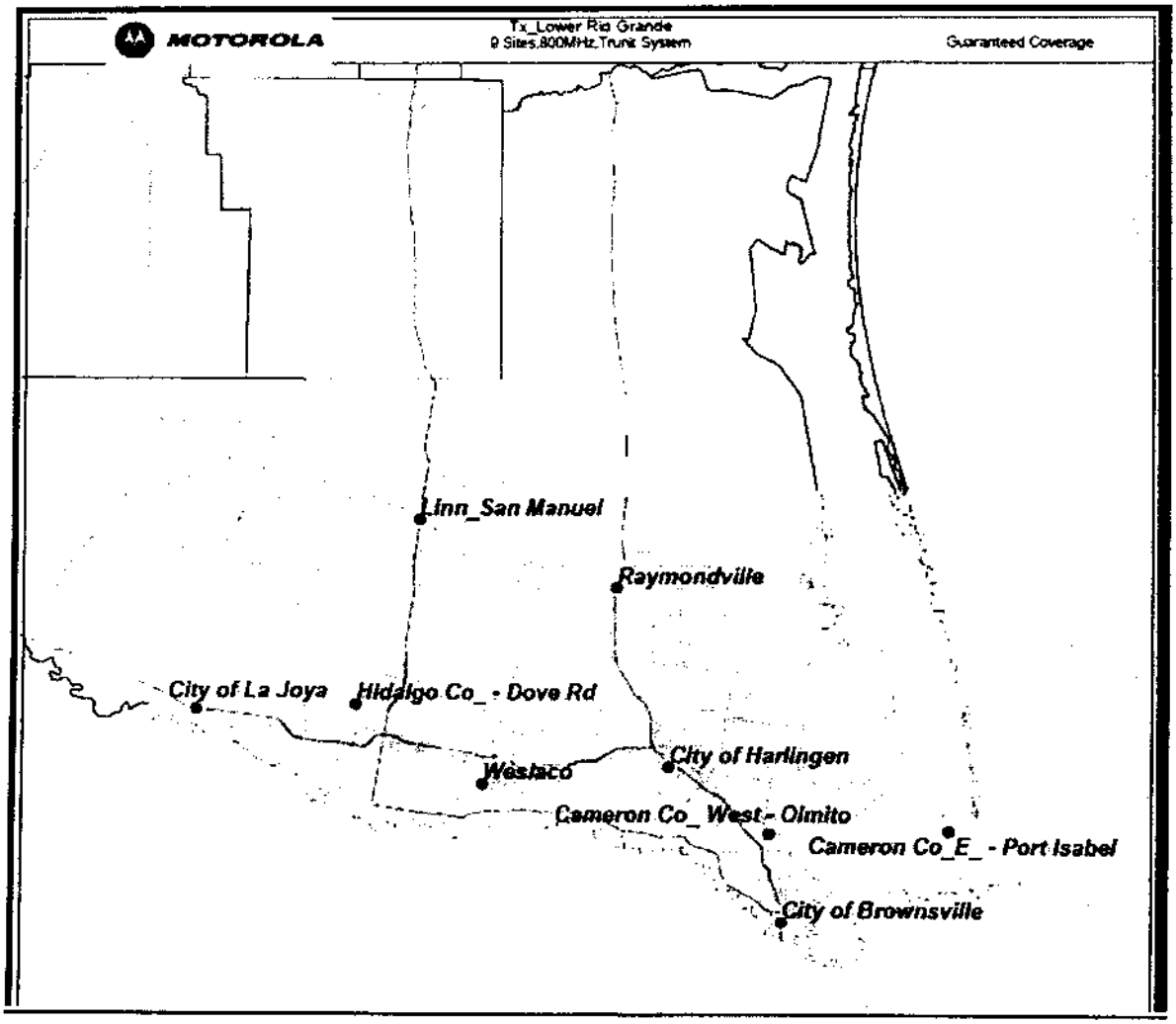
1	T7054	GTR 8000 EXPANDABLE SITE SUB-SYSTEM
1	CA00855AA	ADD: 700/800 MHZ MID POWER
1	X305AC	ADD: QTY (5) GTR 8000 BASE RADIOS
5	X591AE	ENH: ASTRO 25 SITE REPEATER SW
1	CA00861AA	ADD: CABINET RMC W/ CAPABILITY OF 6 BRS
1	CA00879AA	ADD: PRIMARY 6 PORT CAVITY COMBINER
1	CA00883AA	ADD: 800 MHZ TX FILTER W/PMU
2	CA00303AA	ADD: QTY (1) SITE CONTROLLER
2	X591AF	ENH: ASTRO 25 SITE REPEATER SITE CONTRLLR SW
1	X882AH	ADD: 7.5 FT OPEN RACK, 48RU
2	DSOP820B	POWER DIST. UNIT SURGE PROTECT
1	DS1101378	RACK MOUNTING PLATE ADAPTER , DSOP820A & DSNSOP820A 19 INCH RACK
1	DSTSJ48CLT	8 WIRE MOD PROT. , RJ-45 (4 WIRE PROTCTD) OR HARD WIIRED (16 V) T1/E1
1	DSTSJADP	HORIZONTAL RACK BUS BAR FOR TSJ AND WPH SERIES NETWORK PROTECTOR
1	ST2500	S2500 MULTIPROTOCOL WAN ROUTER
1	ST2512	S2500 ROUTER T1/E1 DAUGHTER BOARD
1	DS115000AA30073	UPS, FE 18KVA/15KW, 240V, 1 HR 13 MIN RUN
1	DSAPEXIMAX808	240/120 1 PHASE TYPE 1 NEMA 4X
1	TDF7320	ANTENNA 806-869MHZ OMNI 12DB
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
1	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
1	DSL4TDMPS	7 - 16 DIN MALE POSITIVE STOP FOR 1/2" CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
510	L1713	1-1/4" LDF HELIAX POLY JKT PER FT
2	DSL6TDFPS	DIN FEMALE TRIMETAL CONNECTOR - POSITIVE STOP
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN7547	1-1/4" CABLE GROUND CLAMP KIT
3	TDN6948	HOISTING GRIP FOR 1-5/8" CABLE & EW44/52/63
1	DS1050125AA	CABLE LIGHTENING ARRESTOR
1	TDF7320	ANTENNA 806-869MHZ OMNI 12DB
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
1	DS42883H01CG	C&M UNIT FOR TTA W/O RX MULT, 792-824MHZ W/428-83H-01-T FOR GTR8000

1	DS42883H01T	TTA, COMPACT AUTO QUAD 792-824 MHZ TOWER BOX
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
450	L3323	7/8" AVA HELIAX POLY JKT PER FOOT
2	DDN9498	TYPE N FEMALE PS CONNECTOR
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN6674	5/8" - 7/8" CABLE GROUND CLAMP KIT
3	DSL5SGRIP	7/8" SUPPORT HOIST GRIP
15	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	DDN9386	N MALE POSITIVE STOP CONNECTOR, FOR 1/2" LDF4-50A CABLE
2	TDN9289	CABLE WRAP WEATHERPROOFING
450	L1705	1/2" LDF HELIAX POLY JKT PER FT
2	TDN8810	N FEMALE CONNECTOR
2	TDN9289	CABLE WRAP WEATHERPROOFING
9	TDN6673	1/2" CABLE GROUND CLAMP KIT
3	DSL4SGRIP	SUPPORT HOIST GRIP 1/2" LDF
30	L1702	1/2" SUPERFLEX POLY JKT PER FOOT
2	TDN8810	N FEMALE CONNECTOR
1	DSISDC50LNZ30MA	DC INJECTOR 30V M CONN ANTENNA POR
1	SQM01SUM0187	ARC 4000 MASTER SITE ADD-ON
1	CA01209AA	ADD: ASTRO 25 IV&D SITES
1	F4544	SITE MANAGER ADVANCED
1	V266	ADD: 90VAC TO 260VAC PS TO SM
1	VA00402	ADD: SDM3000 ASTRO F/W V1.30.16 FOR A6.9/7.2, PK1
3	V592	AAD TERM BLCK & CONN WI
1	F2463	REMOTE TERMINAL UNIT DEVICE INTERFACING LICENSES
5	V845	ADD: RTU SOFTWARE LICENSE FOR INTELLISITE REPEATER
2	V846	ADD:RTU SFWR LICENSE FOR ASTROTAC 9600 COMPARATOR
1	V839	ADD:RTU SFWR LICENSE FOR MOSCAD I/O (PER MODULE)

LRGVDC Project 25 800 MHz Voice and Data Radio Communications System

Engineered Coverage

Hidalgo County 800 MHz Elements



Site - La Joya

PREMISES

19' RACK SPACE REQUIREMENTS

RACK # 1 MASTER ANTENNA SYSTEM	RACK # 2 RF EQUIPMENT	RACK # 3 RF EQUIPMENT	RACK # 4 SITE CONTROLLER RACK	RACK # 5 UPS	RACK # 6 UPS	RACK # 7 UPS

DISQUALIFICAITONS OF BIDDERS:
Any one or more of the following causes may be considered sufficient for the disqualification of a bidder and the rejection of his/her bid or bids:

1. Evidence of collusion among bidders.

2. Lack of responsibility as revealed by either financial, experience or equipment statements, as submitted.

3. Lack of expertise as shown by past work, and judged from the standpoint of workmanship and performance history.

4. Uncompleted work under other contracts which, in the judgment of Hidalgo County might hinder or prevent the prompt completion of additional work if awarded.

5. Failure to comply with the submittals of this specification.

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE (956) 292-7612 OR VIA E-MAIL eric.trevino@co.hidalgo.tx.us NO LATER THAN, MAY 5, 2010 by 5:00 P.M.. Responses to said inquiries will be sent to all applicants via facsimile by no later than MAY 7, 2010 by 5:00 p.m.

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-LA JOYA, TX"
BID No: 2010-043-05-12-ERT
Bid Opening Date: May 12, 2010 at 9:30 AM

Vendor must have a bid amount for ALL terms

Initial 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 1st term of 1 year (12 months)	
Renewal Options 2nd 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 2nd term of 1 year (12 months)	
3rd 1 year term:	
Description	**Bid Amount**
Total cost per month	
Total cost for 3rd term of 1 year (12 months)	
4th 1 year term:	
Total cost per month	

Total cost for 4th term of 1 year (12 months)	
5th 1 year term:	
Total cost per month	
Total cost for 5th term of 1 year (12 months)	
6th 1 year term:	
Total cost per month	
Total cost for 6th term of 1 year (12 months)	
7th 1 year term:	
Total cost per month	
Total cost for 7th term of 1 year (12 months)	
8th 1 year term:	
Total cost per month	
Total cost for 8th term of 1 year (12 months)	
9th 1 year term:	
Total cost per month	
Total cost for 9th term of 1 year (12 months)	
10th 1 year term:	
Total cost per month	

Total cost for 10th term of 1 year (12 months)	
Grand Total	
Total Cost for 10 years (120 months)	
FCC Antenna Site Registration #	

BIDDER'S INFORMATION:

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO'S: _____

CELLULAR NO: _____

E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE _____

EXHIBIT "C"

Insurance Requirements
Applicable to the Acquisition of Goods and /or Services (other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar ($500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ OWNER'S & CONT. PROT. ☐ OWNER'S PROTECTIVE LIABILITY ☐ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE $ FIRE DAMAGE (Any one fire) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GEN'L AGGREGATE $ PRODUCTS - COMP/OP AGG $
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
C	**GARAGE LIABILITY** ☐ ANY AUTO **EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				AUTO ONLY - EA ACCIDENT $ OTHER THAN AUTO ONLY: EA ACC $ AGG $ EACH OCCURRENCE $ AGGREGATE $
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** **OTHER**				WC STATU- TORY LIMITS ☐ OTHER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S Highway Bus. 281
Edinburg, Texas 78539

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CANCELLED

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____.
Authorized Representative Date

Notice to Bidder:
A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bonds: _____.
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

_____ _____.
Authorized Signature Date

_____.
Company

_____.
Address

_____.
City, State, Zip

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. *See* Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 **Name of person who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 **Name of local government officer with whom filer has employment or business relationship.**

_____

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

_____ _____

Signature of person doing business with the governmental entity Date

Adopted 06/29/2007

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department thru Facsimile: (956) 318-2629 or (956) 292-7612 in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539 or email: purchasing@co.hidalgo.tx.us

Company Name:	**Telephone No. ( )**
dba Name:	
Legal Name:	
Mailing Address :	**Fax No. ( )**
Physical Address:	
City, State, Zip	**Tax I.D. No.**
Remit to Address :	**City, State, Zip**
E-Mail Address:	
Representative(s) Name(s) & Title(s)	

Type of Organization (check one): _____ **Individual** _____ **Partnership** _____ **Corporation** _____**Non-Profit** _____ **LLC** _____ **Sole Proprietor** _____ **Other, Specify**

State Identification No._____ **(Please attached completed W-9 form with this application)**
Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ **Date:**_____ **Other:**

Type of Business (check one): _____ **Manufacturer** _____ **Wholesaler** _____ **Retailer** _____ **Broker** _____ **Distributor** _____ **Service Organization** _____ **Other, Specify**

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)

Small Business:

- ☐ Less than 125,000 annual gross receipt
- ☐ Less than 250,000 annual gross receipt
- ☐ Less than 499,000 annual gross receipt
- ☐ More than 500,000 annual gross receipt

Disadvantaged Business (At Least 51% Ownership)

- ☐ Black American
- ☐ Hispanic American
- ☐ Asian Pacific American
- ☐ Native American
- ☐ Women
- ☐ Other

Have you been certified as a HUB or an MBE/WBE source?: ☐ Yes ☐ No

Indicate Certification No.(s):_____ **or are Certificate(s) attached?:** ☐ Yes ☐ No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: ☐ Yes ☐ No

To Be Completed by the County: Rec'd by (Purchasing):_____ **Date Rec'd by (Purchasing):**

Date Forwarded Information to Auditor's Office:_____**Entry Date:** _____ **Vendor No.:**

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ❒Yes ❒ No

If yes, by whom?: ❒ Texas Building & Procurement Commission ❒ Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: ❒ Yes ❒ No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP,or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ❒Texas Building & Procurement Commission ❒ Other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶ ..... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.) | Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ ___ ___ – ___ ___ – ___ ___ ___ ___

or

Employer identification number
___ ___ – ___ ___ ___ ___ ___ ___ ___

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

• The U.S. grantor or other owner of a grantor trust and not the trust, and

• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt recipients 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.socialsecurity.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or single-owner LLC	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship or single-owner LLC	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

[4] List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

EXHIBIT "A-1"
LEGAL DESCRIPTION

LEASE OF TOWER SPACE IN THE CITY OF LA JOYA, TEXAS

That space located 480 feet above ground level (AGL) or 620 feet above mean sea level (AMSL) on that certain tower located in La Joya, Texas on that certain property more particularly described in Exhibit A-2 attached hereto.

EXHIBIT "A-2"

PROPERTY LEGAL DESCRIPTION

LEASE OF TOWER SPACE IN THE CITY OF LA JOYA, TEXAS

(see attached)

Federal Aviation Administration
Southwest Region
Air Traffic Division, ASW-520
Fort Worth, TX 76193-0520

AERONAUTICAL STUDY
No: 00-ASW-5135-OE

ISSUED DATE: 10/16/00

OTHAL BRAND
OE INVESTMENTS, INC.
PO BOX 4408
MCALLEN, TX 78502

** DETERMINATION OF NO HAZARD TO AIR NAVIGATION **

The Federal Aviation Administration has completed an aeronautical study under the provisions of 49 U.S.C., Section 44718 and, if applicable, Title 14 of the Code of Federal Regulations, part 77, concerning:

Description: ANTENNA TOWER (NEW) / SITE: LA JOYA A
150 MHZ & 460 MHZ @ ALL 200 WATTS ERP
Location: LA JOYA TX
Latitude: 26-14-57.00 NAD 83
Longitude: 098-30-12.60
Heights: 480 feet above ground level (AGL)
620 feet above mean sea level (AMSL)

This aeronautical study revealed that the structure does not exceed obstruction standards and would not be a hazard to air navigation provided the following condition(s), if any, is(are) met:

-As a condition to this determination, the structure should be marked and/or lighted in accordance with FAA Advisory Circular 70/7460-1K, Obstruction Marking and Lighting, Chapters 3(Marked), 4, 5(Red), & 12.

-It is required that the enclosed FAA Form 7460-2, Notice of Actual Construction or Alteration, be completed and returned to this office any time the project is abandoned or:

___ At least 10 days prior to start of construction (7460-2, Part I)

X Within 5 days after construction reaches its greatest height (7460-2, Part II)

This determination expires on 04/16/02 unless:

(a) extended, revised or terminated by the issuing office or
(b) the construction is subject to the licensing authority of the Federal Communications Commission (FCC) and an application for a construction permit has been filed, as required by the FCC, within 6 months of the date of this determination. In such case the determination expires on the date prescribed by the FCC for completion of construction or on the date the FCC denies the application.

NOTE: REQUEST FOR EXTENSION OF THE EFFECTIVE PERIOD OF THIS DETERMINATION MUST BE POSTMARKED OR DELIVERED TO THIS OFFICE AT LEAST 15 DAYS PRIOR TO THE EXPIRATION DATE.

-As a result of this structure being critical to flight safety, it is

required that the FAA be kept apprised as to the status of this project. Failure to respond to periodic FAA inquiries could invalidate this determination.

This determination is based, in part, on the foregoing description which includes specific coordinates, heights, frequency(ies) and power. Any changes in coordinates, heights, frequency(ies) or use of greater power will void this determination. Any future construction or alteration, including increase in heights, power, or the addition of other transmitters, requires separate notice to the FAA.

This determination does include temporary construction equipment such as cranes, derricks, etc., which may be used during actual construction of the structure. However, this equipment shall not exceed the overall heights as indicated above. Equipment which has a height greater than the studied structure requires separate notice to the FAA.

This determination concerns the effect of this structure on the safe and efficient use of navigable airspace by aircraft and does not relieve the sponsor of compliance responsibilities relating to any law, ordinance, or regulation of any Federal, State, or local government body.

A copy of this determination will be forwarded to the Federal Communications Commission if the structure is subject to their licensing authority.

If we can be of further assistance, please contact our office at 817-222-5534. On any future correspondence concerning this matter, please refer to Aeronautical Study Number 00-ASW-5135-OE.

Bruce C. Beard

Bruce C. Beard
Specialist, Airspace Branch

(DNE)

7460-2 Attached

EXHIBIT "A"

METES AND BOUNDS DESCRIPTION
905.87 ACRES OF LAND
PORCION 46 AND 47
HIDALGO COUNTY, TEXAS

A tract of land containing 905.87 acres of land situated in Hidalgo County, Texas, and also being a part or portion of PORCION 46 and part or portion of TRACT NO. 1, PORCION 47, and said 905.87 acres also being more particularly described as follows:

BEGINNING at a fence corner post on the East line of said Tract No. 1 of Porcion 47 and the North right-of-way line of U. S. Expressway 83, for the Southeast corner of this tract;

THENCE S. 82° 19' 12" W. along said fence and the North right-of-way line of said Expressway 83 a distance of 4549.97 feet to a #4 rebar found for an angle point of this tract;

THENCE S. 87° 50' 21" W. along said fence and said North right-of-way a distance of 378.67 feet to a #4 rebar found for an angle point of this tract;

THENCE N. 87° 36' 11" W. along said fence and said North right-of-way a distance of 188.17 feet to a #4 rebar found for an angle point of this tract;

THENCE N. 80° 07' 38" W. along said fence and said North right-of-way a distance of 375.28 feet to a #4 rebar found for an angle point of this tract;

THENCE N. 74° 30' 20" W. along said fence and said North right-of-way a distance of 315.31 feet to a #4 rebar found for an angle point of this tract;

THENCE N. 66° 43' 04" W. along said fence and said north right-of-way a distance of 9.41 feet to a fence corner for the Southwest corner of this tract;

THENCE N. 9° 11' 38" E. along said fence, a distance of 5117.61 feet to a fence corner for the western most Northwest corner of this tract;

THENCE N. 64° 40' 05" E. a distance of 185.66 feet to a #4 rebar set for an angle point of this tract;

THENCE N. 81° 41' 13" E. a distance of 729.73 feet to a #4 rebar set for an angle point of this tract;

THENCE S. 34° 52' 05" E. a distance of 143.70 feet to a #4 rebar set for an angle point of this tract;

THENCE S. 87° 31' 14" E. a distance of 439.99 feet to a #4 rebar set for an angle point of this tract;

THENCE S. 64° 04' 23" E. a distance of 739.88 feet to a #4 rebar set for an angle point of this tract;

THENCE N. 25° 01' 39" E. a distance of 1314.38 feet to a #4 rebar set for an angle point of this tract;

THENCE N. 08° 44' 55" E. a distance of 2248.38 feet to a #4 rebar set for an outside corner of this tract;

THENCE S. 14° 30' 29" E. a distance of 1689.94 feet to a #4 rebar set for an angle point of this tract;

THENCE S. 61° 17' 48" E. a distance of 508.94 feet to a #4 rebar set for an inside corner of this tract;

THENCE N. 15° 37' 38" E. a distance of 1710.98 feet to a #4 rebar set for an angle point of this tract;

THENCE N. 28° 33' 46" E. a distance of 2473.97 feet to a #4 rebar set for an outside corner of this tract;

THENCE S. 72° 28' 51" E. a distance of 333.72 feet to a #4 rebar set for an inside corner of this tract;

THENCE N. 35° 12' 51" E. a distance of 745.75 feet to a #4 rebar set for the northern most Northwest corner of this tract;

THENCE S. 74° 01' 45" E. a distance of 309.46 feet to a #4 rebar set on a fence line and the East line of said Tract No. 1 of Porcion 47, for the Northeast corner of this tract;

THENCE S. 8° 58' 39" W. along said fence and the East line of said Tract No. 1 of Porcion 47, a distance of 10216.33 feet to the POINT OF BEGINNING, containing 905.87 acres of land, more or less.

6\D\CM\EXA1

Charge And Return To
Edwards Abstract And Title Co
208 W. Cano
Edinburg, TX 78539

SPECIAL WARRANTY DEED

THE STATE OF TEXAS §

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF HIDALGO §

THAT CONNECTICUT MUTUAL LIFE INSURANCE COMPANY, a Connecticut corporation, hereinafter referred to as "GRANTOR", for and in consideration of the sum of TEN AND NO/100 ($10.00) DOLLARS cash, and other good and valuable consideration, in hand paid by HIDALGO COUNTY IRRIGATION DISTRICT NO. 16, hereinafter referred to as "GRANTEE", receipt of which is hereby acknowledged, and for which no lien, expressed, or implied, is retained or shall exist, has GRANTED, BARGAINED, SOLD and CONVEYED, and by these presents does GRANT, BARGAIN, SELL and CONVEY unto GRANTEE, the property, lying and being situated in Hidalgo County, Texas, (collectively, the "Property") described as follows and save and except and subject to the following:

All that certain tract or parcel of land lying and being situated in the County of Hidalgo, State of Texas, more particularly described in Exhibit "A", attached hereto and made a part hereof for all purposes, subject to the LaJoya Hunting and Fishing Club Agreement, as amended, existing ordinances, rules and regulations and all valid and subsisting leases, easements, reservations, and exceptions of record and/or visible or apparent and subject to taxes for the year 1993 and subsequent years, and by acceptance hereof GRANTEE hereby assumes and agrees to pay taxes for the year 1993 and subsequent years; (GRANTOR hereby agreeing to pay taxes which are due and owing for the year 1992); and subsequent assessments for prior years (which shall include assessment of additional taxes due to this conveyance, GRANTEE's use of the Property or a change in appraisal and the so-called rollback obligation relating to agricultural use and appraisal);

SAVE AND EXCEPT and there is hereby reserved and retained by GRANTOR for itself and its successors and assigns (i) 145.6 acre feet of Class B water rights and all other water rights, certificates of adjudication and permits owned, held or claimed by GRANTOR, (ii) all pipes, facilities, pumps, motors, meters, equipment and other personal property and fixtures located on the Property, and the right, privilege and easement to use the same pursuant to the Easement Agreement herein referenced and the right, privilege and easement for thirty (30) days hereafter to remove the same to the extent not located

within the Easement Parcels defined and described in said Easement Agreement, (iii) certain easements, rights and privileges on, over, under, across and through the Property as set forth and described in, and upon the terms and provisions of, that certain Easement Agreement of even date herewith by and between GRANTOR and GRANTEE, which is incorporated herein by this reference, (iv) that certain Water Delivery Agreement by and between GRANTOR and GRANTEE of even date herewith together with all rights, benefits, privileges and easements therein set forth which are incorporated herein by this reference, and (v) that certain Drainage Easement by and between GRANTOR and GRANTEE of even date herewith together with all rights, benefits, privileges and easements therein set forth which are incorporated herein by this reference;

TO HAVE AND TO HOLD the Property, together with all and singular the rights and appurtenances thereto in anywise belonging, subject and save except as aforesaid, unto GRANTEE, and GRANTEE's successors and assigns, forever; and GRANTOR does hereby bind GRANTOR, and GRANTOR's successors and assigns to WARRANT AND FOREVER DEFEND, all and singular the Property, subject and save and except as aforesaid, unto GRANTEE, and GRANTEE's successors and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, by, through or under GRANTOR but not otherwise.

This conveyance is being made and accepted without warranty, express or implied, except the title warranty herein expressly set forth, and GRANTEE by acceptance of this Deed acknowledges and agrees that the Property is being conveyed "AS IS" without warranties, express or implied, which warranties are DISCLAIMED hereby, except only the title warranty herein set forth.

EXECUTED this the 1st day of December, 1992.

CONNECTICUT MUTUAL LIFE INSURANCE COMPANY

BY: _____
Name: Stephen Cunningham
Title: Senior Investment Officer

Grantee's name and address:

Hidalgo County Irrigation District No. 16
P. O. Box 1044
Mission, Texas 78572

THE STATE OF CONNECTICUT §

COUNTY OF HARTFORD §

This instrument was acknowledged before me this 1st day of December, 1992, by Stephen R. Cunningham, Senior Investment Officer of CONNECTICUT MUTUAL LIFE INSURANCE COMPANY, on behalf of said CONNECTICUT MUTUAL LIFE INSURANCE COMPANY.

Beatrice C. Swanson
Notary Public, State of Connecticut

6\CM\D2

BEATRICE C. SWANSON
NOTARY PUBLIC
My Commission Expires March 31, 1994

EXHIBIT "B"

BID PAGE with BID TABULATION

HIDALGO COUNTY PURCHASING DEPARTMENT
BID TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES	
BID OPENING DATE: May 12, 2010	**BID OPENING TIME: 9:30 A.M.**
DESCRIPTION OF BID: "LEASE OF TOWER SPACE-LA JOYA, TX"	
BID NO: 2010-043-05-12-ERT	**BUYER: ERIC TREVINO**

NAME OF COMPANY	BID AMOUNT
O.E INVESTMENTS, LTD **MCALLEN, TX 78502**	Year 1 - $32,400.00
	Year 2 - $34,020.00
	Year 3 - $35,724.00
	Year 4 - $37,512.00
	Year 5 - $39,384.00
	Year 6 - $41,352.00
	Year 7 - $43,416.00
	Year 8 - $45,588.00
	Year 9 - $47,868.00
	Year 10 - $50,256.00
	Grand Total for 10 years - $407,520.00

THIS IS THE ONLY VENDOR THAT SUBMITTED A BID.

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY DIVISION OF EMERGENCY SERVICES
"LEASE OF TOWER SPACE-LA JOYA, TX"
BID No: 2010-043-05-12-ERT
Bid Opening Date: May 12, 2010 at 9:30 AM

Vendor must have a bid amount for ALL terms

Initial 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,700.00
Total cost for 1st term of 1 year (12 months)	$32,400.00
Renewal Options 2nd 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,835.00
Total cost for 2nd term of 1 year (12 months)	$34,020.00
3rd 1 year term:	
Description	**Bid Amount**
Total cost per month	$2,977.00
Total cost for 3rd term of 1 year (12 months)	$35,724.00
4th 1 year term:	
Total cost per month	$3,126.00

Total cost for 4th term of 1 year (12 months)	$37,512.00
5th 1 year term:	
Total cost per month	$3,282.00
Total cost for 5th term of 1 year (12 months)	$39,384.00
6th 1 year term:	
Total cost per month	$3,446.00
Total cost for 6th term of 1 year (12 months)	$41,352.00
7th 1 year term:	
Total cost per month	$3,618.00
Total cost for 7th term of 1 year (12 months)	$43,416.00
8th 1 year term:	
Total cost per month	$3,799.00
Total cost for 8th term of 1 year (12 months)	$45,588.00
9th 1 year term:	
Total cost per month	$3,989.00
Total cost for 9th term of 1 year (12 months)	$47,868.00
10th 1 year term:	
Total cost per month	$4,188.00

Total cost for 10th term of 1 year (12 months)	$50,256.00
Grand Total	
Total Cost for 10 years (120 months)	$407,520.00
FCC Antenna Site Registration #	1223120

BIDDER'S INFORMATION:

BIDDER/COMPANY NAME: O.E. Investments, Ltd.

ADDRESS: P.O. Box 4408

CITY/STATE/ZIP CODE: McAllen, TX 78502

PHONE & FAX NO'S: (956) 793-0103, (956) 631-2334-Fax

CELLULAR NO: (956) 793-0103

E-MAIL ADDRESS: obrand@rioplexwireless.com

AUTHORIZED SIGNATURE:

PRINTED NAME: Othal E. Brand, Jr.

TITLE President / CEO

OPENED
9:52am
MAY 12 2010
Witnessed

EXHIBIT "C"

INSURANCE CERTIFICATE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/02/2009

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
956.686.3888 FAX 956.682.5650 Shepard Insurance Agency P O Box 4288 5801 N 10th #300 McAllen, TX 78502	INSURERS AFFORDING COVERAGE	NAIC #
INSURED O E Investments, Inc. Po Box 4408 McAllen, TX 78502-4408	INSURER A: Scottsdale Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	CPS1097250	12/02/2009	12/02/2010	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 1,000,000
						PRODUCTS - COMP/OP AGG	$ 1,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER	
						E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed as additional insured on GL policy.

CERTIFICATE HOLDER

Hidalgo County
Purchasing Dept
2812 S Bus Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Kent Shepard/CL25

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ACORD

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 12/01/2009

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY
Shepard Insurance Agency
P O Box 4288
5801 N 10th #300
McAllen, TX 78502

PHONE (A/C, No, Ext): 956.686.3888

FAX (A/C, No): 956.682.5650

E-MAIL ADDRESS:

CODE:

SUB CODE:

AGENCY CUSTOMER ID #: 00007015

COMPANY
Great American Insurance Comp
3200 Wilcrest
Ste 300
Houston, TX 77042

INSURED
O E Investments, Inc.
Po Box 4408
McAllen, TX 78502-4408

LOAN NUMBER

POLICY NUMBER: IMP157 53 62 00

EFFECTIVE DATE: 12/02/2009

EXPIRATION DATE: 12/02/2010

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
1 Loc 00001 Bldg 00001 41600 Hwy 83 La Joya, TX 78560
2 Loc 00002 Bldg 00001 176 S Milanos Weslaco, TX 78596

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN I: SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

	COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
1	Communication Tower, RC, Special (Including theft) - Detail	20,000	1000
2	Communication Tower, RC, Special (Including theft) - Detail	20,000	1000

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATIO OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS
Hidalgo County
Purchasing Department
2812 S Bus Hwy 281
Edinburg, TX 78539

☐ MORTGAGEE
☐ LOSS PAYEE
☒ ADDITIONAL INSURED
Certificate holder

LOAN #

AUTHORIZED REPRESENTATIVE
Kent Shepard/CL25

ACORD 27 (2006/07)

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AI-22261 **44.A.0.**

Hidalgo County Emergency Mgt Division-Amended and Restated Lease Agreements (O E Brand Investments, Ltd) for Tower Space in La Joya and Weslaco, Texas

CC REGULAR

Date: 08/03/2010
Submitted By: Letty Saenz, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department **Sub-category:** Hidalgo County

Information

CAPTION

Requesting approval of the "Amended" and "Restated" Lease Agreements previously (approved by CC on 06/22/10) to O.E. Investments, LTD for the "Lease of Tower Space" in the Cities of La Joya and Weslaco, Texas for the Hidalgo County Emergency Management Division.

Amended and Restated Lease Agreement by legal counsel #C-10-043-08-03 (La Joya Tower Site)
Amended and Restated Lease Agreement by legal counsel #C-10-044-08-03 (Weslaco Tower Site)

BACKGROUND

Amended and Restated Lease Agreement by legal counsel #C-10-043-08-03 (La Joya Tower Site)
Amended and Restated Lease Agreement by legal counsel #C-10-044-08-03 (Weslaco Tower Site)

Fiscal Impact

FISCAL YEAR: 2010 **ACCT. #:** 0-1100-429-00-300-023-0-441
FUNDS AVAILABLE Y/N?: **MATCHING FUNDS Y/N?:**
BUDGETARY IMPACT:

Attachments

Link: Lease Agreement-C-10-043-08-03-OE Investments Ltd
Link: Lease Agreement-C-10-044-08-03-O E Investments Ltd

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
	(Originator)	Letty Saenz	07/29/2010 03:00 PM	CREATED
1	Purchasing Department			NEW
2	Budget & Management			
3	Auditor's Office			

Form Started By: Letty Saenz Started On: 07/29/2010 03:00 PM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shepard Insurance Agency P O Box 4288 5801 N 10th #300 McAllen, TX 78502	CONTACT NAME: PHONE (A/C, No, Ext): 956.686.3888 FAX (A/C, No): 956.682.5650 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED O. E. Investments, Ltd. P.O. Box 4408 McAllen, TX 78502	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Essex Ins Co INSURER B: Texas Mutual Insurance Company — 0060 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: Master 2010-2012 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC			CL420912456	01/18/2011	01/18/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ Excluded $ 2,000,000 $ Excluded
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TSF0001208277	01/28/2011	01/28/2012	WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured in favor of certificate holder as pertains to General Liability & Business Auto
30 Day notice of cancellation as pertains to Workers Compensation Policy

CERTIFICATE HOLDER

FAX: 318.2629

Hidalgo County
Attn: Purchasing Dept
2812 S. Bus Hwy 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kent Shepard

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SIA
SHEPARD INSURANCE AGENCY
5801 N. 10th Street, Suite 300 McAllen, TX 78504
P: (956) 686-3888; F: (956) 682-5650

Date: 2/1/11

TO: Hidalgo ounty

Attn: Leticia aenz

Fax # 318-262

Total Number pages: 2

Re: O.E. In stments, Ltd

Attach please f id certificate to insurance for the above captioned insured.

Should you ha any questions feel free to call or e-mail me.

Thank you,

Nellie Her ndez
Shepard Ins rance Agency
5801 N. 10th Stree Suite #300
McAllen, Texas 504
P: (956) 686-388 F: (956) 682-5650
P: (888) 686-388
e-mail: nellieh@s pins.com

"Payment Dis imer: It is not normal business practice to advise clients of either a lapse or cancellation of coverage due non-payment of premium. Appropriate notification of such action will be sent directly to you by either you surance company or premium finance company."

Zimbra **leticia.saenz@co.hidalgo.tx.us**

FW: TX15151-A La Joya 2, TX

From : Romona Mangra <RMangra@sbasite.com> Tue, Jun 28, 2016 08:48 AM

Subject : FW: TX15151-A La Joya 2, TX 5 attachments

To : Lynette Szuba <LSzuba@sbasite.com>

Cc : Suzanne Soto <SSoto@sbasite.com>, Francine Rose <FRose@sbasite.com>, Negin Taheri <ntaheri@sbasite.com>, leticia saenz <leticia.saenz@co.hidalgo.tx.us>, Wylene O'Connell <WOConnell@sbasite.com>

Good Morning Lynette,

Are you the correct person to assist us with this form? Leticia copied in on this email is with the County and requires this additional form in order for the renewal to go through. There is no way for us to access the form. It requires a username and password etc.

This is a high priority as we are behind.

Thanks so much.

Romona Mangra
Site Administration Team Lead – Customer Service

561.226.9542 + **T**
561.226.3513 + **F**

From: Romona Mangra
Sent: Wednesday, June 22, 2016 5:05 PM
To: Lynette Szuba <LSzuba@sbasite.com>; Francine Rose <FRose@sbasite.com>
Cc: Negin Taheri <ntaheri@sbasite.com>
Subject: FW: TX15151-A La Joya 2, TX
Importance: High

Lynette,

Do you think you could help us with this request for this tenant's renewal?
Francine tried to help, but we didn't have the best luck.

They are asking for a **notarized HB1295 Form** mentioned below.

Thanks,

Romona Mangra
Site Administration Team Lead – Customer Service

561.226.9542 + **T**
561.226.3513 + **F**

From: Negin Taheri
Sent: Tuesday, June 21, 2016 12:48 PM
To: Romona Mangra <RMangra@sbasite.com>
Subject: FW: TX15151-A La Joya 2, TX
Importance: High

Romona,

Please see below email.

Thanks.

Negin Taheri
Processing Administrator

561.322.7841 + **T**
561.226.3501 + **F**

From: Leticia H. Saenz [mailto:leticia.saenz@co.hidalgo.tx.us]
Sent: Tuesday, June 21, 2016 12:43 PM
To: Negin Taheri
Cc: Debora Medici; Juan Tapia
Subject: Re: TX15151-A La Joya 2, TX
Importance: High

Negin-

You will find information as described in email (attached hereto) in which the notice states that you must complete Form 1295 and **file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:**

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of Form 1295, provide Renewal/Extension No. E-16-252-00-00. Once completed and filed with the **Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office as soon as possible.**

Should you still require further assistance or have any questions, please do not hesitate to contact me.

Thank you.

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department
2812 South Business Highway 281
Edinburg, Texas 78539
P(956) 318-2626 **F**(956) 318-2629
Email: leticia.saenz@co.hidalgo.tx.us

...DON'T WORRY...BE HAPPY...

From: "Negin Taheri" <ntaheri@sbasite.com>
To: "Leticia H. Saenz" <leticia.saenz@co.hidalgo.tx.us>, "Debora Medici" <dmedici@sbasite.com>
Cc: "Juan Tapia" <juan.tapia@hidalgoso.org>
Sent: Tuesday, June 21, 2016 11:07:18 AM
Subject: RE: TX15151-A La Joya 2, TX

Which one is Form 1295?, I don't see it along the documents.

Please advise.

Negin Taheri
Processing Administrator

561.322.7841 + **T**
561.226.3501 + **F**

From: Leticia H. Saenz [mailto:leticia.saenz@co.hidalgo.tx.us]
Sent: Tuesday, June 21, 2016 12:03 PM
To: Negin Taheri; Debora Medici
Cc: Juan Tapia
Subject: Re: TX15151-A La Joya 2, TX
Importance: High

Thank you for your acknowledgment.

However, lacking your **notarized HB1295 Form** that is required by law for every court action on approval of an agreement.

Thus, please refer to **red lined areas** of your extension notice (attached hereto). I have included information for your review and further details regarding **HB 1295 & HB 23.**

Please submit your notarized 1295 form "**as soon as possible"** in order to complete the process for approval by our Commissioner's Court.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Leticia H. Saenz, CPPB / Contracts Manager
Hidalgo County Purchasing Department
2812 South Business Highway 281
Edinburg, Texas 78539
P(956) 318-2626 **F**(956) 318-2629
Email: leticia.saenz@co.hidalgo.tx.us

...DON'T WORRY...BE HAPPY...

From: "Negin Taheri" <ntaheri@sbasite.com>
To: "leticia saenz" <leticia.saenz@co.hidalgo.tx.us>
Sent: Tuesday, June 21, 2016 10:29:47 AM
Subject: TX15151-A La Joya 2, TX

Leticia,

Please find attached the sign Renewal Agreement. Do you also need a hard copy mailed out to you? or will this suffice?

Thank you!

Negin Taheri
Processing Administrator

SBA COMMUNICATIONS CORPORATION
8051 Congress Avenue
Boca Raton, FL 33487-1307

561-322-7841 + **T**
561-322-2891+ **F**
ntaheri@sbasite.com

Your Signal Starts Here.

From : Leticia H. Saenz <leticia.saenz@co.hidalgo.tx.us> Tue, Jun 21, 2016 11:03 AM
Subject : Re: TX15151-A La Joya 2, TX 5 attachments
To : Negin Taheri <ntaheri@sbasite.com>, dmedici <dmedici@sbasite.com>
Cc : Juan Tapia <juan.tapia@hidalgoso.org>

Thank you for your acknowledgment.

However, lacking your **notarized HB1295 Form** that is required by law for every court action on approval of an agreement.

Thus, please refer to **red lined areas** of your extension notice (attached hereto). I have included information for your review and further details regarding **HB 1295 & HB 23.**

Please submit your notarized 1295 form "**as soon as possible"** in order to complete the process for approval by our Commissioner's Court.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department
2812 South Business Highway 281
Edinburg, Texas 78539
P(956) 318-2626 **F**(956) 318-2629
Email: leticia.saenz@co.hidalgo.tx.us

...DON'T WORRY...BE HAPPY...

From: "Negin Taheri" <ntaheri@sbasite.com>
To: "leticia saenz" <leticia.saenz@co.hidalgo.tx.us>
Sent: Tuesday, June 21, 2016 10:29:47 AM
Subject: TX15151-A La Joya 2, TX

Leticia,

Please find attached the sign Renewal Agreement. Do you also need a hard copy mailed out to you? or will this suffice?

Thank you!

Negin Taheri
Processing Administrator

SBA COMMUNICATIONS CORPORATION
8051 Congress Avenue
Boca Raton, FL 33487-1307

561-322-7841 + **T**
561-322-2891+ **F**
ntaheri@sbasite.com

Your Signal Starts Here.

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undefined
345 B View Download

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345 B View Download

image001.jpg
8 KB View Download

Information & Sample -HB Form1295.pdf
800 KB View Download

Acknowledgment of Extension-SBA.pdf
93 KB View Download

Download all attachments

From : Debora Medici <dmedici@sbasite.com> Tue, Jun 21, 2016 07:43 AM
Subject : FW: Extension/HB 1295 Notice-SBA Towers IV LLC-HCSO (La Joya Tower Site) 4 attachments
To : Romona Mangra <RMangra@sbasite.com>

Good morning Romona ,

Is this form attached something that I can, myself, sign?

Please let me know. I believe that I received some of those before…. Not certain.

Thank you,

Debora Medici
Site Administration Specialist II

SBA COMMUNICATIONS CORPORATION
8051 Congress Avenue
Boca Raton, FL 33487-1307

561.322.7893 + **T**
dmedici@sbasite.com

Your Signal Starts Here.

From: Leticia H. Saenz [mailto:leticia.saenz@co.hidalgo.tx.us]
Sent: Friday, June 10, 2016 12:42 PM
To: Debora Medici
Cc: Juan Tapia
Subject: Re: Extension/HB 1295 Notice-SBA Towers IV LLC-HCSO (La Joya Tower Site)
Importance: High

Good morning, Ms. Medici-

Pursuant to our telephone conversation, attached, you will find **"Extension/HB1295 Notice"** in connection to contract#**E-15-238-06-23** with **SBA Towers IV, LLC** for: **"Lease of Tower Space (La Joya Tower Site)"** for **Hidalgo County Sheriff's Office.**

****Included in your extension notice you are asked to submit your HB 1295 form. This form is required for every Court action or award of an agreement by law. Please refer to information regarding 1295form (attached hereto) .**

We ask that you please submit your acknowledgment and **"Notarized" HB1295** form with all updated insurance certificates to via email: leticia.saenz@co.hidalgo.tx.us by no later than **Friday, June 17, 2016** in order to place on the next Commissioner's Court agenda for approval.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department
2812 South Business Highway 281
Edinburg, Texas 78539
P(956) 318-2626 **F**(956) 318-2629
Email: leticia.saenz@co.hidalgo.tx.us

…DON'T WORRY…BE HAPPY…

image001.jpg
8 KB View Download

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345 B View Download

Information & Sample -HB Form1295.pdf
800 KB View Download

01 Extension & HB295 Notice-SBA Towers IV LLC-HCSO.pdf
3 MB View Download

Download all attachments

image002.gif
345 B

image003.jpg
8 KB

Acknowledgment of Extension-SBA.pdf
315 KB

AI-55191

Purchasing Department 12. Q.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Lisa Vela, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Hidalgo County – Planning, Health, & ROW for all 4 Precincts:
1. Requesting authority to enter into a new 36-month lease with Carson Map Lease Agreement for departments stated above to utilize online services with Carson Maps Co, Inc. Effective date 6-01-2016 to be paid on start of annual term.

Departments	Annual Fee
Planning	$1,790.00
Row 1	$590.00
Row 2	$590.00
Row 3	$590.00
Row 4	$590.00
Health	$590.00

2. Acceptance and approval of the continuation of the services with CARSON MAP Co. Inc. for "Online Data Services Agreement" through the assigned departments by requisitions to be created by department for the amount stated above, followed by an approved purchase order.

3. Approval to pay the continuation annual renewal fees including the signing of required documents by County Judge or Court Member.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-419-10-210-001-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds pending approval AI-55190 (07/06/2016)

FISCAL YEAR: 2016 ACCT. #: 6-1100-441-00-340-003-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Req. #301208

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-121-005-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Req. #299752

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-122-006-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds pending approval AI-55249 (07/06/2016)

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-123-005-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Req. #301294

FISCAL YEAR: 2016 ACCT. #: 6-1200-431-00-124-007-0-640

FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds pending approval AI-55278 (07/06/2016)

Attachments

Lease Agreement

1295

Prev Agenda

LEGAL APPROVAL

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/27/2016 01:58 PM
Budget & Management	Veronica Ortiz	06/28/2016 08:20 AM
Final Approval	Veronica Ortiz	07/01/2016 11:36 AM

Form Started By: Lisa Vela Started On: 06/27/2016 09:13 AM

Final Approval Date: 07/01/2016

Specializing in City and County Platbooks since 1955

Carson Map Company, Inc.

P.O. Box 4702
McAllen, TX 78502
956-797-1514

Lease Agreement

Parties:
Carson Map Company – Lessor

Company – (name, address, etc) – Lessee

Company Name:
Hidalgo Co. Planning, ROW Precincts 1, 2, 3, 4 & Health Deptartment

Address:
1304 S. 25th Street

City, State, Zip:
Edinburg, TX 78542

Phone Number:
(956) 318-2626

WHEREAS, Carson Map Company is an online service company providing a database of plats and a search engine for platbooks and research of plats for specific areas ("online service").

WHEREAS, Company wishes to lease such online service at the terms noted below.

ACCORDINGLY, the Parties agree as follows:

I hereby agree to lease Hidalgo County Online at the rate of $4740.00/Yr for a total of 6 users plus tax $0.00. The term of the Agreement is for minimum of thirty six (36) months effective 06/01/2016. Thereafter, the Agreement may be terminated with 60 days notice in writing to Carson Map Company Inc. The lease payment is due at the beginning of the lease and annually on the anniversary date of the lease. Carson Map Company will provide revisions, when available, at no additional charge. The lease rate is subject to change with 30 days notice on an annual basis.

A late fee of $35.00 per month will be assessed on any payments received more than 5 days after the due date of your annual renewal. Your annual statement will be emailed 60 days prior to the due date and we will follow up 10 days before your due date. You may incur a temporary interruption in service due to late payment. To prevent any interruption in service please contact us if you have a payment delayed that will not reach us in a timely manner.

Your signed lease remains in effect and will be renewed annually with your annual lease payment. You will not need to provide a new signed lease each year. Updates to the lease will be included with your annual billing statement.

Company agrees to use its best efforts and to take all reasonable steps to safeguard the service and online information of Lessor to ensure that no unauthorized person shall have access thereto and that no unauthorized copy, publication, disclosure or distribution in whole or in part, in any form, shall be made. Notwithstanding, Company is allowed to make hard copies of the information as needed for work or internal use purposes only. Company acknowledges that the service and information therein contains valuable confidential information and trade secrets and that unauthorized use and/or copying is harmful to Lessor.

It is further agreed that the Lessee will not allow anyone not in his/her employ to utilize or examine the online service. Company agrees to not decompile, reverse engineer, or disassemble the online service. This lease is personal to Company, and Company will not allow third parties access to the online service without the consent of Lessor. Online services are protected by the United States Copyright laws and may not be reproduced or offered for sale by Company. Online service includes but is not limited to all code, databases, data, software, and architecture, and are the property of Carson Map Company, and except as noted herein, Company acquires no rights of any kind to this property.

The online services contain data and information that has been obtained by Carson Map Company from governmental and other sources it believes reliable. Carson Map Company is not responsible for the completeness or accuracy of the online services, and no warranty or representation, expressed or implied, is given regarding the correctness, accuracy, timeliness, merchantability or fitness for a particular purpose of the online services. Lessor's liability to Company, if any, for damages for whatever cause arising from this Agreement, shall in no event exceed the amount paid to Lessor for the license of the online service.

This Agreement will be governed by and construed in accordance with the laws of the State of Texas without reference to the choice of law doctrine of such state. Any suit brought by either party against the other party for claims arising out of this Agreement shall be brought in the competent courts of Hidalgo County, Texas, and the parties hereto consent to the exclusive jurisdiction of such courts in respect of such action or proceeding.

Signature of Authorized Representative:

_____ Date: _____

Printed Name of Authorized Representative:

_____

Email Address

_____

2016-274

Carson Map Company, Inc.

INVOICE

Property Information And Detailed Maps Since 1955

PO Box 4702
McAllen, TX 78502
Phone (956) 797-1514

DATE: June 23, 2016
INVOICE # 9360A

BILL TO:
Hidalgo County
1304 S. 25th Street
Edinburg, TX 78542

FOR: Hidalgo County Online

Attn: Rudy Salinas
956-318-2626

DESCRIPTION	Quantitiy	RATE	AMOUNT
Hidalgo County Online Planning Department	1.00	590.00	$ 590.00
Hidalgo County Online Planning Department 3 additional accesses	3.00	400.00	1,200.00
Hidalgo County Online ROW Precinct 1	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 2	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 3	1.00	590.00	590.00
Hidalgo County Online ROW Precinct 4	1.00	590.00	590.00
Hidalgo County Online Health Department	1.00	590.00	590.00

Planning

SUBTOTAL	$ 4,740.00
TAX RATE	0.00%
SALES TAX	-
OTHER	
TOTAL	$ 4,740.00

Make all checks payable to **Carson Map Co., Inc.**

THANK YOU FOR YOUR BUSINESS!

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-76137

Date Filed:
06/24/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Carson Map Company, Inc.
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
Inv#9360A
online, plat database access service

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Sadler, Robert	Laguna Vista, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

ALMA E DECKARD
Notary ID # 4470165
My Commission Expires
October 23, 2017

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Carl Sadler Jr, this the 24 day of June, 20 16, to certify which, witness my hand and seal of office.

Alma Deckard — Alma Deckard — City Secretary / Notary

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-76137

Date Filed:
06/24/2016

Date Acknowledged:
06/24/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Carson Map Company, Inc.
McAllen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

Inv#9360A
online, plat database access service

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Sadler, Robert	Laguna Vista, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

APPROVED

Agenda Item 14.F

AI -48260 **Purchasing Department** **14. F.**

CC CONSENT

Meeting Date: 02/04/2015

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Rudy Salinas, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Hidalgo County - Planning Department & All 4 Precincts:

Requesting ratification and execution of newly submitted Carson Map Lease Agreement with a zero cost for user(s) commencing with: Hidalgo County's Planning Department (CC approved AI#36570-02-05-13) & Precincts #1, 2, 3 & 4 with a term of a minimum of twelve (12) months effective 1/1/2015 including the addition of the other Elected Offices, Departments, Programs/Agencies as agreements are received.

BACKGROUND

Fiscal Impact

Attachments

Carson Map Lease Agreement
Previous Agenda Item-36570
Carson Cancellation Letter
Email
Carson Map Lease Agreement Pct 4
email-Carson 1-29-15
Carson Lease Agreement-Prct 2
Email-Prct1
Carson Prct 1-Lease Agreement
Carson Map Lease Agreement Pct 3

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	01/27/2015 01:48 PM
Budget & Management	Monica Badillo	01/28/2015 12:02 PM

Purchasing Department	Marty Salazar	01/28/2015 05:39 PM
Budget & Management	Monica Badillo	01/29/2015 01:46 PM
Purchasing Department	Marty Salazar	01/29/2015 04:48 PM
Auditor's Office	Monica Badillo	01/30/2015 05:19 PM

Form Started By: Rudy Salinas Started On: 01/26/2015 02:54 PM

Final Approval Date: 01/30/2015

Zimbra **monica.badillo@co.hidalgo.tx.us**

Fwd: Carson Map Lease Agreement Legal Review Request

From : Martha Salazar <martha.salazar@co.hidalgo.tx.us> Tue, Jun 28, 2016 09:44 AM
Subject : Fwd: Carson Map Lease Agreement Legal Review Request
To : Monica Badillo <monica.badillo@co.hidalgo.tx.us>
Cc : Rudy Salinas <rudy.salinas1@co.hidalgo.tx.us>, Liza Lopez <liza.lopez@co.hidalgo.tx.us>

Ms. Monica:
Please move Consent Agenda Item #55191 [07-19-16] to CC meeting of 07-05-16 and attach the e-mail below from Hon. Josephine Ramirez detailing approval of the form of agreement.
Thanks,
Marty Salazar

From: "Josephine Ramirez" <josephine.ramirez@da.co.hidalgo.tx.us>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Cc: "Victor Garza" <victor.garza@da.co.hidalgo.tx.us>, "Rudy Salinas" <rudy.salinas1@co.hidalgo.tx.us>, "Elena Gomez" <elena.gomez@co.hidalgo.tx.us>
Sent: Tuesday, June 28, 2016 9:36:09 AM
Subject: Re: Carson Map Lease Agreement Legal Review Request

Marty,

I have reviewed the attached agreement and approve as to form.

Josephine Ramirez Solis

Assistant Criminal District Attorney

Chief - Civil Division

Office of Criminal District Attorney

Hidalgo County, Texas

100 E. Cano

Edinburg, TX 78539

(956) 292-7609 ext. 8186

(956) 318-2079 FAX

josephine.ramirez@da.co.hidalgo.tx.us

****

The information contained in this e-mail may be 1.SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE;

2.ATTORNEY WORK PRODUCT; and/or 3.CONFIDENTIAL. It is intended only for the individual or entity designated above. Any distribution, copying, or use of or reliance upon the information contained in this e-mail by or to anyone other than the recipient designated above by the sender is unauthorized and strictly prohibited. **IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE ADVISE THE SENDER BY REPLY E-MAIL TO josephine.ramirez@da.co.hidalgo.tx.us AND DELETE THE COMMUNICATION.**

****

On Fri, Jun 24, 2016 at 4:21 PM, Martha Salazar <martha.salazar@co.hidalgo.tx.us> wrote:

> Counselors:
> Please review and comment as to form so as to place on the next HCCC meeting of 07-05-16.
> Thanks,
> Marty
>
> ---
>
> **From:** "Rudy Salinas" <rudy.salinas1@co.hidalgo.tx.us>
> **To:** "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
> **Sent:** Friday, June 24, 2016 12:26:25 PM
> **Subject:** Carson Map Lease Agreement Legal Review Request
>
> Ms. Salazar,
>
> Can you have this agreement reviewed and approved as to form?
>
> Thank You,
>
> **Rudy Salinas**
> Procurement Specialist III
> Phone: 292-7000 Ext: 4875

AI-55173

Purchasing Department 12. R.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Norma Ceballos, COMM. PCT. #3

Submitted By: Norma Ceballos, COMM. PCT. #3

Department: COMM. PCT. #3

Information

CAPTION

Approval of Invoice #1 (Project # 05-196 (B2)) in the amount of $12,725.00 submitted by contracted engineer, Hinojosa Engineering, Inc., in connection with professional services rendered for: "Penitas Landfill Survey."

BACKGROUND

Funds available through PO # 739507

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-432-00-123-001-0-334

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Funds vailable (Purchase Order #739507)

Attachments

Invoice #1

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/27/2016 11:29 AM
Budget & Management	Veronica Ortiz	06/27/2016 11:35 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Norma Ceballos Started On: 06/22/2016 03:35 PM

Final Approval Date: 07/01/2016

SIGN:
REQ# 293262
PO# 739507

HINOJOSA ENGINEERING, INC.

Structural • Civil• Surveying

Registration No. F-908 Expiration Date 9/30/16
108 WEST 18TH STREET MISSION, TEXAS 78572
(956)581-0143 OFFICE (956)581-2074 FAX

INVOICE # 05-196 (B2)
June 16, 2016

CLIENT:	**PROJECT # 05-196 (B2)**
The Honorable Joe Flores Commissioner Pct. 3 724 N. Breyfloge P.O. Box 607 Mission, Texas 78572 Attn.: Commissioner Joe Flores	Project: Peñitas Landfill Survey 2016 **Invoice #1** 739507 **PO#693112**

FOR PROFESSIONAL SERVICES PERFORMED

SCOPE OF WORK:
1. Re-establish Survey control
2. Topographic Survey of Peñitas Landfill 2016 (3/7/16 – 5//23/16)

Survey Crew	= 104½ hrs. @ $100.00	=$10,450.00
Drafting CAD	= 12 hrs. @ $ 75.00	=$ 900.00
RPLS	= 11 hrs. @ $120.00	=$ 1,320.00
Administrative	= 1 hrs. @ $ 55.00	=$ 55.00

Total = $12,725.00

SURVEYING COST BREAKDOWN

A. Surveying Fee =	**$ 38,860.00**
B. Total Earn to Date =	**$ 12,725.00**
C. Total Due this Invoice =	**$ 12,725.00**

Please make check payable to **HINOJOSA ENGINEERING, INC.** in the amount of =**$12,725.00**

INVOICE RECEIVED BY
DBC ON 6/21/16
GOODS/SERVICES RECEIVED BY
Cesar Flores ON 3/7/16 - 5/23/16
6-1100-432-00-123-001-0-334

AI-55057

Purchasing Department 12. S.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Sandra Montalvo, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Authority to advertise and approval of procurement packet [i.e. specifications/requirements, legal notice, draft requirement agreement, etc.] as attached hereto for: Hidalgo County-"Printing and Mailing of Post Cards [Warrants and/or Reminders]"-RFB No.:2016-236-SMA including the re-advertising of project in the event no bids received and/or are rejected and project is still required.

BACKGROUND

1. New contract will commence upon award
2. Proposed schedule of events:
1st advertisement: July 09, 2016
2nd advertisement: July 16, 2016
Bid Opening date: July 27, 2016

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: X-1100-415-15-140-004-0-350

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

FISCAL YEAR: 2016 ACCT. #: X-1100-415-00-200-002-0-350

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Attachments

Memo, draft legal notice, draft specs

Legal Approval

Form Review

Inbox	Reviewed By	Date

Purchasing Department	Marty Salazar	06/27/2016 11:15 AM
Budget & Management	Veronica Ortiz	06/27/2016 11:34 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Sandra Montalvo Started On: 06/14/2016 01:50 PM

Final Approval Date: 07/01/2016

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

MEMORANDUM

(Approval of Specifications)

To: Renan Ramirez, Chief Information Officer — via email: renan.ramirez@co.hidalgo.tx.us
Hidalgo County Information Technology

Rey Salazar, Director, — via email: rey.salazar@co.hidalgo.tx.us
Hidalgo County Budget & Management Department , Strategic Planning Division

Marianella Canton, *Planning Analyst III* — via email: marianella.canton@co.hidalgo.tx.us
Hidalgo County Budget & Management Department, Strategic Planning Division

From: Sandra Montalvo, Buyer II
Hidalgo County Purchasing Dept.

Date: June 24, 2016

Re: Bid No. 2016-236-00-00-SMA-Approval of Specifications for-***Hidalgo County-"PRINTING and MAILING of POST CARDS (warrants and/or reminders)"***

Please review the following SPECIFICATIONS and verify if all requirements are met by signing below and indicating **APPROVE** (or) **DISAPPROVE.** If the modified specifications are NOT met, make any and all additional modifications necessary and return the revised copy to purchasing department.

If you have any questions, please call me at (956) 318-2626 ext# 4865.

APPROVE ☑	**DISAPPROVE** ☐
APPROVED WITH MODIFICATIONS ☐	

FUNDS AVAILABILITY: ✓ YES / _____ NO/ _____ Other

(Specify)_____

BUDGET ACCOUNT #: 6-1100-415-200-002-4

	RENAN RAMIREZ	I.T.	06/27/16
AUTHORIZED SIGNATURE	PRINTED NAME	DEPARTMENT	DATE

SUBMIT THIS FORM TO THE HIDALGO COUNTY PURCHASING DEPARTMENT, VIA FAX TO (956) 292-7612 or e-mail: sandra.montalvo@co.hidalgo.tx.us by no later than, June 24, 2016, @ 10:00 a.m.

Enclosures

Bid No: 2016-236-00-00-SMA	Buyer : Sandra Montalvo	Tel. No: (956) 318-2626

REQUEST FOR BIDS

HIDALGO COUNTY

"Printing and Mailing of Post Cards (warrants and/or reminders)

BID OPENING DATE: July 00, 2016 @ 9:30 a.m.

DRAFT

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539
956 318-2626

Form HCPD-03

1) Sealed bids will be received for ***Hidalgo County-*** "***Printing and Mailing of Post Cards (warrants and/or reminders)*** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.

2) **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed and or/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **Bid No.: 2016-236-00-00-SMA-** ***Hidalgo County-*** "***Printing and Mailing of Post Cards (warrants and/or reminders)*** and at County's Purchasing Department with a physical address: 2802 S. Business 281 and a mailing address: 2812 S. Business Hwy 281, New Administration Building, Edinburg, Texas, **on or before 9:30 A.M, WEDNESDAY, July 06, 2016. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO** ***RFB No.: 2016-236-00-00-SMA- Hidalgo County-*** "***Printing and Mailing of Post Cards (warrants and/or reminders)*** Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bids considered the best and most advantageous to Hidalgo County.

3) Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."

4) The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.

5) For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.

6) Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7) No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8) Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.

9) Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.

10) County reserves the right to accept or reject any or all Bids.

11) Costs are to be net F.O.B., County Prepaid.

12) County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13) Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14) Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy o their Federal ID Number Certificate.

15) **DELIVERY INSTRUCTIONS:**

- No deliveries accepted after 3:00 P.M., Monday-Friday
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, Purchasing Agent
(956) 318-2626

16) **BILLING AND PAYMENT INSTRUCTIONS:**

- Invoices must include:
  1) Name and address of successful bidder
  2) Name and address of receiving department or official
  3) Purchase Order Number (if any)
  4) Notation-Hidalgo County ***"Printing and Mailing of Post Cards (warrants and/or reminders)*** Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
  5) Contract number must be indicated on all invoices
- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

Hidalgo County Auditor's Office
2808 S. Business Hwy 281
Edinburg, Tx 78539
(956) 318-2511

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17) **SCHEDULE OF EVENTS**

Bid Opening, 9:30 A.M.	**July , 2016**
Award of Contract	, 2016
Commence Work or Deliver Products	, 2016

18) **BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT (IF APPLICABLE):**

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. **All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.** **Register at SAMs System for Award Management @ www.sam.gov.**

- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.

- If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.

- If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.

- For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19) **ETHICAL STANDARDS:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

20) **DISCLOSURE OF CONFLICT OF INTEREST**

Effective January 1, 2016, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to Contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Completed Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539 - Hidalgo County Courthouse.

COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT.

21) **CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)**

As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFB packet. In accordance with these requirements, business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFB Project No. (2016-236), as shown on the packet. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office either by facsimile transmission to (956) 292-7612 or via email to: sandra.montalvo@co.hidalgo.tx.us, Hidalgo County cannot enter into a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

https://www.ethics.state.tx.us/tec/1295-Info.htm

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

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22) If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the County.

23) Bids, and all goods and services provided hereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

24) Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the bid;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

25) Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

26) Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.

27) County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:

A. Meet schedules;
B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the specifications.

28) Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

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29) Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

30) This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

31) The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

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Bid
for
Hidalgo County- "***Printing and Mailing of Post Cards (warrants and/or reminders)***

To: Martha L. Salazar, CPPB, Purchasing Agent
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

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EXHIBIT A
Specifications/Requirements
Hidalgo County
"PRINTING and MAILING of POST CARDS
(warrants and/or reminders)"
RFB No.: 2016-236-00-00-SMA

Hidalgo County is currently soliciting to contract a qualified vendor that meets and/or exceeds all specification/requirements, terms and conditions for "***Printing and Mailing of Post Cards (warrants and/or reminders)*** (see sample-post card) in accordance with specifications/requirements specified herein and including, but not limited to, the following:

SCOPE:

Hidalgo County is currently soliciting to contract a qualified vendor that meets and/or exceeds the specifications/requirements, terms and conditions for "***Printing and Mailing of Post Cards (warrants and/or reminders)*** for all postage, materials, supplies, equipment, tools, services, labor and supervision necessary to print and mass mail the warrant notification cards, as specified herein.

SPECIFICATIONS and/or REQUIREMENTS:

1) PRINTING

1.1. Vendor will print and mail the card, with addressee and sender information according to the variables in the CSV file. (CSV file will be provided to vendor at the time of award)

1.2. Vendor will provide (Delivery Point Barcode) on Statement Address to comply with U.S. Postal Service regulations.

1.3. Vendor will provide address verification.

1.4. Vendor will provide Change of Address search (Look up addressee for any change of address information) CASS certification to ensure lowest discounted postage rates possible.

1.5. County will provide an electronic comma separated value (CSV) file.

2) POST CARD

2.1. **Size: 5.5" x 8.5"; bond stock**

2.2. Weight: 110 LB

2.3. **Estimate Quantity: 25,000 – 50,000 a year.** Hidalgo County requests pricing for approximately 25,000 –50,000 a year post cards to be printed and mailed with barcodes and variable data as specified herein. Cards may be continuous feed or cut sheet laser printed.

2.4 **Color and Paper Specifications:**

a) The stock to be ordered will be ***multicolor***. The color will vary for post cards. Vendor needs to provide paper stock options with its cost.

b) To meet postal requirements, the paper must be at least .007" thick and not more than .016" thick.

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c) The language on the card will be in black ink. The backside of the card shall be in black ink. Please see attached sample.

3) POSTAGE RATE COST

3.1 Vendor must provide of different postage options, i.e. BULK, 1st Class, indicating the individual cost per post card and a service description per each option given.

3.2 In the event the U.S. Postal Service has a price increase after vendor has submitted their bid or after bid award, the successful vendor must write a letter to the Purchasing Department and email to rocio.villarreal@co.hidalgo.tx.us requesting a price increase. Request may only be for the increase instituted by the U.S. Postal Service. Vendor may not proceed until written approval by the Purchasing Department.

3.3 Bidder(s) commitment to print and deliver mail-outs to Hidalgo County on a monthly basis. must include the following:

a) Must be able to sort to carrier route level.
b) Presorts must conform to latest USPS notification.
c) Print selected messages in English and Spanish.

4) MASS MAILOUT INFORMATION:

4.1 Approximately **25,000-50,000** post cards must be mailed no later than observation containing only the information necessary to complete the mailing. Each record will be a fixed length and exported to the CSV file. File may also be transferred to vendor via FTP.

4.2 The zip code information provided by the Information Technology Department office is not a zip+4.

4.3 Vendor shall print barcodes of the card number and notice number on the face of the card in a 3-of-9 barcode font.

4.4 Data will be provided on CSV file. Vendor shall pick up and return the data at Hidalgo County Information Technology, 100 E. Cano, Edinburg, Texas. Information provided on the CSV file shall be utilized for NO other purpose than to produce documents required herein.

4.5 Samples and/or proofs must be made available to Hidalgo County Information Technology department from the test data within ten (10) days from receipt of data and must be approved in writing by Hidalgo County prior to actual printing. Corrected printing proof to be picked up by vendor no later than three (3) days after receipt of original proof.

4.6 Upon request, Vendor shall provide the Hidalgo County Information Technology Department with records of mailing by batch and date, including logs, or receipts provided by the USPS.

5) TERMS AND CONDITIONS

5.1 The term of the bid contract will be for a period of one (1) year. Hidalgo County may in its sole discretion elect the option to extend the contract for **two (2) additional one (1) year** terms under the same rates, terms and conditions.

5.2 Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term due to any unforeseen delay in the procurement process.

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5.3 Hidalgo County reserves the right to award to ONE or MULTIPLE vendors if the County determines it is in its best interest to do so.

5.4 Hidalgo County reserves the right to award this contract on an "all or nothing basis".

5.5 Hidalgo County may seek purchases/service from state awarded vendors or any other cooperative purchasing programs, whenever it is in the best interest to do so.

5.6 Insurance requirements for this project to be maintained throughout the contract term (Refer to limits on the Exhibit "C" for limits).

5.7 After bid is awarded and successful awarded contractor defaults in meeting the general instructions to bidders(s) and/or in complying with the contract agreement, Hidalgo County reserves the right to seek the services of the next lowest bidder(s). In such event, Hidalgo County shall charge the successful bidder the difference for any additional cost to the County.

5.8 All bidders must submit, WITH BID, at least three (3) references from clients for whom a project similar to that specified herein has been successfully accomplished. References must include client name, contact person and telephone number.

6) ADDITIONAL INFORMATION:

6.1 Hidalgo County is requesting that any and all questions, inquires and clarifications regarding quotes, bids, proposals or statements of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, 2812 South Business Hwy. 281, Edinburg, TX. 78539

6.2 All costs and expenses associated with the preparation and submission of (bid, proposals, statement of qualifications (RFQ) and quotes) shall be responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to HIDALGO COUNTY.

6.3 ALL WRITTEN INQUIRIES WILL BE ACCEPTED via facsimile (956)292-7612 or via e-mail sandra.montalvo@co.hidalgo.tx.us by no LATER THAN, Wednesday, July 00, 2016 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via facsimile by no later than WEDNESDAY, JULY 00, 2016 by 5:00 p.m. Telephone Inquiries WILL NOT be accepted.

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Sample POST CARDS

JUSTICE COURT x.x
STREET ADDRESS
CITY, ST, ZIP
(956) 292-7629

SCOFFLAW PROGRAM OFFICIAL NOTICE: Our records indicate you missed your court date! Unless your payment of the fine amount is received at once you will be charged with a "FAILURE TO APPEAR" and a

WARRANT
FOR YOUR ARREST WILL BE ISSUED !

Failure to pay your outstanding citations will result in **physical arrest** at your home or work, in addition your motor vehicle registration and driver licence renewal will be denied & additional fees will be incurred.

➡ Pay online at **http://pay.hidalgocounty.us** or visit the Justice of the Peace **immediately** at the address listed above. Please bring this card with you.

Notificacion oficial : Usted no se presento a corte el día de su caso. Si usted no paga su multa de inmediato, será acusado con la ofensa "FALTA DE COMPARENCIA" y una ORDEN DE ARRESTO será emitida con su nombre:

FIRST NAME, LAST NAME
CONSTABLE, PRECINCT X
HIDALGO COUNTY, TEXAS

STREET ADDRESS
CITY, STATE, ZIP
(956) 292-7629

PRE WARRANT NOTICE
Sorry we missed you, we will see you soon!

PAY ONLINE:
pay.hidalgocounty.us

RECEIVERS NAME
ADDRESS
CITY, ST ZIP

Zimbra **leticia.saenz@co.hidalgo.tx.us**

RE: Review & Approve as to form-"Draft" Contract#C-16-236-00-00-SMA-Printing & Mailing of Post Cards (warrants and/or reminders) - Hid Co

From : Steve Crain <scrain@atlashall.com> Tue, Jun 28, 2016 09:21 AM

Subject : RE: Review & Approve as to form-"Draft" Contract#C-16-236-00-00-SMA-Printing & Mailing of Post Cards (warrants and/or reminders) - Hid Co 1 attachment

To : 'Leticia H. Saenz' <leticia.saenz@co.hidalgo.tx.us>

The draft agreement is fine.

From: Leticia H. Saenz [mailto:leticia.saenz@co.hidalgo.tx.us]
Sent: Tuesday, June 28, 2016 9:13 AM
To: Steve Crain <scrain@atlashall.com>
Cc: Marynel Trevino <mntrevino@atlashall.com>; Martha Salazar <martha.salazar@co.hidalgo.tx.us>; Sandra Montalvo <sandra.montalvo@co.hidalgo.tx.us>; Rocio Villarreal <rocio.villarreal@co.hidalgo.tx.us>
Subject: Review & Approve as to form-"Draft" Contract#C-16-236-00-00-SMA-Printing & Mailing of Post Cards (warrants and/or reminders) - Hid Co

Good morning, Mr. Crain-

Please review and approve as to form **"draft"** contract **# C-16-236-00-00-SMA** for the purposes of the **[procurement process]** of the **"Printing and Mailing of Post Cards (warrants and/or reminders)"** for Hidalgo County.

Please advise.

Respectfully,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department
2812 South Business Highway 281
Edinburg, Texas 78539
P(956) 318-2626 **F**(956) 318-2629
Email: leticia.saenz@co.hidalgo.tx.us

...DON'T WORRY...BE HAPPY...

image001.gif
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THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

SERVICE CONTRACT
C-16-236-00-00

THIS CONTRACT is made and entered into this ____ day of _____**,** **2016** by and between the **COUNTY OF HIDALGO, TEXAS** ("County"), and _____ _____ ("Company").

WHEREAS, Company responded to advertised notices for bids for "**Printing & Mailing of Post Cards" (warrants and/or reminders)** for **Hidalgo County** (the "Services"); and

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid, a copy of Request for Bid (RFB) Procurement Packet being attached hereto as Exhibit "A" (the "RFB") and Company's bid attached hereto as Exhibit "B" (the "Bid Page"), both such exhibits incorporated herein for all purposes the "Bid Page"; and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agrees that this Contract is entered into in

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order to provide the Services to **Hidalgo County**. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the Services in accordance with the Specifications within **Hidalgo County** following a request for Services by the **Hidalgo County**. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period of **one (1) year**, commencing on _____ _____**, 2016** and expiring on _____**, 2017** and may be extended at the sole discretion of the County for an additional two (2) one (1) year periods under the same rates, terms and conditions. County also reserves the right to continue this sealed bid for an additional sixty (60) day grace period at the end of the Contract term for unforeseen delay of award for the next term and contingent upon cost remaining unchanged.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall

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have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

6. As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Service by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party

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without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County: Hidalgo County
Attn: County Judge
302 W. University
Edinburg, Texas 78539

If to Company: _____
_____
_____
_____

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. This Agreement may be terminated by Hidalgo County without cause upon thirty (30) days written notice.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators,

DRAFT

legal representatives, successors, and assigns where permitted by this Agreement.

16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

17. Commitment of Current Revenues Only. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon sixty (60) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

18. Entire Agreement. This Contract contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Contract not specifically set forth herein. This Contract may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

19. Immunities. Nothing in this Contract is intended to and County does not hereby waive, release or relinquish any right to assert any of the defenses County enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to County as to any claim or action of any person, entity, or individual against County.

DRAFT

WITNESS our hands in duplicate originals this_____ day of _____,

2016.

COUNTY OF HIDALGO

ATTEST:

By:_____
Ramon Garcia, County Judge

By: _____
Arturo Guajardo Jr., County Clerk

COMPANY:

By:_____

Printed Name:_____

Title:_____

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.

By:_____
Stephen L. Crain

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EXHIBIT "A"

Request for Bid (RFB) Procurement Packet

DRAFT

EXHIBIT "B"

BID PAGE

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EXHIBIT "C"

CERTIFICATE OF INSURANCE

DRAFT

AI-54836

Purchasing Department 12. T.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

1. Approval of the sixty (60) day grace period extension [as provided under E-13-264-08-27] with Value Added Communications [VACI] for the provision of "Inmate Pay Telephone Services", under the same rates, terms and conditions, so as to have no lapse in services while the procurement process is completed and subject to compliance with insurance, HB23 and/or HB1295 when and if required;

2. Requesting authority to advertise and approval of procurement packet as drafted and developed through Sheriff's Office [w/their final approval of packet just received] and Purchasing Dept. [i.e., specifications -requirements, legal notice, draft service contract etc.] as attached hereto for: Hidalgo County - Sheriff's Office - "Inmate Pay Telephone Services". RFP 2016-097-07-27-YZV including the re-advertising of project in the event no Proposals are received and/or are rejected and project is still required

BACKGROUND

Sixty (60) day grace period extension effective: September 06, 2016 thru November 04, 2016
Proposed schedule of events: 1st Advertisement: July 09, 2016 2nd Advertisement: July 16, 2016
Proposal Acceptance Date: July 27, 2016

Fiscal Impact

FISCAL YEAR: ACCT. #:

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Based on commission, no fiscal impact.

Attachments

1295 Form Request

Sixty Day Extension.pdf

Insurance

RFP

Legals Approval
form
ext

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/27/2016 11:11 AM
Budget & Management	Veronica Ortiz	06/27/2016 11:34 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 01:22 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Yolanda Velasquez Started On: 05/31/2016 01:29 PM

Final Approval Date: 07/01/2016

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 22, 2016

GTL/Value Added Communications, INC
Bidder's name
12021 Sunset Hills, Rd, Ste 100
Address
Reston,
City
Virginia 20190
State, Zip Code

Re: **E-13-264-08-27**
HIDALGO COUNTY –SHERIFF'S OFFICE
60 Day Extension

Dear Gentlemen;

In order to process the award of bid/contract resulting from this bid, the County is required, as of January 1, 2016, to comply with Texas Government Code, §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed Certificate of Interested Parties Form 1295, to the County before the County may enter into a contract with the business entity.

In order for County staff to process the above referenced bid, you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of Form 1295, provide Reference No.: E-13-264-08-27 shown above. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to maintain the schedule for presentation to Commissioners' Court Meeting on July 05, 2016, the signed notarized Form 1295 must be received in our office completed via fax to (956) 292-7612 or via email to yolanda.velasquez@co.hidalgo.tx.us on or before Friday, June 24, 2016. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yzv

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 22, 2016

GTL/Value Added Communications, Inc
Mark Turner, President
12021 Sunset Hills Rd, Ste 100
Reston, VA 20190

rfp@vaci.com and corby.kenter@gtl.net

Re: Sixty (60) Day Extension to Contract #E-13-264-08-27 "Inmate Pay Telephone Services"

Dear Gentlemen:

Commissioners' Court will take applicable action on **(Tuesday, July 05th)** in connection with the Hidalgo County's option to exercise the **Sixty (60) Day** grace period as stated in the current contract in place while the procurement process is completed under the same rate, term and conditions.

Please acknowledge receipt of this notice of extension by signing below and returning to the Purchasing Department by no later than Friday, June 24, 2016. Via email attn: yolanda.velasquez@co.hidalgo.tx.us.

By: _____ Date: _____

Additionally, we are requesting your company provide an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bids, Quotes, Proposals, Statement of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at 956-292-7000 extension 4881. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Department

xc: file

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

RECEIVED SEP 08 2015 1:10pm

PRODUCER	CONTACT NAME:	
Aon Risk Services South, Inc. Atlanta GA Office 3565 Piedmont Rd NE,Blg1,#700 Atlanta GA 30305 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE		NAIC #
GTEL Holdings, Inc; Global Tel*Link Corp VAC Holdings, Inc. Value-Added Communications, Inc. 107 St. Francis St., 32rd Floor Mobile AL 36602 USA	INSURER A:	Great Northern Insurance Co.	20303
	INSURER B:	Federal Insurance Company	20281
	INSURER C:	Chubb Indemnity Insurance Co.	12777
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570059197467 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			35833545	09/01/2015	09/01/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	X Deductible - Each Claim $1,000						MED EXP (Any one person)	$10,000
	X Errors and Omissions - Claims Made						PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY [X] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:						Errors & Omissions	$1,000,000
A	AUTOMOBILE LIABILITY			7353-38-39	09/01/2015	09/01/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
B	X UMBRELLA LIAB X OCCUR			79839962	09/01/2015	09/01/2016	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			1671725786	09/01/2015	09/01/2016	X PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Hidalgo County is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability policy.

CERTIFICATE HOLDER

Hidalgo County
Attn: Purchasing Department
2812 S. Highway, Bus 281
Edinburg TX 78539 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services South Inc

Holder Identifier :

Certificate No : 570059197467

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Hidalgo County Purchasing Office
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

DATE: July 11, 2016

_____

_____

_____

_____

Re: **HIDALGO COUNTY DEPARTMENT**
Request for Proposals –**"Inmate Pay Telephone System & Services "**
RFP NO: 2016-097-07-27-YZV

Dear Respondents:

Enclosed please find a Request for Proposals (RFP) packet for you review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the RFP process.

If any further assistance is required, please do not hesitate to call the Purchasing Department at (956) 318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yzv

Enclosures

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

REQUEST FOR PROPOSAL (RFP)

TABLE OF CONTENTS

HIDALGO COUNTY-Sheriff's Office

"Inmate Pay Telephone System & Services"
RFP NO: 2016-097-07-27-YZV

ITEM	DESCRIPTION	NO. OF PAGES
1.	**Request for Proposal Letter**	**1**
2.	**Request for Proposal , Legal Notice**	**8**
3.	**Exhibit A & A-1, Requirements/Scope of Services**	**40**
4.	**Exhibit B, Evaluation Form**	**2**
5.	**Exhibit C, Insurance Requirements,**	**4**
6.	**Exhibit D,CIQ Conflict of Interest Questionnaire**	**2**
7.	**Exhibit E, Proposer's Affidavit**	**1**
8.	**Vendor/Bidder Application and W-9 form**	**6**
9.	**Certification Regarding Debarment**	**1**
10.	**Draft Requirements Agreement**	**14**

The above mentioned items shall be found in the Request for Proposal (RFP) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

July 11, 2016
Date

REQUEST FOR PROPOSALS

Hidalgo County-Sheriff's Office
Edinburg, Texas

"Inmate Pay Telephone System & Services"
(All funding sources)

July 27, 2016 @ 9:30 a.m.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Administration Building
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

(956) 318-2626

1) Sealed proposals will be received for **"Hidalgo County-Sheriff's Office- Inmate Pay Telephone System & Services",** in accordance with the requirements attached hereto as Exhibit "A." Proposals should address all requirements set forth. Proposers may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the requirements. Hidalgo County reserves the right to reject the deviation and its effect on the overall proposal.

2) **One (1) original and seven (7) copie**s of all RFPs are required, with the vendor's name and address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **RFP NO: 2016-097-07-27-YZV -Hidalgo County-Sheriff Office "Inmate Pay Telephone System & Services"** and in County's Purchasing Department, **physical address:** 2802 S. Business Hwy. 281; **mailing address:** 2812 S. Hwy. Business 281, New Administration Building, Edinburg, Texas, **on or before 9:30 a.m., Wednesday, July 27, 2016.**

NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFP RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO: RFP NO: 2016-097-07-27-YZV - Hidalgo County-Sheriff Office- Inmate Pay Telephone System & Services"

Hidalgo County reserves the right to refuse and reject any/all proposals and to waive any/all formalities or technicalities, or to accept the proposal considered the best and most advantageous to Hidalgo County.

3) Hidalgo County reserves the right to: **A.** separate and accept, or eliminate any item(s) listed under this proposal that it deems necessary to accommodate budgetary and/or operational requirements; **B.** reject any or all proposals submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal for approval. Receipt of any proposal shall under no circumstances obligate County to accept the lowest dollar proposal and; **C.** Award of this contract shall be made to the responsible offeror whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors as herein set forth.

4) Failure of the delivered item(s) to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible proposer, or to reject all proposals and re-advertise.

5) For work to be performed at a County owned or operated location, each proposer shall, in its sole discretion, visit the job site before preparing the proposal and thoroughly familiarize himself/herself with existing conditions. Proposer should take field dimensions and note all circumstances which affect the dollar amount of the proposal.

6) Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, proposers are required to include illustrations, specifications, explanation of warranties, and service data with their proposal including catalogue numbers and any necessary references.

7) No proposal may be withdrawn within sixty (60) days from the scheduled time to open proposals.

8) Proposed prices are to remain firm for a minimum of ninety (90) days after priced proposal opening.

9) Any interpretations, amendments, corrections or changes to this proposal document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Proposals. Proposers shall acknowledge receipt of all addenda as a part of their proposal.

10) County reserves the right to accept or reject any or all proposals.

11) Costs are to be net F.O.B., County Prepaid.

12) County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.

13) Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a proposal or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.

14) Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.

15) DELIVERY INSTRUCTIONS FOR GOODS AND SERVICES: (If applicable)

- No deliveries accepted after 3:00 P.M., Monday-Friday.
- At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, CPPB, Purchasing Agent before delivery will be accepted.
- If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, CPPB, Purchasing Agent
(956) 318-2626

16) BILLING AND PAYMENT INSTRUCTIONS:

- Invoices must include:
  a) Name and address of successful proposer
  b) Name and address of receiving department or official
  c) Purchase Order Number and Contract Number (if any)
  d) Notation-"**Hidalgo County-Sheriff's Office- Inmate Pay Telephone System & Services "**
  e) Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

Hidalgo County Auditor's Office
Ray Eufracio, County Auditor
2808 S. Business Hwy. 281
Edinburg, TX 78539
956-318-2511

17) SCHEDULE OF EVENTS:

Proposal Acceptance Date Opening, 9:30 A.M.	**July 27, 2016**
Award of Contract:	
Commence Service or Products:	

18) BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT(IF APPLICABLE):

- If the contract proposed is for the construction of public works or is for a contract for goods and services exceeding $100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. **All participants are required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR76. Register at SAMs System for Award Management @ www.sam.gov**

- ~~Together with the signing of a contract or issuance of a purchase order following the acceptance of a proposal, and prior to commencement of the actual work, the proposer shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds $50,000.~~

- ~~If the contract is for $50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.~~

- ~~If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars ($25,000.00), as required by Tex. Govt. Code Ch. 2253.~~

- ~~For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.~~

19) **ETHICAL STANDARDS:**

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20) DISCLOSURE OF CONFLICT OF INTEREST:

- Effective **January 1, 2016**, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as **Exhibit D**, the vendor, person consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful Proposer fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Complete Form CIQ must be sumitted to the Hidalgo County Clerk's Office located at 100 North. Closner, Edinburg, Texas 78539-Hidalgo County Courthouse.

COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE PROPOSER. QUESTIONS REGARDING COMPLIANCE SHOULD BE DIRECTED TO YOUR LEGAL COUNSEL.

21) CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)

- **As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFP packet. In accordance with these requirements, business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFP Project No.2016-097-07-27, as shown on the packet. Once completed and filed with**

the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office either by facsimile transmission to (956) 292-7612 or via email to: yolanda.velasque@co.hidalgo.tx.us. Hidalgo County cannot enter into a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

https://www.ethics.state.tx.us/tec/1295-Info.htm

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

22) If, during the life of any contract or proposal awarded, the successful proposer's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

23) Proposals, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

24) Minimum Standards for Responsible Prospective Proposers: A prospective proposer must affirmatively demonstrate proposer's responsibility. A prospective proposer, by submitting a proposal, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the proposal;
- Be able to comply with the required or proposed delivery schedule;
- Have a satisfactory record of performance;
- Have a satisfactory record of integrity and ethics;
- Be otherwise qualified and eligible to receive an award.

25) Successful proposer will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful proposers' officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.

26) Any contract award to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.

27) County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County. In the event of breach or default by successful proposer; County reserves the right to terminate any contract immediately in the event a successful proposer fails to:

A. Meet schedules;

B. Pay any required fees or taxes; or
C. Otherwise perform in accordance with the requirements.

28) Successful proposer shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful proposer, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful proposer indemnifies and will indemnify and save harmless County from liability, claim or demand on their part, agents, servants, customers, and/or employees whether such liability, claim or demand arise from event or casualty happening or within the occupied premises themselves or happening upon or in any of the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful proposer shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful proposer's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods or services provided by successful proposer.

29) Successful proposer shall warrant that all items/services shall conform to the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Proposals shall be subject to County's approval Items found to be defective or not meeting specifications shall be replaced by successful proposer within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.

30) This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.

31) The successful proposer shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

32) Proposers shall provide with the proposal response, a list of at least three (3) references where like services have been supplied by their firm. Include the name of the business or government, address, telephone number and name of representative or contact person.

33) Proposers must provide **all** documentation requested with this Proposal in their response. Failure to provide this information may result in rejection of the proposal as non conforming.

HIDALGO COUNTY
(all funding sources)
"Inmate Pay Telephone System & Services"

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned proposer proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned proposer further agrees, upon acceptance of its proposal, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Proposer acknowledges receipt of all of the pages of the documents referenced in the Request for Proposal Checklist presented in connection with this procurement. Proposer understands that Hidalgo County reserves the right to reject any or all proposals and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal.

Proposer agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving proposals, as contained in the Requirements.

Respectfully submitted,

FIRM: _____

ADDRESS: _____

BY: _____

PRINT NAME: _____

TITLE: _____

EXHIBIT "A"

HIDALGO COUNTY ADULT DETENTION FACILITY
"INMATE PAY TELEPHONE SYSTEM & SERVICES"
REQUEST FOR PROPOSALS
RFP NO: 2016-097-07-27-YZV

Hidalgo County is seeking sealed proposals from qualified vendors to provide telephone equipment and services for LOCAL, INTRALATA, INTERLATA COINLESS **"INMATE PAY TELEPHONE SYSTEMS AND SERVICES FOR THE HIDALGO COUNTY ADULT DETENTION FACILITY".** The Hidalgo County Purchasing Department will receive sealed envelopes containing proposals for the provision of "Inmate Pay Telephone Services for the Adult Detention Facility" as specified herein. Sealed proposals will be accepted until **9:30 a.m., Wednesday, July 27, 2016**. **ANY RFP RECEIVED AFTER THAT DATE AND TIME WILL NOT BE ACCEPTED AND WILL BE RETURNED UNOPENED.**

Deliver Submittal to:

RFP № **2016-097-07-27-YZV**
Martha L. Salazar, CPPB, H.C. Purchasing Agent
Hidalgo County New Administration Building
2802 So. Business Hwy 281
Edinburg, Texas 78539

The Submittal Envelope Must Show:

RFP № 2016-097-07-27-YZV
Hidalgo County – Adult Detention Facility
"INMATE PAY TELEPHONE SYSTEM & SERVICES"

ADDITIONAL INFORMATION: Hidalgo County is requesting that sealed proposals be routed to Martha L. Salazar, CPPB, Purchasing Agent, at 2802 So., Business Hwy 281, New Administration Building, Edinburg, Texas 78539. **NO FACSIMILES OR LATE ARIVALS WILL BE ACCEPTED ANY PROPSAL RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAKE WITH REFERENCE TO: "RFP № 2016-097-07-27-YZV HIDALGO COUNTY ADULT DETENTION FACILITY "INMATE PAY TELEPHONE SYSTEMS & SERVICES"**

WRITTEN QUESTIONS WILL BE ACCEPTED VIA FACSIMILE OR VIA EMAIL TO yolanda.velasquez@co.hidalgo.tx.us **BY NO LATER THAN Wednesday, July 20, 2016 at 5:00 p.m. at (956) 318-2629. Responses will be sent to all applicants via facsimile by Friday, July 22, 2016. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

PROPOSER'S AFFIDAVIT:
Respondents to this RFP must submit a signed Proposer's Affidavit (attached herein in Exhibit "E" certifying that the submission is **(1)** not the result of Collusion as described in the Proposer's Affidavit; **(2)** that the Respondent does not have a Conflict of Interest as described in the Proposer's Affidavit; or **(3)** that the Respondent has not and will not attempt to lobby directly or indirectly as described in the Proposer's Affidavit.

NON-COLLUSION:
Submitters, by submitting the signed Proposer's Affidavit, certify that the accompanying submission is not the result of, or affected by, any unlawful act of collusion with any other person or provider engaged in the same line

of business or commerce, or any other fraudulent act punishable under Texas or United States Law.

NON-DISCRIMINATION:
Submitters, during the performance of this contract, will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin or disability except where religion, sex, national origin or disability is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

PROCESSING TIME FOR PAYMENT:
Submitters are advised that a minimum of thirty (30) days is required to process invoices for payment.

ELECTRONIC TRANSMISSION OF BIDS:
Hidalgo County's Purchasing Department will not accept telegraphic or electronically transmitted submissions.

PROOF OF FINANCIAL AND BUSINESS CAPABILITY:
Submitters must, upon request, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these requirements. Hidalgo County will make the final determination as to the submitter's ability.

SUBMITTER DEFAULT:
Hidalgo County reserves the right, in case of submitter default, to procure the articles or services from other sources and hold the defaulting submitter responsible for any excess costs occasioned thereby.

RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:
It is the responsibility of the submitter to thoroughly review the Request for Proposal (RFP) packet and to notify the Purchasing Department if the requirements are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the requirements or proposal procedures must be received in the Purchasing Department not less than seventy-two hours prior to the time set for the opening. These criteria also apply to requirements that are ambiguous.

HAND DELIVERED PROPOSALS:
Hidalgo County requires submitters, when hand delivering proposals, to make sure that it is stamped with date and time by the County Purchasing Staff.

SIGNING OF PROPOSALS:
In order to be considered all submittals **must** be signed. **Please sign the original in blue ink**.

WAIVING OF INFORMALITIES:
Hidalgo county reserves the right to waive minor informalities or technicalities when it is in the best interest of Hidalgo County.

SUBCONTRACTING:
The successful submitter may not subcontract the award without the written consent of the Commissioner's Court of Hidalgo County.

TERM:
The initial term shall be for a period of two (2) years, with contract commencing upon termination of current contract and with the County's option to extend for three (3) additional one (1) year terms under the same rates, terms and conditions and/or scope of services. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day "Grace Period" at the end of the contract term for unforeseen delay of award for next contract term.

REQUEST FOR PROPOSALS:

The required contents and limitations for the preparation of the RFP are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFP. A total of **one (1) original and ten (10) copies** of the RFP shall be submitted to the address on the cover letter.

SITE VISIT (WALK-THRU) PRESENTATIONS, DEMONSTRATIONS AND TESTING

A pre-proposal conference (walk thru) will be held at the County of Hidalgo Adult Detention Facility located at 711 El Cibolo Rd. in Edinburg TX. 78504 on **Monday, July 18, 2016 at time 2:00 P.M. at this time the Presentations/Demonstrations will be scheduled.**

IT IS UNDERSTOOD that Hidalgo County reserves the right to reject any or all proposals as it shall deem to be in the best interest of the County. The award of this contract shall be made to the responsible offeror whose proposal is determined to be the best evaluated offer resulting from negotiation taking into consideration the relative importance of commission rates, services and other evaluation factors set forth in the request for proposals.

APPLICABLE LAWS

The contract shall be constructed according to the laws of the STATE OF TEXAS and Hidalgo County. The contractor shall comply with all local, state and federal laws and regulations related to the performance of the contract, the awarded, is performable in Hidalgo County.

QUESTIONS REGARDING THIS R.F.P.

Hidalgo County is bound by statements made or information given during the procurement consideration and award ONLY when such statements or information are written and executed under authority of Hidalgo County Commissioner's Court.

This provision exists solely for the convenience and administrative efficiency of Hidalgo County. No proposer or other third party gains any rights by virtue of this provisions or the application thereof, nor shall any proposer or third party have any standing to sue or cause an action arising here from.

PERFORMANCE BOND

The successful bidder must furnish a performance bond in the form of a bond issued by a surety company authorized to do business in the State of Texas, a Cashier's Check or Irrevocable Letter of Credit issued by a Federally insured banking institution to the County of Hidalgo within ten (10) calendar days after award of the contract, and prior to any installation work or equipment delivery. The performance bond must be made payable to Hidalgo County in the amount of **TWENTY THOUSAND DOLLARS ($20,000.00)** and will be retained during the full period of the contract and/or renewals. No personal or company checks are acceptable. The contract number and dates of performance must be specified in the performance bond. In the event that Hidalgo County exercises its option to extend the contract for an additional period, the contractor shall be required to maintain the validity and enforcement of the bond for the said period, pursuant to the provisions of this paragraph, in an amount stipulated at the time of the contract renewal.

AMERICAN WITH DISABILITIES ACT

In connection with the furnishings of goods and services under this contract, the Vendor and Vendor's subcontractors shall comply with all applicable requirements and provisions of the American with Disabilities Act (ADA).

ASSIGNMENT OF CONTRACT

The services to be performed by the Vendor shall not be assigned, sublet, or transferred without prior written approval of the County, nor shall the Vendor assign any monies due or to become due to him under any contract entered into with the County pursuant to these specifications, without prior written approval of the County

TERMS AND CONDITIONS

The County reserves the right to accept and/or reject any or all proposals, with or without cause, to waive any technicalities, or to accept the proposal which, in its sole judgment, best serves the interest of the County, or to award a contract to the next most qualified proposer if a successful proposer does not execute a contract within fifteen (15) days after the award of the proposal.

The County reserves the right to request clarification of information submitted and to request additional information from one or more proposers. The decision of the County is final and binding.

Proposal must be valid for ninety (90) days and shall constitute an irrevocable order to provide the products and services set forth in the Request For Proposals until one or more contracts have been awarded.

All costs and expenses associated with the preparation and submission of proposals shall be the responsibility of the submitter and no reimbursements for such charges or expenses shall be passed on to the County.

All compensation to the county will be in the form of monthly commission payments only. No signing bonuses, equipment, gifts, or favors of any kind will be considered or accepted. Offering of such items may cause your proposal to be rejected and eliminated from consideration.

All records, documents and information collected and/or maintained by others in the course of the preparation of this proposal shall be made accessible to the County for purposes of inspection, reproduction, and audit without restriction. The proposed Vendor shall agree that the County or its designees may audit, examine, and copy any and all books, records, and information relating to the proposed Vendor's services at no additional cost to Hidalgo County. Also the proposed vendor must maintain all records until the contract is awarded.

INSURANCE AND LIABILITY REQUIREMENTS

Successful vendor shall defend, indemnify and save harmless Hidalgo County and all its elected officials officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from proposal award. Successful vendor shall pay any judgment and costs which may be obtained against Hidalgo County growing out of such injury or damages.

CAUSE FOR TERMINATION

In the event that the Vendor shall fail to perform, keep and observe any of the terms, covenants and conditions of the contract to be performed, the County shall give the Vendor written notice of such default and in the event said default is not remedied to the satisfaction and approval of the County within thirty (30) calendar days of receipt of such notice by the Vendor, the Vendor shall have no right to further perform under this contract.

The County, at its sole discretion, may terminate this contract, if in the County's opinion, the Vendor is carrying out the terms of the Contract in an unreasonable, unprofessional, or unworkmanlike manner. Said termination notice for this particular reason shall occur upon the provision of written notice at least thirty (30) calendar days in advance of the date of the proposed termination.

Should the Vendor for any reason become unable to complete the work called for by virtue of the Agreement for Inmate Telephone Service, the County may, in its sole discretion, call the performance bond due, in full, as and for such nonperformance, and/or as liquidated damages.

VENDOR SELECTION CHALLENGE

If a vendor should desire to challenge the County Commissioners' award decision for this RFP, the appealing vendor shall post a bond, naming Hidalgo County as the protected party, in the amount of Fifteen Thousand Dollars ($15,000.00). This bond will be forfeited to Hidalgo County in the event the appeal is denied. Further,

the appealing vendor shall bear all costs of the appeal process and all costs to provide any temporary Inmate Telephone Service.

HISTORICAL DATA APPROACH

Describe how your firm plans to approach this project to ensure your work meets and continues to provide for the needs of the County as expressed in the list below and the Scope Of Work section.

1) Fully describe the installation requirements necessary for your proposed equipment and services.

2) What environmental conditions must be in place for your equipment to function properly?

3) Vendor must submit an implementation plan containing all steps and time frames for installation of telephone sets, common equipment, local access lines, long distance carrier service, and any other factors affecting the installation process. (Fully documented Pert/Gnatt charts are acceptable.) This implementation plan will become a part of the contract and must be followed. All telephones must be "cut over" operational and removed within five (5) working days of the proposed cut over date.

4) Use of existing or in-place conduit, raceways, cable ways, cable, inside wiring, telephone set mountings, switches, terminal boxes, and terminals within the facility are at the risk of the contractor. No exposed wiring will be permitted. Ownership of any wiring or conduit placed under by the successful bidder, becomes the county's upon termination and/or expiration of contract.

5) Please explain how your company provides remote diagnostics, programming, polling and system alarm reporting.

6) The successful bidder must provide all necessary labor, parts, materials, and transportation to maintain all inmate telephones in good working order and in compliance with the equipment manufacturer's specifications throughout the life of the contract. No charge may be made to Hidalgo County for maintenance of the system. The Vendor will provide, at no cost to Hidalgo County, any system upgrades, or additional features developed in a timely manner as required by the County.

7) For repair service, the Vendor must respond by arriving on premises anytime during a twenty-four (24) hour per day basis, three hundred and sixty-five (365) days of the year. All repairs or replacements must be started within four (4) hours following a service request. A complete list of contractors/subcontractors managers, administrators, technicians, etc.. must be provided to Hidalgo County. This includes a complete list of business, cellular and beeper numbers; the Vendor's management home and emergency phone numbers must also be furnished. Provide a copy of your current repair procedure policy for both normal maintenance and emergency outages.

8) A toll-free reporting number, answered twenty-four (24) hours a day, 365 days a year, must be provided to Hidalgo County for trouble reporting and service requests.

INMATE CALLING SYSTEM SPECIFICATIONS

This section of the Request for Proposal (RFP) shall set forth the technical specifications for the service and equipment sought in this invitation. All items using the terms "must". "shall", or "will" are considered mandatory. Failure to fully comply with such items will be considered appropriate grounds for proposal rejection. Items using the terms "may" or "should" are deemed to be desirable features, but not mandatory requirements. All bidders must address each and every item individually with a complete response detailing how the proposed equipment meets the specification.

1.0 PHYSICAL INSTALLATION REQUIREMENTS

Proposer should include all equipment, including telephone sets, necessary for the operation of the Inmate Telephone System and insure that said equipment for the system meets all applicable regulations.

Although a minimum of space is available for installation, all Inmate Call Processors shall be of the design specified for "on site" installation

A. The Inmate Call Processor (ICP) shall be of compact design requiring a minimum of wall and floor space. Bidder must submit a scale drawing of the installed space required.

B. Each ICP managing up to fifty-three (53) inmate phones shall be powered by no more than a single, standard, unconditioned, 115-volt, 60Hz power source drawing no more than 300 watts.

C. Each ICP shall be equipped with an internal IJL listed power supply that is tolerant of line transients, momentary surges, and short duration *drop such* that inmate phone operation continues in the presence of such common disturbances. No auxiliary 115 volt power cords, external power supplies, or AC-to-DC converters shall be required to support the system.

D. All wiring and connections to the ICPs shall be made using vendor supplied standard, 66-type punch-down termination blocks that provide up to 25 wire pairs of station, trunk and modern line connections. Only the termination blocks shall be allowed to be mounted on the **walls** of the equipment room.

E. Each ICP must utilize external cabling, (outside of the ICP cabinet) to accommodate a single heavy gauge water pipe or lightning strike ground for the JCPs and any lightning protection components inside. NO external fuses or other user-replaceable protective devices shall be required or permitted on power, modem, station or trunk wiring.

2.0 BASIC SYSTEM FUNCTIONAL REQUIREMENTS

A. The ICP must provide fully automated collect calling without the need for live operator intervention or the use of central office-based automated operator technology.

B. Inmate Telephone Compatibility

The inmate call processor shall be able to connect to any standard telephone instruments with a hook switch, handset and 12 button keypad including "ruggedized"; line-powered- telephones specifically designed for use in correctional facilities.

C. Voice Prompts and Messages

The ICP shall offer clear and concise voice prompts in both English and Spanish. Voice prompts must be given in short sentences with meaningful instruction for operation of the System. Beeps, tones' and other non-voice sounds shall not be permitted as substitutes for Voice instructions, except when standard sounds such as dial tone,

ringing, busy signals, on-hold and intercept tones are appropriate. Phone signature, printed hand-outs, and video training tapes are not an acceptable alternate to a complete range of voice prompts and messages.

D. Fraud/Abuse Control

The ICP must include the following fraud control features:

Inmate switch-hook detection (and subsequent disconnect) during connected call period. Call detail reports must reflect reason for disconnect.

Voice overlay recording alerting called party and any conference-in 3rd party, that they are speaking to an inmate from a correctional facility. Overlay recording must be random and remotely adjustable for optimal fraud prevention.

Incoming call block. The ICP must not respond to incoming ring signaling on any of its trunks used for placing the outbound inmate collect calls. No signaling or ringing of the inmate station phones shall result from an incoming ring on a trunk.

Sound Path Options - The ICP must allow for blocking or allowing the sound path to the *inmate* phone during call placement and during the time when the ICP is requesting acceptance of the collect call charges. If the sound *path* is blocked, the inmate will be given call progress tones to indicate that the call is being connected until such time as positive acceptance is detected and the voice path is opened.

Frequently Called Number Blocking - The ICP must provide for blocking of call attempts is to a specified for a specified item for a specified time once a specified threshold is met. This threshold must be remotely or locally programmable upon demand.

Live Operator Access Blocking - Access to alive operator must be blocked at all times without exception.

Call Blocking - The ICP must have the capacity to block 500,000 specified telephone numbers or groups of numbers from inmate access. This feature must be remotely programmable.

E. Operating Hours Limitation

The ICP must offer flexible control over the operating hours of each inmate phone. This feature must be remotely programmable.

F. Call Duration Limitation

The ICP must offer flexible control over the duration of each inmate call. This features have the ability to specify call duration by call type. This feature must be remotely programmable.

G. Positive Call Acceptance

The ICP must not deem a call to be accepted until such time as the call recipient acknowledges receipt by dialing a system-recognized digit on a touch-tone or rotary telephone. The ICP must be able to distinguish such a signal from line noise such as

"pops" of "clicks" (i.e. answering machines.) Voice recognition is not an acceptable from of positive acceptance.

H. Inmate Identification Option

The ICP must allow for the use of inmate identification numbers as an alternate method of inmate call control. This feature must allow the facility to select the length of the ID code which may be anywhere between four and twenty digits in length. Each PIN must be identified by an "allowed" calling list and must also have the option of functioning with an open calling list that works in conjunction with the blocked list feature. In addition, the PIN feature must be flexible enough to easily allow its use on specified phones only-without the need for additional equipment or external devices.

I. On-Site Administration

If desired, the ICP must have an option which allows for an on-site administration terminal.

This terminal must have the following features:

It must be connected to the ICP via a commercially available, reliable, high-speed, Novell-Type LAN.

Its operational status must not affect the ICP's normal operations in any way.

It must allow for multi-level passwords.

It must allow facility personnel to manage call block lists and disable inmate phones on a real time basis.

It must allow facility personnel to enable free calls to specified numbers (legal aid, etc.)

The installation must allow for multiple administration terminals if needed.

Data entry and retrieval of *records* in ASCII formatted files from each station.

J. Monitoring and Recording

The ICP must provide an option for audio monitoring of inmate calls and for selective call recording. Such monitoring and recording options must be able to be administered from the ICP administrative terminal without the need for multiple administrative terminals.

Monitoring and Recording must be disabled for specified "privileged" calls to attorneys without the need for additional external equipment to perform this screening function.

Every collect phone call shall have a recording, telling the called party exactly what they will be charged for the call. This must be in English and Spanish.

County is asking for two (2) workstations - one (1) to be located in Internal Affairs (IA) and one (1) in Central Control for emergency shutdowns, etc. and will further require remote access for additional jail personnel on their county owned computes.

Recorded calls must be easily retrievable and must be archived on a reliable digital media such as DAT Cassette tapes.

Must offer specialized remote monitoring stations with call detail viewing capability and silent monitoring of selected conversations. Such stations must be appropriate for use in specialized settings such as guard towers and security monitoring stations.

Web secured access required. Currently we have access to the system to find out where they made the call from how long, and when via the internet.

K. Trunk Switching and Call Routing

To minimize the cost of providing service to the facility, bidders are to utilize only the quantity of trunks Justified by the actual facility traffic. Busy hour grade of service shall be P.02 or better. The equipment *to* perform this concentration function must be an integrated feature of the IPS. **NO EXTERNAL ROUTING DEVICES** (such as PBX equipment or the like) may be used. Integrated trunk selection that is to the ICP is the only acceptable means of accomplishing this feature.

3.0 MAINTENANCE AND SUPPORT

The proposed equipment must be fully supported by remote maintenance. This must include the ability to test trunks and phones and to place test calls without sending a technician to the site. For security reasons, site repair visits must be kept to an absolute minimum with most repairs and service issues being resolved via remote access.

Other Maintenance and Support Requirements Include:

A. Remote diagnostics and repair without affecting calls in progress or system operations

B. Automatic 24 hour trunk disable when trunk out of service condition encountered.

C. 24 hour. 365 day repair and maintenance assistance.

D. System must NOT require on-site intervention for re-boot.

E. System must not require replacement of fuses, batteries, and other peripheral hardware.

4.0 CALL DETAIL REPORTING AND STORAGE

The ICP must provide for on-site storage of call detail information. Other requirements include:

A. On-site storage capacity of up to one (1) year's worth of call records

B. Real-time call activity viewing capability

C. Real-time reporting of stored activity

D. Automatic call record protection via nightly polling.

E. Flexible call detail reporting by PIN, dialed number, phone, or trunk

F. Each record must include call result detail in easy-to understand terms. For example: Busy, No Answer, Normal Call Ending, Time Expiration, etc....

G. Retention of call detail in the event of a power failure

H. Storage of records and call recordings can be stored at your facility and "online". County also requires backup for Redundancy, Emergencies and Shutdowns and when down time has occurred with our T1's or internal problems with out internet.

5.0 PROPOSER'S EXPERIENCE

Proposers must have extensive positive experience with the provision of inmate phone services to similar institutions. Specifically:

A. Proposers must provide five correctional facility references that currently utilize the proposed equipment for inmate calling. Contact names and telephone numbers must also be provided.

B. Proposers must provide a list of all Texas correctional facilities previously served and the reason they are no longer customers. Contact names and telephone numbers must also be provided.

C. Proposers must provide the following information for the ICP manufacturer: total number of inmate phone system in service, average number of months in service, and the average number of phones per site for the manufacturer's entire customer base.

D. Proposers must clarify its relationship with the manufacturer as it pertains to the ability to support the proposed hardware and software throughout the contract term and any extensions thereto.

UNBILLABLE CALLS

The selected Vendor shall not charge or bill for incomplete or non-accepted collect calls. The County will not be responsible for any unbillable, uncollectible, or fraudulent telephones calls nor shall any revenues be deducted from the county's commission in payment for such calls. The selected Vendor will bear sole responsibility for the collection of such calls and the costs associated with the collection. No calls will be blocked because of the lack of a billing agreement with a local exchange carrier. Universal calling and billing of all calls is required within the Continental United States.

Prepaid Collect System must be able to allow for pre-paid collect calls. Funds will be paid into commissary account and credit issued through call processing equipment.

Prepaid Debit System must be able to allow for prepaid debit card.

COMMISSION AMOUNT AND PAYMENT

The selected Vendor will pay commissions to Hidalgo County a firm, fixed percentage of gross revenue on **ALL** calls originated from the Hidalgo County Jail Facilities. **APPENDIX A, PROPOSAL RESPONSE SHEET** provides space to record the percentage of commission to be paid on each call. Gross revenue is defined as the total revenue earned from usage charges **BEFORE** operational costs are deducted. That is, total revenue due from customers before uncollectible, billing fees, or any other costs or payments to suppliers are disbursed.

Commission will be due and payment expected by the twenty-fifth (25) day following the last day of the month in which the call generating the revenue is completed.

COSTS TO THE COUNTY

There will be no one time, monthly, or reoccurring costs for facilities rearrangement, Vendor reimbursable expenses, line or access charges to the county for any reason.

Costs of RFP response, preparation, production, handling, administration, and delivery shall be borne by each responding company and at no time chargeable to the County.

The company selected will be required to furnish lien releases for any / all equipment and services provided for the county.

All costs and expenses associated with the preparation and submission of (bids, proposals and/or quotes) shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed onto the Hidalgo County.

LIEN AND ACCESS CHARGES

The selected Vendor will pay all line charges, access charges, billing charges, special equipment charges, fees levies, service
connected charges and/or any other assessed in connection with the provision of this service with no deductions allowed from the monthly commission payment. No charges for this service shall be processed through the County and the County cannot be included or in anyway held responsible for the selected Vendor's non-payment of line and access charges.

CUSTOMER SERVICE

Each respondent shall provide a description of its customer servicing provisions including procedures used to handle customer complaints and average length of time to resolve the complaint. Describe the procedure used to reimburse the customer for incorrect billings and include the minimum and maximum length of time to effect this reimbursement.

REQUIRED MONTHLY REPORTS

The selected Vendor shall provide the County the option of receiving reports on High Density diskettes and/or paper each month. These reports will be generated in time to arrive at the County's office no later than the twenty-fifth day following the close of the monthly report period. The format and style and make-up of the report will be determined after contract award. One (1) copy of all reports will be sent to the Hidalgo County Auditor and one (1) copy of each report will be sent to the Hidalgo County Sheriff. Operating software to utilize reports furnished on diskette will be at no cost to the county. Suitable training to facility personnel will also be provided by the selected Vendor at no cost to the County.

USAGE REPORTS

Reports showing the following for each monthly period will be required:

- Total minutes of usage by individual telephone
- Total minutes usage for the Facility
- Total minutes usage by calendar date
- Total call revenue dollars billed (Collected or Not)
- Total surcharge dollar amount billed
- Total dollar amount due the County based upon contractual agreement
- Summary usage of all calls from all telephones in minutes
- Summary usage showing total number of calls placed during period
- Total dollar cost billed per telephone

MONTHLY DETAIL CALL RECORD REPORT
This report will be a verbatim listing of the individual call record detail listing the following:

Originating Cell Location Number
Terminating Telephone Number
Time of Call Origination
Duration of Call
Date of Call
Cost of This Call (Including surcharge, less taxes)

MONTHLY MAINTENANCE AND REPAIR RECORD
This report will show the following items each month:

Number of troubles received
Number of troubles cleared
Description of the troubles cleared
Number of troubles pending disposition
Average clearing time on closed cases

ADDITIONAL SPECIFICATIONS:
Location – GPS watch list:
Alert investigator of inmate making a call to a specific number or person and plotting GPS coordinates on map of a number or person.

24 hours support
Log in access from any computer
User auditing system
Alert on 3 way calling
Live call monitoring
Scheduler shut down, Emergency shut down
Notification of a call
Biometrics
Photo Recognition
Iris & Voice Recognition:
Be able to identify inmate by iris, voice, fingerprint and camera (pin#)
Calling Cards
Record and monitoring of inmates calls from all cells
Be able to record and monitor inmate calls made during visitation booth
Be able to record and monitor inmate calls made from booking
Be able to identify inmate by voice recognition, fingerprint, camera, (pin #)
Be able to copy recordings to CD's to be used as evidence in court
Be able to block telephone numbers where inmate is harassing caller
For investigative purposes, able to log in to system from any computer using web interface or implement through active directory.
Have a data base large enough to keep recorded calls for an extended period of time (2-3 years)
Option to have hardware and equipment at vendor's facility.
Two (2) extra rolling cards (as spare)
Detention Center has 109 visitation booths

APPENDIX A

PROPOSAL RESPONSE SHEET

HIDALGO COUNTY ADULT DETENTION FACILITY

"INMATE PAY TELEPHONE SERVICES"

_____. Inmate Telephone Vendor hereby agrees to bid and pay Hidalgo County the following monthly, flat-rate commission payment for the business opportunity to install, service, and collect inmate telephone call **fees** at the Hidalgo County Jail. This payment is based upon the **GROSS BILLED REVENUE.**

A. Monthly Telephone Flat Rate Revenues for **LOCAL SERVICE (Enter percent in both words and numerically)**

Percent of monthly **GROSS BILLED** revenue from all installed telephones:

Percentage offered in words: _____ %

Numerical Percentage offered: _____ %

B. Monthly Telephone Flat Rate Revenue for **LONG DISTANCE SERVICE (Enter percent in both words and numerically)**

Percent of monthly **GROSS BILLED** revenue from all installed telephones:

Percentage offered in words: _____ %

Numerical Percentage offered: _____ %

C. Provide your definition of **GROSS BILLED REVENUE** in the following terms.

Billed Charge Any **GROSS BILLED**

For A Cell **Deductions** **REVENUE**

_____ LESS _____ = _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE №: _____ **FAX №:** _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____ **EMAIL:** _____

APPENDIX B

HIDALGO COUNTY

HIDALGO COUNTY ADULT DETENTION FACILITY

"INMATE PAY TELEPHONE SERVICES"

REQUEST FOR PROPOSAL

1. The following data constitutes the response dated _____, 20___ to the Hidalgo County Inmate Telephone Services RFP, dated _____, 20_____, from located at _____, telephone number (956)_____fax number (956) . This proposal is valid and will be honored for sixty (60) days from the date above entered and any requested extensions will be considered.

I. General Terms and Conditions

1. Performance Bond

It is understood and _____agrees to comply, and if selected, will furnish a performance bond in the form of a bond issued by a surety company authorized to do business in the State of TEXAS, a Cashier's Check or Irrevocable Letter of Credit issued by a Federally insured banking institution of the County of Hidalgo within ten (10) calendar days after award of the contract, and prior to any installation work or equipment delivery. The performance bond must be made payable to Hidalgo County in the amount of $20,000.00. No personal or company checks are acceptable. The contract number and dates of performance will be specified in the performance bond. In the event that Hidalgo County exercises its option to extend the contract for and additional period, the contractor be required to maintain the validity and enforcement of the bond for the said period, pursuant to the provisions of this paragraph, in an amount stipulated at the time of the contact renewal.

2. American with Disabilities Act

It is understood and _____ agrees to comply, and, if selected, furnish all goods and services as specified under the contract, **by ourselves** and our subcontractors, and shall comply with all applicable requirements and provisions of the American with Disabilities Act (ADA).

3. Assignment of Contract

It is understood and _____ agrees to comply, and, if selected, furnish the services to be performed under the contract and shall not assign, sublet, transfer, nor assign any monies due or to become due under any contract entered into with the County pursuant to these specifications, without prior written approval of the County.

4. Conflict of Interest

It is understood and _____ agrees to provide a Notarized No Conflict of Interest STATEMENT as specified on page 4 of RFP is attached and labeled as_____ .

Client List

A current client list is attached and five (5) current references for similar programs are as follows:

1. _____

2. _____

3. _____

4. _____

5. _____

II. Historical Data Of Firm

1. Complete company official name _____

   Previous name of business _____

   Complete mailing address _____

2. Brief historical summary of the firm is:

   _____
   _____
   _____
   _____

3. Listing of current litigation, outstanding judgments and liens is:

   _____
   _____
   _____

4. A list of any location(s) where _____has not been allowed to fulfill the complete term(s) of its contract, in providing Inmate Telephone Service, is attached and labeled as . Please include all details of the termination of prior services.

III. Key Personnel

1. The years of experience and qualifications of the key individuals assigned to the Hidalgo County Inmate Telephone Service are:

2. _____

INFORMATION FOR PROPOSERS
CURRENT STATISTICAL INFORMATION ABOUT HIDALGO COUNTY JAIL & PHYSICAL COUNT

Average Daily Population (past six (6) months	1065
Current Capacity of Facility	1232
Number of FIXED telephones to be installed	136
Number of ROLLING CART Telephones	6
Average number of bookings per month (Past six (6) months (MM/DD/YEAR-MM/DD/YEAR)	1587

Telephones are normally available from 7 a.m. to 10 p.m. each day Sunday thru Thursday

Telephones are normally available from 7 a.m. to 12 a.m. on Fridays and Saturdays.

TELEPHONE PLACEMENTS:

1)	**Two (2) Release Waiting**

ALPHA SECTION DORMITORIES:

POD	NUMBER OF PHONES	TYPE
1-A	2	FIXED
2-A	2	FIXED
TOTAL	**4**	

ALPHA SECTION MULTIPLE OCCUPANCY CELLS:

POD	NUMBER OF PHONES	TYPE
MO-1	1	FIXED
MO-2	1	FIXED
MO-3	1	FIXED
MO-4	1	FIXED
MO-5	1	FIXED
TOTAL	**5**	

ALPHA SECTION SEPARATION CELLS

CELL	NUMBER OF PHONES	TYPE
ALL (12)	1	ROLLING
TOTAL	**1**	

BRAVO SECTION MULTIPLE OCCUPANCY CELLS:

POD	NUMBER OF PHONES	TYPE
BRAVO 1	1	FIXED
BRAVO 2	1	FIXED
BRAVO 3	1	FIXED
BRAVO 4	1	FIXED
BRAVO 5	1	FIXED
BRAVO 6	1	FIXED
BRAVO 7	1	FIXED
BRAVO 8	1	FIXED
BRAVO 9	1	FIXED
BRAVO 10	1	FIXED
BRAVO 11	1	FIXED
BRAVO 12	1	FIXED
BRAVO 13	1	FIXED
BRAVO 14	1	FIXED
BRAVO 15	1	FIXED
BRAVO 16	1	FIXED
BRAVO 17	1	FIXED
BRAVO 18	1	FIXED
BRAVO 19	1	FIXED
BRAVO 20	1	FIXED
BRAVO 21	1	FIXED
TOTAL	**21**	

CHARLIE SECTION MULTIPLE OCCUPANCY CELLS:

POD	**NUMBER OF PHONES**	**TYPE**
CHARLIE-1	1	FIXED
CHARLIE-2	1	FIXED
CHARLIE-3	1	FIXED

CHARLIE-4	1	FIXED
CHARLIE-5	1	FIXED
CHARLIE-6	1	FIXED
CHARLIE-7	1	FIXED
CHARLIE-8	1	FIXED
CHARLIE-9	1	FIXED
CHARLIE-10	1	FIXED
CHARLIE-11	1	FIXED
CHARLIE-12	1	FIXED
CHARLIE-13	1	FIXED
CHARLIE-14	1	FIXED
CHARLIE-15	1	FIXED
CHARLIE-16	1	FIXED
CHARLIE-17	1	FIXED
CHARLIE-18	1	FIXED
CHARLIE-19	1	FIXED
CHARLIE-20	1	FIXED
CHARLIE-21	1	FIXED
CHARLIE-22	1	FIXED
CHARLIE-23	1	FIXED
CHARLIE-24	1	FIXED
CHARLIE-25	1	FIXED
CHARLIE-26	1	FIXED
CHARLIE-27	1	FIXED
CHARLIE-28	1	FIXED
CHARLIE 29	1	FIXED
CHARLIE-30	1	FIXED
TOTALS	**30**	

DELTA SECTION SINGLE CELL:

POD	NUMBER OF PHONES	TYPE
DELTA-1A	2	FIXED
DELTA-1B	2	FIXED
DELTA-2A	2	FIXED
DELTA-2B	2	FIXED
DELTA-3A	2	FIXED

DELTA-3B	2	FIXED
DELTA-4A	2	FIXED
DELTA-4B	2	FIXED
TOTALS	**16**	

ECHO SECTION SEPARATION CELLS:

CELL	NUMBER OF PHONES	TYPE
ALL (48)	1	ROLLING CART
TOTALS	**1**	

FOX SECTION DORMITORIES:

POD	NUMBER OF PHONES	TYPE
FOX-1A	2	FIXED
FOX-1B	2	FIXED
FOX-2A	2	FIXED
FOX-1B	2	FIXED
FOX-3A	2	FIXED
FOX-3B	2	FIXED
FOX-4A	2	FIXED
FOX-4B	2	FIXED
TOTALS	**16**	

GULF SECTION DORMITORIES:

POD	NUMBER OF PHONES	TYPE
GULF 1-A	2	FIXED
GULF 1-B	2	FIXED
GULF 2-A	2	FIXED
GULF 2-B	2	FIXED
GULF 3-A	2	FIXED
GULF 3-B	2	FIXED
GULF 4-A	2	FIXED
GULF 4-B	2	FIXED
TOTALS	**16**	

HOTEL SECTION DORMITORIES:

POD	NUMBER OF PHONES	TYPE
HOTEL-1A	2	FIXED
HOTEL-1B	2	FIXED
TOTALS	**4**	

INFIRMARY SECTION DORMITORIES:

POD	NUMBER OF PHONES	TYPE
INFIRMARY-1	1	FIXED
INFIRMARY-2	1	FIXED
INFIRMARY-3	**1**	**FIXED**
TOTALS	**3**	

INFIRMARY SECTION NEGATIVE PRESSURE CELLS:

POD	NUMBER OF PHONES	TYPE
INFIRMARY-ALL (16)	1	ROLLING CART
TOTAL	**1**	

HIDALGO COUNTY JAIL REVENUE REPORT FOR 2014 AND 2015

2014

Month	Advance Pay Interstate Interlata	Advance Pay Intrastate Interlata	Advance Pay Intrastate Intralata	Advance Pay Pay Local	COLLECT Interstate Interlata	Collect Intrastate Interlata	Collect Instrastae Intralata	Collect Local	Total Revenue
JANUARY	1,527.81	2,005.56	9,104.80	26,763.00	278.14	91.23	393.00	3,561.00	43,724.54
FEBRUARY	1,347.53	1,982.79	9,751.20	34,533.00	55.96	130.38	481.20	3,180.00	51,462.06
MARCH	859.11	2,816.43	10,366.00	37,518.00	18.50	324.42	570.20	2,667.00	55,139.66
APRIL	818.37	2,036.22	10,244.40	32,514.00	21.75	70.02	669.80	2,409.00	48,783.56
MAY	1,106.07	3,002.64	11,389.00	33,261.00	33.50	126.57	505.20	2,625.00	52,048.98
JUNE	1,093.05	2,610.78	12,224.80	32,658.0	71.25	137.70	537.00	2,643.00	51,975.58
JULY	1,486.17	2,276.73	12,953.20	25,389.00	63.25	226.53	565.00	2,376.00	45,335.88
AUGUST	2,458.68	2,099.22	7,580.80	30,522.00	91.25	167.79	457.00	2,649.00	46,025.74
SEPTEMBER	2,348.01	2,826.30	7,495.60	28,353.00	65.50	248.82	662.80	2,832.00	44,832.03
OCTOBER	2,149.35	2,638.23	4,824.40	27,807.00	12.25	124.80	531.60	1,890.00	39,977.63
NOVEMBER	2,091.18	2,995.95	8,385.20	29,511.00	82.75	281.40	699.60	1,860.00	45,907.08
DECEMBER	2,152.08	4,086.66	10,168.60	32,949.00	57.75	229.68	383.80	2,073.00	52,100.57
	19,437.41	31,377.51	114,488.00	371,778.00	851.85	2,159.34	6,456.20	30,765.00	577,313.31

2015

Month	Advance Pay Interstate Interlata	Advance Pay Intrastate Interlata	Advance Pay Intrastate Intralata	Advance Pay Pay Local	COLLECT Interstate Interlata	Collect Intrastate Interlata	Collect Instrastae Intralata	Collect Local	Total Revenue
JANUARY	1,877.40	4,209.00	10,624.40	33,999.00	71.75	215.88	652.80	1,743.00	53,393.23
FEBRUARY	2,098.32	4,571.04	15,153.00	40,155.00	135.50	161.25	517.20	1,707.00	64,498.31
MARCH	1,602.09	4,379.76	11,154.20	35,727.00	59.25	83.31	319.80	1,716.00	55,041.41
APRIL	2,083.62	3,832.65	9,837.60	38,823.00	91.25	26.22	478.00	1,743.00	56,915.34
MAY	2,049.39	2,617.92	8,518.40	35,205.00	34.50	101.19	403.00	1,737.00	50,666.40
JUNE	1,563.03	2,942.85	6,643.80	32,778.00	47.50	87.93	332.40	1,956.00	46,351.51
JULY	1,380.75	3,019.44	6,080.00	31,677.00	49.25	28.86	239.80	1,548.00	44,023.10
AUGUST	2,090.13	3,311.73	9,343.20	37,437.00	55.75	79.92	217.20	1,671.00	54,205.93
SEPTEMBER	1,840.86	2,683.56	8,323.40	32,625.00	62.75	128.13	251.40	1,272.00	47,187.10
OCTOBER	969.57	2,745.84	6,975.20	31,413.00	93.75	47.82	327.00	1,470.00	44,042.18
NOVEMBER	1,897.14	4,356.84	7,620.40	32,847.00	31.75	81.96	313.80	1,635.00	48,783.89
DECEMBER									
	19,452.30	38,670.63	100,273.60	382,686.00	733.00	1,042.47	4,052.40	18,198.00	565,108.40

SECTION III: SELECTION AND SCHEDULES

SELECTION PROCEDURES/EVALUATION SYSTEM:

The evaluation consists of a one hundred (100) point scoring system. Hidalgo County Commissioner's Court and/or an Evaluation Committee (selected and/or designated by County Commissioner's Court) will review, grade, score and evaluate the proposals received in response to this Hidalgo County request for proposals for the purpose of ranking.

Categories are further detailed in the Selection Criteria (Exhibit B) section of this RFP.

NEGOTIATION PROCESS

The number one (1) ranked participant will be contacted to submit a contract for negotiations. If negotiations prove unsuccessful, Hidalgo County will terminate negotiations with participant and will contact the next highest ranked participant to pen negotiations. The County of Hidalgo reserves the right to reject any and all RFP's.

Any Contract awarded to a successful proposer will be in effect until (a) the contract expires, (b) delivery and acceptance of products and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.

PROPOSAL SUBMITTED TO:

An original and seven (7) copies of RFP's should be submitted to:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
New Administration Building
2802 South Business Highway 281
Edinburg, Texas 78539

All RFP's must be submitted by no later than 9:30 a.m. on Wednesday, July 27, 2016

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

ADDITIONAL SPECIFICATIONS

The following items will become necessary specifications, services, equipment or options in order to complete Inmate Phone System".

- Latest Technology Inmate Phone System
- Able to profit from selling calling cards
- The County of Hidalgo must retain commission based on calls made by inmate
- Lobby Kiosk & Intake Kiosk to automate deposits
- Ability to identify inmate by voice, fingerprint, camera, (pin #) or Iris recognition in association with system usage.
- Interface integration with Odyssey; ability to extract phone numbers by inmates, from calls made
- Mass telephone number download capabilities for all outgoing calls on a monthly basis;
- Ability to access jail inmate calls system from multiple internal affairs desk top ports.
- Recording capabilities for infirmary, booking, releasing, visitation or any other area where an inmate can make a call with ability for client to waive the call fee.
- Call Detection when Inmates dial same outside number
- Immediate notification of calls to flagged telephone numbers for review (NOTE: immediate notification to inernal affairs)
- Location – GPS watch list
- 24 Hour Support
- Log in access from any computer
- User Auditing System
- Alert on three-way calling
- Live call monitoring
- Schedule shut down, Emergency shut down
- Calling Cards
- Record and monitoring of inmates calls from all cells
- Be able to record and monitor inmate calls made during visitation booth
- Be able to record and monitor inmate calls made from booking
- Be able to copy recordings to CD's to be used as evidence in court
- Be able to block telephone numbers where inmate is harassing caller
- For investigative purposes, be able to log in to system from any computer using web interface or implement through active directory
- Have a data base large enough to keep recorded calls for an extended period of time (2-3 yrs)
- Option to have hardware and equipment at vendor's facility.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

OPTIONAL EQUIPMENT/SERVICES

OPTIONAL: Equipment/Services that may be available upon acceptance by Hidalgo County Sheriff's Office.

- Investigative Data Analysis Software
- Inmate release with Debit Cards
- Video visitation
- Cellular, WI-FI & mobile device detector within jail
- Photo Recognition

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

The awarded Contractor may utilize the existing cabling if compatible with the system being installed. If additional cabling is required in the installation process, Contractor shall obtain written permission from the County before proceeding with any work that requires altering its facility. This shall include, but will not be limited to, cutting, drilling, or modifying the facility in any manner.

SUMMARY OF WORK:

1. All wire must be in an EMT, Rigid Electrical Conduit, BX cable, Liquid seal tight cable and Armor cable. **No PVC.**
2. All Electrical work must follow the National Electrical Code 2009.
3. All work must be neat in appearance using the following: metal straps, one hole, uni- strut straps, stand-off straps, and supports.
4. All work that may require penetrating any wall: Concrete, CMU Block, Security sheet rock. Must be sleeved with an EMT conduit and seal with fire rated caulking. The fill in each sleeved used must be not less or more that 80% fill. This is for future use, sleeves must have a connector with a bushing, or a coupling to prevent any wire from being damaged; cut pinched or damaged.
5. All work must be supported from main structures using smooth wire with j-hooks or trapeze with all thread and beam claps**. Don't** tie in to any existing trade support system.
6. All Cat 5e –Cat 6e plenum wire must be marked at both ends of terminations with a self laminating wire and cable marker. Numbers & letters.
7. Existing cable inside inmate cell may be used; as long as they are not damaged or deemed not compatible in new scope of work. Both ends must also be marked or identified if marking has been removed.
8. **NO EXISTING EMPTY CONDUIT SHALL BE USED.** All conduits that are mounted in slabs or through walls may not be used.
9. All screws must be tamper resistance: tamper resistance torxs, or allen.
10. All work must be able to be remove from mounting system if work is need to preformed on any visitation viewing glass
11. **HIDALGO COUNTY SHERIFF OFFICE reserves the right to request any changes on the Inmate Phone(s) upon inspection and determination that tampering of equipment has occurred.**

BASIC MATERIAL AND INSTALLATION METHODS

GENERAL DESCRIPTION:

A. Work included in this section: Material, equipment fabrication, installation and test in conformity with applicable codes and authorities having jurisdiction, for the following:
Raceways.
1. Wire and cable
2. Low voltage distribution equipment

3. Devices
4. Inserts and supports
5. Empty conduit for Tel / Data Electronics
6. Cutting and Patching
7. Fire stopping

B. Related work – Not in Electrical Scope of Work
1. Security Electronics – Telephone / Data / Inmate Visitation Phones systems
2. Painting – other that equipment finishes touch-up. Any work surface must match existing painted surfaces. Contractor must request paint color specimen (or) color code from Maintenance Dept. Contractor will purchase paint from OEM Paint suppler.
3. Plywood backboard (3/4) in phone room if space is not available to install any necessary work
4. Fire stop in and all penetrations thru fire walls: (EMT Conduit Sleeve with bushing on both ends)
5. Sheet rock repair in and all penetrations thru fire walls
6. Masonry repair in any and all penetration thru fire walls
7. Replace any ceiling tile & grid in ceiling.
8. Metal work welding bonding
9. Installing any support system as needed from main structure - bar joist or support beams: Need to support any and all Data wire cat 5 or cat 6 plenum data wire; smooth wire, 1/4 & 3/8 all thread support rod, or trapeze if needed.
10. Any work needed to finish this project as needed or not included in the general scope of work.

INCORPORATED DOCUMENTS

A. REQUIREMENTS of GENERAL CONDITIONS and SUPPLEMENTAL CONDITIONS apply to all work in this Section.
B. SUBMITTALS shall be complete bound under cover and indicating project title, specification section and or/ drawings references. Contractor shall review submittals for conformance with Contractor Documents make necessary revisions and submit to HIDALGO COUNTY SHERIFF OFFICE
C. SUBSTITUTIONS-Contractor shall inform the Hidalgo County Sheriff Department Staff of any substitution of item from what was proposed.
   1. It is the intent that the Contractor supplies the equipment and material specified. Equipment and material other than that specified obligates the Contractor to submit appropriate documentation to allow sufficient time to consider the acceptance of the substituted item(s) AND accept full responsibility for space compatibility
   2. Acceptance of substituted items(s) implies a substitution in kind, meeting all appropriation performance, quality, function, and installation requirement as the base bid specification item(s) including space requirements.
   3. All cost for removal, relocation or replacement of the substitution items(s) shall be at the risk of the contractor with no additional cost to the Owner if substitution items(s) fails to meet requirements, including code clearances of the specified item(s).
D. PROCUCT DELIVERY STORAGE AND HANDLING
   1. Equipment shall be shipped in its original package, to prevent damage or entrance of foreign matter. Provide protective coverings during construction.
   2. Replace at no expense to Owner, equipment or material damaged during storage or handling, as directed by Hidalgo County Sheriff Office Designee.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

3. All items shall be tagged with a weatherproof tag identifying equipment by name packing and shipping list.
4. Equipment may be stored in Maintenance shop or Electrical room if necessary and must be secure by Contractor to prevent any damage or loss of parts.

E. RECORDED DRAWINGS

1. Maintaining complete set of drawing from Start to Finished point, indicating all work installed: Electrical, route of wire, and identifying both point of any terminations.
2. At end of project, transfer all changes to reproduction transparencies and submit these transparencies and field drawing to HIDALGO CO SHERIFF OFFICE DESIGNEE. Mark drawings, "RECORD DRAWINGS".

MATERIAL DESCRIPTION:

A. RACEWAYS (all items specifying brand name, same as or equivalent too):

1. Rigid steel conduit (RGC); full weight or intermediate weight (IMC) pipe galvanized threaded, minimum diameter ½ inches.
2. Aluminum conduit; full weight pipe, threaded, minimum ½ inch, except as noted or required for wiring.
3. Electrical metallic tubing (EMT); thin wall pipe, galvanized, threadless, minimum diameter ½ inch except as noted required for wiring.
4. Flexible steel conduit; continuous single strip, galvanized, minimum diameter ½ inch as noted for wiring. PVC covered for liquid tight.
5. Acceptable manufactures, similar to:
   A. Rigid Steel-IMC: Allied, Western, Triangle, Wheatland, LTV.
   B. Aluminum, Allied, Western, Triangle, Wheatland, LTV
   C. EMT; Allied Western, Triangle, Wheatland, LTV
   D. Flexible; Anaconda, Electroflex, Alfex, AFC
   E. Exterior use: Hinged cover and base, minimum No. 14 gauge galvanized steel, weatherproof and gasket.
   F. Acceptable Manufacturer: Similar to Hoffman Engineering co., Square D Co., Wiremold, Walker Duct.
6. Wireways; complete with all fittings and accessories. Size as noted, baked enamel finish inside and outside, approved for support at minimum 10feet on centers

B. FITTINGS AND ACCESSORIES:

1. Raceway fittings:
   A. Rigid steel conduit; steel or malleable iron, galvanized.
   B. Aluminum conduit; aluminum alloy.
   C. EMT; galvanized steel, set screw steel connectors & couplings. Indentor type fittings not acceptable.

D. Flexible metallic conduit; angle wedge type with insulated throat.
E. Bushings; metallic insulated type, Weatherproof or dust-tight installations; liqidtight with sealing ring and insulated throat.
F. Expansion and deflection fittings: O.Z. / Gedney type "DX" for embedded conduit and flexible conduit for exposed conduit.

2. Sleeves:
   A. Extend flashing 10 inches around edge of raceway. Flashing subject to review.
   B. Sleeves must be in EMT conduit with a connector, coupling with a PVC, nylon bushing. And must be sealed with fire caulking in and around the sleeve. Must have a tight fit if it penetrates any of the following; Sheetrock fire rated wall, masonry block, Concrete, and or metal.

3. Seals: Raceways in sleeves, oakum packing and lead or O.Z. / Gedney Type WSR on both entries. Cable through sleeves, O.Z. / Gedney type WSC on both entries.

4. Acceptable manufactures, similar to:
   A. Fittings: O.Z./Gedney, T & B, Bridgeport, RACO Steel City, Appleton, Chrouse Hinds.
   B. Supports; Super strut, UNISTRUT.
   C. Fasteners: Caddy, Rawl, Philips Redhead.

5. Boxes:
   Outlet boxes: except as other wise required by construction, devices or wiring, as Follows:
   A. Stamped steel, 4 inch, square or for electrical work; 2-3/4 inch deep above ceiling, 2-3/4 inch deep in wall, surface mount.
   B. Surface mounted boxes for receptacles and switches, 4 inch square, 1-1/2 to 2-3/4 inches deep with raised covers and fixture studs where required. Through-the wall type; not permitted.
   C. Galvanized cast iron or aluminum with thread hub; 4 inch square, 2 inch deep with gasket cover.
   D. Boxes without fixture or device; provide with blank cover. Must marked or label with it designation or circuit number.
   F. Offset back-to-back outlets with minimum six inch separation.
   E. Acceptable manufactures; Steel city, RACO, Appleton, Bridgeport.

2. Junction and pull boxes:
   A. Galvanized sheet steel.
   B. Covers: screw-on, except as noted
   C. With insulated support for cable.
   D. Location; as indicated, where required and accessible.
   E. Outdoor and damp location; galvanized cast iron or aluminum with thread hubs and gasket.
   F. Provide barriers between wiring energized from emergency and normal wiring and conductors of different thermal ratings and / or voltage insulation levels.

C. 600 VOLT WIRE AND CABLE

A. 600 volt wire and cable complete with accessories; sizes AWG, except as noted.
B. Conductors; sizes as indicated in accordance with the following;

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

1. Solid annealed copper for size No. 10 and smaller and stranded copper for sizes No. 8 and larger. No aluminum or aluminum alloy wire permitted.
2. 600 volt insulated types:
   - Type THHN/THWN: Feeders and branch circuits, generally throughout, except where not permitted by applicacable code or as otherwise specified.
   - Type AC & MC Armored Cable and Metal Clad Cable- maximum size # 6 to be used as branch circuits and feeders where acceptable to local and National Electrical Code.
   - Type SFF: Branch circuits located in wiring channels of continuous fluorescent fixture or where ambient temperatures are over 90 degrees.
   - Type XHHW; Ungrounded isolated branch circuits.
   - Color Coding:
     1) Phase conductors for 120/208 Volt system;
        Phase A – Black
        Phase B – Red
        Phase C – Blue
     2) Phase conductors for 277/480 Volt system
        Phase A – Brown
        Phase B – Orange
        Phase C – Yellow
     3) Neutral wire; white.
     4) Equipment ground wire; green
     5) Where colored feeder cable insulation is not available, overlap Colored taping on conductors (minimum length, three inches) in accessible location.

C. Accessories:
   1. Cable supports in riser; clamping device with insulation wedges or "Kellems" grips.
   2. Tags:
      A. Flameproof; in accessible location.
      B. Feeders: Indicate number, size, phase and points of origin and Terminations. Control or alarms: Indicated type of control or alarms and points of origin and terminations.
   3. Terminations, splices and taps:
      A. Cable lugs and connectors: Compatible metal with conductor to match cable with marking indicating size and type.
      B. Copper conductors No. 10 and smaller: Compression type or twist-onspring load connectors and clear nylon insulated covering.
      C. Copper conductor No. 8 and larger: Mechanical bolted pressure or hydraulic compression type using manufactures recommended tooling.
      D. For copper lug connections to bus bars provide anti-seize compound.
      E. Aluminum bus bar connections: Tin plated lugs and compression type washers (" Belleville" type").
   4. Acceptable manufacture; similar to:
      A. Power Cable; Anaconda, Triangle, Rome, General Cable, South wire, Essex, AIW.
      B. Control Cable; Belden, Mohawk, West Penn.
      C. Accessories;
      D. Termination and Connection: T & B / Thomas & Betts, 3M, Burndy
      E. Tags; Brady, T & B / Thomas & Betts, Raychem.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

D. LOW VOLTAGE DISTRIBUTION EQUIPMENT

1. Disconnect Switches:
   A. Non-fused or fused as indicated.
   B. Voltage: 250 volts rated on 120/ 208 volt circuit and 600 volts rated 277/ 480 volt circuit.
   C. Heavy-duty, quick-make quick-break.
   D. Horsepower rated for motor load.
   E. Toggle type switches as follows:
      1. Non-fused, load break.
      2. Maximum rating; 20 amps at 600 volts and 30 amps at 250 volts
      3. Two pole: similar to Arrow-Hart No. 6808
      4. Three pole similar to Arrow-Hart No. 7810
   F. Knife blade type switches:
      A. Load type with arc quenchers.
      B. Maximum rating; 800 amps at 600 volts.
      C. Manufacturer; similar to General Electric, QMR.

2. Remote Control Switches:
   A. Electrically operated, mechanical held
   B. Ratings: As noted
   C. Enclosure: Dead Front, NEMA type as noted.
   D. Vibration isolation mounting.
   E. Soundproof enclosure.
   F. Lighting and mixed loads up to 225 amps; Similar to Automatic Switch Co. No. 920, Zenith, GE, Square D or Siemens.
   G. Inductive loads up to 225 amps. And all loads from 225 amps up to 2000 amps: Similar to Automatic switch Co. No. 911.

3. Fuses; Continuous Current Rating, as Indicated:
   A. Current limiting – 200,000 amps interrupting current rating.Similar to " Bussman", type as indicated:
   B. Fusetron, "FRN", 250 volt 15-600 amp (U.L. Class RK5), time delay.
      1. Fusetron, "FRS", 600 volt 15-600 amp (U.L. Class RK5), time delay.
      2. Limitron, "KTN", 250 volt, 15- 600 amp (U.L. Class RK1).
      3. Limitron, "KTS", 600 volt, 15-600 amps (U.L. Class RK1).
   C. All fuses: Same manufacturer.
   D. Provide one spare matching fuse for each set of three.
4. Circuit Breaker:
   A. Molded case:
      1. Thermal-magnetic, 400 amp frame and below; solid state trip elements 600 amp frame and above. Bolt-on, quick-make break for both types.
      2. Manually operation with insulation trip free handle and rated for switching duty.
      3. Multi-pole type: With internal trip bar.
      4. Terminal: Suitable for copper or aluminum cable.
      5. Auxiliary devices as indicated.
      6. Enclosures: Dead front, NEMA Type 1, except as noted.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

7. Frames as indicated, interchanged trips and interrupting capacity not less than noted available symmetrical short circuit Current.

5. Panelboards: Circuit breaker type, rating as noted.
   - A. Bus bars: Hard drawn copper, minimum 98 percent conductivity, silver plated joints. Or Alloy aluminum with tensile yield strength of 20,000 psi, minimum 55 percent conductivity, and tin plated joints.
   - B. Enclosures:
   - C. Cabinets with:
     1. Galvanized sheet steel back box.
     2. Door and trim.
     3. Lapped and welded corners.
   - D. Hardware; chrome plated with:
     1. Flush lock and catch: Up to 48 inch high door.
     2. Vault handle, lock and 3-point catch: Larger than 48 inch door.
   - E. Hinge:
     1. Standard steel with no-ferrous pins.
     2. 80 degree opening.
     3. Locate maximum 26 inch on centers.
     4. Hinged trim cover for Panelboards over 36 inches high.
   - F. Minimum gutter spaces:
     1. 100 and 225 amp mains: 5-3/4 inch sides top and bottom.
     2. 400 amp mains: 9 inch sides, 8 inch top and bottom.
     3. 600 and 800 amp mains: 9 inch sides, 12 inch top and bottom.
     4. 1200 amp mains: 12 inch sides top and bottom.
     5. Increase sizes where required by code for " subfeed " or " feed through cables.
   - G. Directory:
     1. Holder: Metal frame with clear plastic, transparent cover.
     2. Typewritten list indicating feeder cable and conduit size, circuit number, outlets, supplied and their locations.
   - H. Acceptable Manufactures; Similar to:
     1. Switches:
        - A. Siemens
        - B. Square D
        - C. Automatic Switch Co. – remote control switches only.
     2. Fuses:
        - A. Bussman
        - B. Littelfuse
        - C. Ferraz Shawmut
     3. Circuit breaker:
        - A. Siemens - Bolt on BL
        - B. Square D - Bolt on
     4. Panelboard:
        - A. Siemens - Bolt on BL
        - B. Square D - Bolt on

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

E. MOTOR CONTROLLERS – FURNISHED UNDER MECHANIAL SECTION

1. Enclosed with motor control centers or individually mounted as indicated. Individually mounted starters in NEMA Type 1 enclosure, except as noted.
2. Components:
   A. Terminal Copper.
   B. Overload protection: In each phase leg and coordination with indicated motor horsepower, with rest button in enclosure.
   C. Pilot lights: When specifically called for.
      1. Six volt incandescent lamp. Of specified color.
      2. Candelabra base receptacle with transformer for lamps.
      3. Positive indication for motor with local disconnect switches.
      4. Switches: Horsepower rated, load break, external padlocking type.
      5. Short circuit protection: Fused as indicated.
3. Manual Type:
   A. Coil: Minimum 10 amperes per pole, 110 to 125 volt operating, 240 volt, A.C. maximum rating, 60 hertz.
   B. Contact: Main line and minimum two, 10 amp convertible, auxiliary contacts.
   C. Control transformer: For motor over 120 volt to step down control voltage to 120volts; of required capacity with fuse and grounded connection on low voltage side.
   D. Manual-control: Momentary contact pushbuttons, red pilot light for "ON" and green pilot light for "OFF" positions and low voltage protection.
   E. Manual-automatic control: With HOA selector switch – all starters.
   F. Disconnect switch within controller housing, for control wiring derived from independent source. Interlock control switch with power switch for simultaneous "ON-OFF" operation.
4. Controller Type: Similar to Cutler-Hammer, of catalog numbers specified, modified as noted. Coordinate controller and auxiliaries with motor supplied and operation as defined under DIVISION 15.(all items specifying brand name, same as or equivalent too
   A. Manual; single speed:
      1. Two pole
      2. Pilot light; red for "ON" position only
      3. HOA selector switch for automatic operation.
   B. Magnetic; single speed – non- reversing;
      1. Full voltage non-reversing magnetic starter.
      2. HOA selector switch, all starters.
      3. Two sets of auxiliary contactor, NC/NO, per starter
   C. Push button stations: When required
      1. START – STOP push buttons
      2. Pilot light
      3. Lockout provision.
      4. Oil tight
   D. Hand-off-Automatic (HOA) stations: When required- separate from starters.
      1. HOA selector switch.
      2. Pilot lights.
      3. Lockout provision.

4. Oil tight

F. Manufacture; similar to cutler-Hammer Inc., Allen Bradley, Furnas Electric Co

F. DEVICES

A. Local Wall Switches;
1. Heavy duty, toggle, quiet type, specification grade.
2. 20 amp, 120/277 volt, A/c
3. Similar to Harvey Hubbell Catalog Nos. as follows:
   A. Single pole, No 1221-1
   B. Double pole, No 1222-1
   C. Three-way, No 1223-1
   D. Four-way, No 1224-1

B. Insertion Receptacle:
1. Grounded, except as noted.
2. Similar to Leviton "Decora" Style with 2 plate mounting screws.
   A. Duplex convenience; specification grade.
      1) 20 amp, 125 volts, 2 pole, 3 wire, u ground slot, Catalog.
   B. Single, specification grade.
      1) 20 amp, 125 volts, 2 pole, 3 wire, u ground slot, Catalog No. 5361-I
   C. Duplex, specification grade, isolated ground.
      1) 20 amp, 125 volts, 2 pole, 3 wire, u ground slot, Catalog. No. IG-5362
   D. Ground fault interrupter receptacles: Self protecting type, duplex convenience
      1) 20 amps, 125 volt, 2 poles, 3 wires, U ground slot, Catalog No. GF-5362-I

C. Device Plates:
1. High impact, thermal- setting, smooth **NYLON, "** Decora" style with two plate mounting screws per plate.
2. For receptacles with other than 120 volts, inscribed voltage available.
3. All devices plates in detention areas shall have "snake eye" security screws, two per plate, and or tamper proof torks bit.

D. Time Switches: as indicated.

E. Acceptable Manufactures: Similar to (all items specifying brand name, same as or equivalent too):
1. Local wall switch, receptacles, device plate and pilot light:
   A. Harvey Hubbell Inc.
   B. Leviton
   C. Pass & Seymour
2. Time switches:
   A. Tork.

G. INSERTS AND SUPPORTS

A. Maximum Loading: 75 percent of rating.
B. Insets:

1. Expansion case and concrete fasteners: Grinnel figure 117 and Series R.
2. Concrete drilled to received required expansion case of concrete fasteners.

C. Supports from Building Construction: Beam clamps, cantilever brackets, or other acceptable means after review.
D. Grouped Lines and Services: Supported by trapeze hangers of bolted angle or channels.
E. Where building construction is inadequate, provide additional acceptable framing after review.

H. TELEPHONE – DATA (TELE / DATA) – MATV / CATV CONDUIT SYSTEMS EQUIPMENT and CABLING INSTALLED by Contractor if needed

1. Empty conduit telephone raceway system as indicated on the Drawings and consisting of:
2. Empty conduits – Underground to Property Line –per drawings.
3. Distribution Conduits – per drawings.
4. SLEEVES – ALL FIRE WALLS TO STRUCTURE. EMT CONDUIT WITH CONNECTORS WITH PVC BUSHINGS OR COUPLINGS TO PREVENT DAMAGE TO WIRE.
5. Terminal boards – 3 / 4 - 4 x 8 plywood furnished and installed by GENRAL CONTRACTOR ONLY IF THERE IS NOT SPACE AVAILABLE AT LOCATION.
6. Outlets – 3 / 4 EMT stubbed to Accessible Ceiling space, from each outlet.
7. Outlets boxes – 4"square – 2 – 1/8" Deep – with one gang P.R.
8. Outlet cover plates and terminal devices furnished and installed by equipment / cabling installer.
9. Nylon pull strings to be installed in distribution conduits or sleeves. Nylon pull strings shall be installed in all conduits except 10' stub- ups to accessible lay-in ceilings.
10. Electrical contractor to provide **120 VAC Emergency** powers as required by telephone equipment / cabling installer.
11. Other in inmate holding areas must have continuous concealed conduit (EMT or Rigid) to the nearest TELE/DATA OR MATV / CATV DISTRIBUTION BOARD.
12. TELE / DATA AND MATV / CATV cabling shall be exposed only on designated distribution boards. Electrical contractor shall install multiple 2" EMT conduits or larger if needed from TELE / DATA AND MATV boards to accessible attic space.
13. INTENT of CONDUIT ACCESS SYSTEMS is A SYSTEM THAT WILL PERMIT THE TELE/DATA SYSTEM TO BE CABLED AT THE END OF THE JOB. ELECTRICAL CONTRACTOR WILL INSTALL CONDUITS TO ACCESSIBLE LAY – IN CEILING AREA AND SLEEVE FIRE WALLS – CABLE CONTRACTOR WILL BE RESPONIBLE FOR SEALING CABLE WITHIN SLEEVES THAT CROSS ALL FIRE WALLS.
14. Electrical contractor will install terminal cabinets if need to provide power to any equipment that may need power.
15. Electrical contractor is responsible to install a electrical panel (commercial grade bolt on - Siemens panel), step down or step up transformers to provide power to any equipment that may require power; if the nearest electrical panel dose not have more that 2 spare breakers in panel. There must be at least one (1) spare breaker in panel any existing panel.
16. While terminating Category 5e or 6e twisted pair cables be sure the natural twist of each pair is carried through as close as practical to the point of mechanical termination. TIA / EIA 568-B.2 required no more than 0.5 inch (13mm) untwisted for Category 5E & 6E as it will affect performance at high bit rates.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

17. Cabling should be secured and placed in a manner which prevents kinking and tight cinching. Do not excessively bend the cable greater than four times the cable diameter.
18. Cabling should not be subjected to greater than 25 pounds of pulling tension (11ON).

I.CAT 5 & CAT 6 PLENUM DATA WIRE AND DEVICES

1. Category 5e & Category 6e Plenum type MPP / CMP 350 MHZ 24 AWG solid 4 pair unshielded twisted pair cable (signal electronic cable), complete with accessories; sizes.
   A. Category 5E, Category, 6E plenum 24 AWG solid 4 pair wire unshielded twisted pair cable.
   B. Modules RJ 45 Cat 5E, Cat 6E.
   C. Telephone wall plates, jacks, and accessories plates if necessary
   D. Telecommunication products: wiring blocks, relay racks, cabinets, and accessories, patch panels.
2. Acceptable manufactures, similar to(all items specifying brand name, same as or equivalent too):
   A. ICC, Coleman Cable Inc, Commercial Grade - CMP 350, General Cable, Carol Brand, Geneses, Honeywell
   B. Modules Cat 5E, & Cat 6E - ICC brand
   C. Inmate phone service part exclusive to there respective company.
3. Conductors & Race ways: sizes as indicated in accordance with the following;
   A. Wiremold wire management systems mild steel
   B. Panduit wire managements systems mild steel
   C. Rigid steel conduit (RGC); full weight or intermediate weight (IMC) pipe galvanized threaded, minimuin diameter ½ inches.
   D. Electrical metallic tubing (EMT); thin wall pipe, galvanized, threadless, minimum diameter ½ inch except as noted required for wiring.
   E. Flexible steel conduit; continuous single strip, galvanized, minimum diameter 3/8 – 1/2 inches as noted for wiring. No longer than 2 ft
4. Acceptable manufactures, similar to:
   A. Rigid Steel –IMC: Allied, Western, Triangle, Wheatland, LTV.
   B. Aluminum; Allied, Western, Triangle, Wheatland, LTV.
   C. EMT; Allied, Western, Triangle, Wheatland, LTV.
   D. Flexible; Anaconda, Electroflex, Alfex, AFC.
5. Wire ways; complete with all fittings and accessories. Size as noted, baked enamel finish inside and outside, approved for support at minimum 10feet on centers
   A. Interior use: Hinged cover and base, minimum thickness 16 gauge galvanized Steel.
   B. Exterior use: Hinged cover and base, minimum No. 14 gauge galvanized steel, weatherproof and gasket.
   C. Acceptable Manufacturer: Similar to Hoffman Engineering Co., Square D Co., Wiremold, Walker Duct,
   D. Fittings and Accessories:
6. Raceway fittings:
   A. Rigid steel conduit; steel or malleable iron, galvanized.
   B. Aluminum conduit; aluminum alloy.

C. EMT; galvanized steel, set screw steel connectors & couplings. Indentor type fittings not acceptable.
D. Flexible metallic conduit; angle wedge type with insulated throat.
E. Bushings; metallic insulated type, Weatherproof or dust-tight installations; liqidtight with sealing ring and insulated throat.
F. Expansion and deflection fittings: O.Z. / Gedney type "DX" for embedded conduit and flexible conduit for exposed conduit.
G. Acceptable manufactures, similar to:
H. Fittings: O.Z./Gedney, T & B, Bridgeport, RACO Steel City, Appleton, Crouse Hinds.

7. Sleeves:
   A. Extend flashing 10 inches around edge of raceway. Flashing subject to review.
   B. Sleeves must be in EMT conduit with a connector, coupling with a PVC, nylon bushing and must be sealed with fire caulking in and around the sleeve. Must have a tight fit if it penetrates any of the following; Sheetrock fire rated wall, masonry block, Concrete, and or metal.
   C. Seals: Raceways in sleeves must be sealed with fire caulking or sealant.
   D. Acceptable manufactures, similar to (all items specifying brand name, same as or equivalent too):
      1. Hilti fire stop, 3M Fire Barrier Sealant, DAP fire stop sealant, Rector seal Metalcaulk 1000 firecaulk sealant
8. Boxes:
   Outlet boxes: except as other wise required by construction, devices or wiring, as Follows: Weather proof box, Wiremold, Walker Duct, or any boxes that the data / phone manufacture may construct to enclose there product that meets UL regulation and that is tamper resistant- vandal proof.

J. INSERTS AND SUPPORTS

Acceptable manufactures, similar to (all items specifying brand name, same as or equivalent too):

A. Maximum Loading: 75 percent of rating.
B. Insets:
   i. Expansion case and concrete fasteners: Grinnel figure 117 and Series R.
   ii. Concrete drilled to received required expansion case of concrete fasteners.
C. Mounting supports
D. Supports from Building Construction: Beam clamps, cantilever brackets, or other acceptable means after review.
E. Grouped Lines and Services: Supported by trapeze hangers of bolted angle or channels.
F. Smooth wires fasten from main structure with a J hook communication cable support bracket.
G. Cable tray system supported from main structure or mounted to wall.
H. Where building construction is inadequate, provide additional acceptable framing after review.
I. **Do not** tie in to any existing trapeze unit strut or any smooth wire supporting any other trades items. You must support your own product.
J. Fittings: O.Z./Gedney, T & B, Bridgeport, RACO Steel City, Appleton, Crouse Hinds.
K. Supports; Super strut, UNISTRUT.

L. Fasteners: Caddy, Rawl, Philips Redhead, Panduit, Hilti

M. MARKING AND IDENTIFING

1. Cat 5e – Cat 6e data wire must be mark at both ends with a self laminating wire and cable marking. Identify the location of the wires termination.
2. Cat 5e – Cat 6e data wire must be strap in a bundle with nylon cable ties. Cabling should be secured and placed in a manner which prevents kinking and tight cinching. Do not excessively bend the cable greater than four times the cable diameter.

iii. Acceptable manufactures, similar to:
A. 3M, Brady, Thomas & Betts, Panduit,

N. GENERAL

A. Contactor shall confirm previous work which could affect this contract. Should Contractor not confirm existing conditions and / or scope of work, no revisions in the contact price shall be considered – even though this is total new construction.
B. Set and layout work on premises. Base all measurements' from bench marks and correct setting or work to agree with established lines and levels. Should discrepancy exist between actual measurements and those, indicated, notify Hidalgo County Sheriff Office in writing and do not proceed with work affected until written instructions are received from the Hidalgo County Sheriff Office.
C. All minor appurtenance not specifically mention herein that are necessary to make a complete working installation, are included in the work with any necessary field engineering or detail drawings required. Submit Drawings as specified.
D. Install equipment, rigid and secure, plum and level, and in true alignment with related and adjoining work. No welding of electrical materials for attachment or support is permitted.
E. Provide templates, layout drawings, and supervision to ensure correct placing of anchorage items in concrete, and check embedded items for correctness of location and detail before concrete is placed.
F. Provide supporting members as required to set and connect rigidly the work.
G. Correct noise and vibration exceeding specified limits or due to faulty equipment at no expense to Owner.
H. Changes of magnitude involving extra cost: not allowed without written approval of the Hidalgo County Sheriff Office.
I. Group concealed equipment requiring access with equipment freely accessible through access doors.
J. Cutting shall conform with requirements in the Section dealing with cutting.
K. Patching shall conform with requirements in Section dealing with patching.

O. HEIGHT OF OUTLETS

A. Height of outlets from finished floor to top of outlet box for:
1. Receptacle and telephones: 1 foot 6 inches.
2. Wall switches – wall telephones: 4 feet, 0 inches
3. Inmate Cell – wall telephone: use the existing j-box opening in cell

4. Exceptions:
   A. At junction of different wall finish materials
   B. On molding or break in wall surface.
   C. Where the above height do not meet the requirements of the applicable code:

B. Placement Standards:
   1. Duplex Convenience / TV / Telephone Outlets; vertically oriented.
   2. Gang outlets where possible. Where ganging is not possible, locate as tightly together, as possible, and equally spaced.
   3. Align vertically outlets of different types, shown adjacent on plan, but are of different mounting heights.

P. INSTALLATION OF RACEWAYS

A. Run conduits concealed, except as noted.
B. Supports:
   1. Ceiling trapeze, strap hangers, or wall brackets.
   2. U-bolt or pipe straps at each floor level of riser raceways.
   3. Secure conduits to supports with pipe straps or U-bolts.
   4. Maximum spacing; 10 feet on centers for metallic and raceways.
   5. Mount supports to structure with:
      A. Hilti shot nails on masonry block.
      B. Expansion shield or insets on concrete – shot inserts only if approved
      C. Self threading anchor
      D. Hammer drive insert lead anchor, poly-set anchor, lag-expansion shield
      E. Plastic and metal wallboard anchors, hollow wall and metal anchors
      F. Machine screws on metal.
      G. Wood screws on wood
      H. Nails, rawl plugs or wood plugs; not permitted.
   6. Acceptable manufactures, similar to:
      A. ITW- Ramset- Redhead, Greenlee, HILTI, Wej-it,
      B. Ream and eliminate burr from cut conduit.
      C. Maintain cross sectional area of conduit bends with that of straight runs.
      D. Route exposed conduits with or at right angles to walls. No conduit exposed in fishes spaces.
      E. Clearances from water, steam or other piping: Minimum three inches separation from hot water pipes, except four inches from pipe cover at crossings.
      F. Keep raceways clear motor foundations and underside of boilers.
      G. Support ceiling hung branch circuit conduits on ceiling suspension systems only if suspension system is designed and approved to support branch circuit conduit. If so approved use Caddy clips, or Approved equal, designed to support conduit.
      H. Route conduit in walls vertically or horizontally. Diagonal runs not permitted.
      I. Empty conduits: In walls or conduits in concrete slabs are for future use; **Do not use these conduits.**

J. Seals around conduit penetration through fire rated walls and floor on both sides and proved fire rated, UL Listed sleeve assemblies and fire rated compound consistent with rating of penetrated fire rated walls and floors.

K. Outlet boxes:
   1. Set square and true with building finish and secure to building structure by adjustable strap irons.
   2. Verify outlets locations in finished spaces with Drawings of interior detail and finishes.
   3. Provide barriers between switches connected to different phase for voltages exceeding 150 volts to ground.

L. Panel, Junction and pull boxes:
   1. Location: not permitted exposed in finished space unless approved by Hidalgo County Sheriff Office. Maintain accessibility and clear of other work.
   2. Support from building structure, independent of conduit.
   3. Outlet boxes for fixture recessed in hung ceiling; accessible through opening created by removal of fixture.

Q. INSTALLATION OF WIRE AND CABLE

A. 600 VOLT CABLE:
   1. All wire and cable installed in raceway unless otherwise specified or indicated
   2. Pull no thermoplastic conductors at temperature lower 32 degrees F.
   3. Pull wire only after race way and termination boxes are installed.
   4. Circuiting shown on plan is for number of devices or fixture per circuit. Circuits can be combined provided raceway size and derating factors are in compliance with NEC.

R. INSTALATION OF LOW VOLTAGE DISTRUBUTION EQUIPMENT

A. Panelboards: Install as following:
   1. Circuit numbers indicated on drawings and panel schedules are for identification purpose only. Provide actual circuit numbers upon installation of work and indicate in panelboard directory as installed.
   2. Provide "subfeed" or "feed-through" multi-cable lugs where required.
   3. Mounting height; Maximum 6 feet 6 inches from floor to top switch unit.

S. CLEANING

A. Brush and clean work prior to concealing, painting and acceptances. Performed in stages if directed on all finished painted electrical equipment.

B. Clean and repair soiled or damaged painted exposed work and match adjoining work before final acceptance. Use factor touch-up supplied on equipment.

C. Remove debris from inside and outside of material, equipment and structures.

T. OWNER'S INSTRUCTION on OPERATION and MAINTENANCE of ELECTRICAL SYSTEMS.

1. Present owner's representatives with four (4) Operational and Maintenance Manuals.

EXHIBIT "A-1"

HIDALGO COUNTY-SHERIFF'S OFFICE

Additional Specifications/Optional Equipment Services/Cabling Specifications

2. Demonstrate operation and Maintenance and operational of Electrical System to owner's Designated operation and maintenance personnel.
3. Present owner's designated maintenance and operational personnel with electrical spare parts.

EXHIBIT "B"

SELECTION/EVALUATION CRITERIA

The County will conduct a comprehensive, fair and impartial evaluation of all Proposals received in response to this RFP. Each proposal will be analyzed to determine overall responsiveness and qualification under the RFP. The evaluation criteria will include, but not be limited to the following:

1. COMMISSION: **35%**

- Percentage of Commission for each call.
- The providers cost of the proposed service

2. EXPERIENCE, RELIABILITY AND STABILITY **30%**

- Extensive Experience with provision of inmate telephone service
- Evidence of Proposers experience with similar institutions

3. PROPOSED METHOD OF PERFORMANCE **05%**

- Provide sufficient professional background (references) indicative of outstanding or exceptional services.

4. EQUIPMENT **15%**

- Furnish satisfactory evidence of their ability to furnish service/equipment

5. SERVICES **15%**

- Experience and knowledge necessary to provide and perform the required service
- Capability to handle calls as requested in achieving and rendering all services required.

TOTAL: 100 POINTS

EXHIBIT "B"
RFP EVALUATION FORM
HIDALGO COUNTY-ADULT DETENTIN FACILITY
"INMATE PAY TELEPHONE SERVICES"

Selection Criteria	Points	Score
1. **COMMISSION** **(35)**		
➢ Percentage of Commission for each call	0-20	
➢ The providers cost of the proposed service	0-15	
Comments/Rationale for points:	**TOTAL:**	_____
2. **EXPERIENCE, RELIABILITY AND STABILITY** **(30)**		
➢ Extensive Experience with provision of inmate telephone service	0-15	
➢ Evidence of Proposers experience with similar institutions	0-15	
Comments/Rationale for points:	**TOTAL:**	_____
3. **PROPOSED METHOD OF PERFORMANCE** **(05)**		
➢ Provide sufficient professional background (references) indicative of outstanding or exceptional services	0-5	
Comments/Rationale for points:	**TOTAL:**	_____
4. **EQUIPMENT** **(15)**		
➢ Furnish satisfactory evidence of their ability to furnish service/equipment	0-15	
Comments/Rationale for points:	**TOTAL:**	_____
5. **SERVICES** **(15)**		
➢ Experience and knowledge necessary to provide and perform the requires service	0-8	
➢ Capability to handle calls as requested in achieving and rendering all services required.	0-7	
	TOTAL:	
	TOTAL SCORE:	

Provider: _____

Evaluator: _____ Date: _____

EXHIBIT "C"

Insurance Requirements

The proposer awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the proposer in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. Professional liability insurance policy with limits of at least One Million Dollars ($1,000,000) per occurrence, or limited to claims made, include at least a five (5) year extended reporting period.

2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars ($300,000.00) per person and Five Hundred Thousand Dollars ($500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand Dollars ($500,000.00) arising out of the services provided to County hereunder.

3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;

4. A Five Hundred Thousand Dollar (%500,000.00) Comprehensive General Liability Insurance policy providing additional coverage to all underlying liabilities of County consistent with potential exposure of County under the Texas Tort Claims Act;

5. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

ACORD

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE

INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THER TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** ☐ COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE OCCUR ☐ OWNER'S & CONT. PROT ☐ OWNER'S PROTECTIVE LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY PROJECT ☐ LOC				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED (Any one person) PERS & ADV INJURY AL AGGREGATE ODUCTS – COMP/OP AGG	$ $ $ $ $ $
B	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY EA ACC AGG	$ $ $
C	**EXCESS LIABILITY** ☐ OCCUR ☐ CLAIMS-MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURENCE AGGREGATE	$ $ $ $ $
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**				WC STATU-TORY LIMITS ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $ $ $
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER: _____ CANCELLATION
Hidalgo County **Attn: Purchasing Department** **2812 S Highway Bus. 281** **Edinburg, Texas 78539**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ***30*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

SAMPLE

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

☐ will be acquired within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners= Court;

☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners= Court; currently carry the following

Professional Liability (Errors & Omissions): $_____

Automobile Liability: $_____ General Liability: $_____

☐ have already been met, see attached copy of insurance certificate.

_____ _____
Authorized Representative Date

Notice to Proposer: A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the award to be rescinded and re-awarded to next qualified vendor. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company=s obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY YOUR PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the **APPLICABLE**:

1. Licenses: _____
2. Bonds: _____
3. Certificates: _____
4. Permits: _____
5. Other: _____

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this project, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

*** Any licenses, bonds, certificates, permit's, etc. which are required must be presented as part of the packet in order to expedite the evaluation process. Failure to provide said documentation will result in the disqualification of your proposal/qualification.**

_____ _____

Authorized Signature Date

_____

Company

_____

Address

_____

City, State, Zip

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

_____

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

_____ _____

Signature of vendor doing business with the governmental entity Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

PROPOSER'S AFFIDAVIT
Exhibit "E"

PROPOSER'S AFFIDAVIT OF NON-COLLUSION NON-CONFILICT OF INTERST, AND ANTI-LOBBYING

STATE OF TEXAS
COUNTY OF HIDALGO

Affiant, _____, being first duly sworn, deposes that:

(1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.

(2) Affiant further states they have neither recommended or suggested to Hidalgo County or nay of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.

(3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County County Commissioner's Court.

(4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

Signature/Title: _____

Subscribed and sworn to before me this _____day of _____, 20___.

_____

Notary Public

My commission expires:_____, 20___.

HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department
thru Facsimile: (956) 318-2629 or (956) 292-7612
in person or regular mail to:
Mailing/Postal Address: 2812 S. Business Hwy. 281
Physical Address: 2802 S. Business Hwy. 281
Edinburg, Texas 78539
or e-mail: purchasing@co.hidalgo.tx.us

Company Name: **Telephone No. ( )**

dba Name:

Legal Name:

Mailing Address: **Fax No. ( )**

Physical Address:

City, State, Zip **Tax I.D. No.**

Remit to Address : **City, State, Zip**

E-Mail Address:

Representative(s) Name(s) & Title(s)

Type of Organization (check one): _____ **Individual** _____ **Partnership** _____ **Corporation** _____**Non-Profit**
_____ **LLC** _____ **Sole Proprietor** _____ **Other, Specify**
State Identification No._____ **(Please attached completed W-9 form with this application)**
Federal Identification No. or (if individual) SS No.

State of Incorporation: _____ **Date:**_____ **Other:**

Type of Business (check one): _____ **Manufacturer** _____ **Wholesaler** _____ **Retailer** _____ **Broker**
_____ **Distributor** _____ **Service Organization** _____ **Other, Specify**

Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:

Small and/or Disadvantaged Business Information (check application criteria)

Small Business:	**Disadvantaged Business (At Least 51% Ownership)**	
☐ Less than 125,000 annual gross receipt	☐ Black American	☐ Native American
☐ Less than 250,000 annual gross receipt	☐ Hispanic American	☐ Women
☐ Less than 499,000 annual gross receipt	☐ Asian Pacific American	☐ Other
☐ More than 500,000 annual gross receipt		

Have you been certified as a HUB or an MBE/WBE source?: ☐ Yes ☐ No

Indicate Certification No.(s):_____ **or are Certificate(s) attached?:** ☐ Yes ☐ No

What type of product(s) is/are solicited by your company?:

Would you like to be provided with specifications for procurements of such products?: ☐ Yes ☐ No

To Be Completed by the County: Rec'd by (Purchasing):_____ **Date Rec'd by (Purchasing):**

Date Forwarded Information to Auditor's Office:_____**Entry Date:** _____ **Vendor No.:**

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ☐Yes ☐ No

If yes, by whom?: ☐ Texas Building & Procurement Commission ☐ Other_____

Indicate Certification No(s).:_____ or Are Certificate(s) Attached?: ☐ Yes ☐ No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

HUB Subcontractor Name: _____ HUB Status:
Certifying Agency (Check all applicable): ☐Texas Building & Procurement Commission ☐ other
Address: _____ City: _____ State: _____ Zip:
Contact Person: _____ Title: _____ Phone No.: ( )
Subcontract Amount: $_____ Description of Work to be Performed:

Certification
Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and

d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:_____
Print Name:_____
Title:_____
Telephone Number:_____
Date:_____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

REQUIRMENTS AGREEMENT
HIDALGO COUNTY INMATE PAY
TELEPHONE SERVICES AGREEMENT
C-16-097

THIS AGREEMENT is made and entered into this_____ day of _____, 2016, by and between **HIDALGO COUNTY, TEXAS** (hereinafter referred to as "County") and _____(hereinafter referred to as "Contractor").

W I T N E S S E T H:

WHEREAS, County advertised for sealed bids for services and materials connected with purchase of equipment and installation necessary for inmate pay telephone services and;

WHEREAS, Contractor was the successful bidder in response to the Request for Proposals (RFP) by County.

NOW, THEREFORE, in consideration of the following mutual agreements and covenants, it is understood and agreed by and between the parties hereto as follows:

1. Contractor shall perform all of the work and provide all materials, equipment and labor (the "Services") required in accordance with the terms and conditions of the Request for Proposals (RFP), a copy of which is attached hereto as Exhibit "A" (the "RFP").

2. Contractor represents and warrants to County that Contractor possesses all of the licenses, permits and expertise required to perform the services contemplated in the RFP including, but not limited to, the supplying of the equipment (as described in the RFP) and the installation of such equipment (the "Services"). Contractor warrants and represents that during the term of this Agreement, Contractor shall maintain all such licenses and permits. Contractor warrants that the Services rendered, including all materials, furnished shall be in accordance with the terms of the Contract Documents.

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3. The term "Contract Documents" as used herein shall include the following documents, and this Contract does hereby expressly incorporate same herein as fully as if set forth verbatim in this Contract:

a. RFP dated JULY 27, 2016 (the "RFP"), a copy of which is attached hereto as **Exhibit "A"** and incorporated herein for all purposes;

b. Contractor's **Proposal** to the RFP identified by signature of _____ _____a copy of which is attached hereto as **Exhibit "B**" and incorporated herein for all purposes.

c. All documents furnished by County to Contractor, including but not limited to Request for Proposals ("Proposal");

d. This Contract.

In the event of any conflict or contradiction between or among these documents, the documents shall control in the following order of precedence, this Contract, the RFP, and the Proposal.

4. All provisions of the Contract documents shall be strictly complied with and conformed to by Contractor and no amendment to this Contract shall be made except upon the written consent of the parties. No amendment shall be construed to release either party from any obligation, representation and/or warranty of the Contract Documents except as specifically provided for in such amendment.

5. Service Agreement.

a. ***Installation.*** All work will be done in a professional, workman-like manner by fully qualified and trained personnel. The number of inmate telephones and telecommunication devices of the deaf installed at the Hidalgo County Jail will be determined by the Chief Deputy of the Hidalgo County Sheriff's Department. All equipment provided by Contractor shall remain the property of Contractor and will be installed at no cost to County. In addition to all other Services, Contractor shall provide at no cost

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to County, three (3) portable telephones, two (2) TDD's (telephone communication devices for the hearing impaired), and five (5) spare/replacement telephones (for use if telephones are not functioning).

b. ***Maintenance.*** Contractor will respond to a maintenance or repair request from County within 24 hours for minor outages and within 3 hours for major outages. A minor outage is defined as the inability to originate calls from less than 25% of the stations served by Contractor. A major outage is defined as the inability to originate calls from 25% or more of the stations served by Contractor.

c. ***Contractor*** shall coordinate with County for the removal and change out of present inmate telephone services and the local exchange carrier to minimize the down time and interruption of inmate telephone service.

6. Distribution of Collected Proceeds by _____

Contractor agrees to provide Hidalgo County distribution of gross billed revenues as follows:

a. ____% of the gross billed revenue for "flat rate" Local Collect calls.

b. ____% of gross billed revenue for Long Distance Collect calls.

c. ____ Dollar ($0.00) Card will cost Hidalgo County Sheriff's Office _____ Dollars and _____ Cents (**$ 0.00**) each.

Gross revenue includes all flat rate and usage charges plus any surcharges billed less no deductions. All commission calculations will use the billed amounts and no other form of calculating commissions will be accepted.

Distribution will be made within sixty (60) days following the end of the month in which the call giving rise to the revenue is generated.

7. Term.

a. Subject to the provisions of Exhibit (b) below, the term of this Agreement shall be for a period of **Two (2) Years** commencing _____ _____**, 2016,** expiring _____

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_____, 201__ and County's sole option to extend/renew for an additional Three (3) Year term based upon prior year's performance evaluation and contingent upon cost, terms and conditions remaining unchanged. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract

b. In the event that Contractor shall fail to perform, keep and observe any of the terms, covenants and conditions of this Agreement, County shall give Contractor written notice of such default and in the event said default is not remedied to the satisfaction and approval of County, County may, on thirty (30) days written notice terminate this Contract. County, at its sole discretion, may terminate this Contract on sixty (60) days written notice without cause.

Should Contractor for any reason in the sole opinion of County become unable to complete the work specified in this Contract, County may, in its sole discretion, call the performance bond due, in full, as and for such non-performance, and/or as liquidated damages.

8. **Access**. County agrees to provide Contractor reasonable access to the premises and the telephone facilities

as required by Contractor to perform the services outlined in this Contract. In the event Contractor installs any equipment on County premises as part of this Contract such equipment shall remain the property of Contractor. All inside wiring and conduit placed by Contractor under this Agreement becomes the property of County upon termination and/or expiration of this Contract. Except as require by applicable law no person or entity other than County and Contractor will have access to the facility.

9. This Contract is entered into subject to the following conditions:

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a. In the event that any provision or portion of any Contract documents shall be found to be invalid or unenforceable, then such provision or portion thereof shall be reformed in accordance with the laws of the State of Texas. The invalidity or unenforceability of any provision or portion of any Contract Documents shall not affect the validity or enforceability of any other provisions or portion of the Contract Documents.

b. Contractor shall use its best efforts to keep to a minimum disruption or interruption of the County's jail facility and/or work of County employees while performing its work in accordance with the Contract Documents.

10. Contractor expressly acknowledges that Contractor will be acting as an independent contractor for all purposes, including payment of social security, withholding taxes and all other federal, state and local taxes. Contractor, as independent contractor, shall be solely responsible to its employees, agents, third party contractors, or any other person supplying labor or material for Contractor in performing any portion of this contract or any action or omission incident thereto.

11. Contractor assumes full responsibility and liability for all labor and materials furnished and activities conducted by Contractor pursuant to the contract and any action or omission incident thereto.

12. Contractor will indemnify and hold County, its elected officials, officers, agents and employees (the "Indemnified Parties") harmless from any and all claims, actions, liability, and expenses (including costs of judgments, settlements, court costs, and attorneys' fees, regardless of the outcome of such claim or action) caused by, resulting from, or arising out of any alleged negligent or intentional acts or omissions or any failure to perform any obligation undertaken or any covenant in this Contract, whether such act, omission, or failure was the Contractor's or that of any person providing Services hereunder through or for the Contractor. Upon written notice from County, the Contractor will resist and defend at

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Contractor's own expense, and by counsel reasonably satisfactory to County, any such claim or action. Such indemnification shall include, but not be limited to, all the Indemnified Parties' attorneys fees and costs incurred in defending or responding to any action brought or threatened against the Indemnified Parties for any action or omission arising from or incident to Contractor's performance under this Contract.

13. Insurance Requirements. For this Agreement to become effective Contractor must provide County with a Certificate of Insurance naming County as additional insured for the activities of Contractor providing inmate telephone equipment and service in the Hidalgo County Jail, to all policies listed below and state that Hidalgo County Commissioners Court will receive thirty (30) days advance written notice of any material change or cancellation of any policy listed on the Certificate.

General Liability: Limits for General Liability shall be no less than $1,000,000 bodily injury each occurrence and $500,000 property damage each occurrence and $1,000,000 property damage in aggregate. An acceptable alternative will be $1,000,000 combined single limit for bodily injury and property damage.

Automobile Liability: Coverage should be afforded on all owned, non-owned and hired vehicle whether private passenger or other than private passenger. Limits for Automobile Liability should be no less than $500,000 bodily injury per person, $1,000,000 per accident and $500,000 property damage each accident. An acceptable alternative will be $1,000,000 combined single limit for bodily injury or property damage.

Workers Compensation: Coverage should be afforded for all operations of Contractor's business as required by the State of Texas. Coverage for Employer's Liability should be no less than $500,000 for all claims.

DRAFT

14. ***Performance Bond.*** For this Contract to become effective Contractor must furnish a performance bond in the form of a bond issued by a surety company authorized to do business in the State of Texas, a Cashier's Check or Irrevocable Letter of Credit to the County of Hidalgo within ten (10) calendar days after award of this Contract, and prior to any installation work or equipment delivery or performance of the Services. The performance bond must be payable to County in the amount of $20,000 and will be retained during the full period of this Contract and/or renewals. No personal or company checks are acceptable. This Contract and dates of performance must be specified in the performance bond. In the event that County exercises its options to extend the Contract for an additional period, the Contractor shall be required to maintain the validity and enforcement of the bond for the said period, pursuant to the provisions of this numbered paragraph, in an amount stipulated by County at the time of the renewal of this Contract.

15. This Contract shall be governed by the laws of the State of Texas and shall be performable in Hidalgo County, Texas.

16. Contractor agrees, for itself and on behalf of its successors, and any person or persons claiming under Contractor by virtue hereof, that this Contract and the rights, interests, and benefits hereunder cannot be assigned, transferred, pledged, or hypothecated in any way and shall not be subject to execution, attachment, or similar process. Any such attempt to do so, contrary to the terms hereof, shall be null and void and shall relieve the County of any and all obligations or liability hereunder.

17. If any provision, paragraph, or subparagraph of this Contract is adjudged by any court of law to be void or unenforceable, in whole or in part, such adjudication shall not be deemed to affect the validity of the remainder of the Contract, including any other provision, paragraph or subparagraph. Each provisions, paragraph, and subparagraph of this Contract is declared to be separable from every other provision, paragraph, and subparagraph and constitutes a separate and distinct covenant.

DRAFT

18. Contractor shall commence the performance of the Services on _____ _____, 2016 and the Services shall be completed on or before _____ _____, 201__.

19. County will not withhold income tax or Social Security tax on behalf of the Contractor or any of Contractor's partners, employees, subcontractors, or agents. In addition, none of the foregoing will have any claim under this Contract or otherwise against County for vacation pay, sick leave, unemployment insurance, worker's compensation, retirement benefits, disability benefits, or employee benefits of any kind. The Contractor will have exclusive responsibility for the payment of all such taxes and arrangement for

insurance coverage and will discharge such responsibility fully.

20. The Contractor will incur no financial obligation on behalf of County without prior written approval of the County Judge. The Contractor will be responsible for all personal and professional expenses, including, but not limited to, membership fees and dues and expenses of attending conventions and meetings.

21. Contractor will not discriminate on the basis of race, color, sex, age, religion, national origin, or handicap in providing services under this Contract or in the selection of associates, employees, or independent contractors.

22. Following the expiration of this Contract or its termination for any reason, Contractor agrees to do nothing that may interfere with any contract of County with any other individual or entity for the provision of the Services.

23. Any waiver of enforcement of any provision or waiver of any breach of this Contract, whether or not recurring, shall not be construed as a waiver of any subsequent enforcement or breach.

24. The invalidity or unenforceability of any provisions of this Contract will not affect the validity or enforceability of any other provision.

DRAFT

25. Any amendments to this Contract will be effective only if in writing and signed by County and the Contractor.

26. The defined terms used herein are for convenience only and do not limit the contents of this Contract.

27. All pronouns and all variations thereof shall be deemed to refer to the masculine, feminine or neuter, singular or plural, as the identity of the person or persons or entity may require.

28. The execution and performance of this Contract by County and Contractor have been duly authorized by all necessary laws, resolutions or corporate action, and this Contract constitutes the valid and enforceable obligations of Contractor and County in accordance with its terms.

29. No waiver or modification of the Contract documents shall be valid unless it is in writing and signed by the County and Contractor.

30. This Contract shall be binding upon, and inure to the benefit of Contractor and County and their respective successors and assigns.

31. If either party hereto shall breach any of the terms hereof, such party shall pay to the non-defaulting party all of the non-defaulting party's costs and expenses, including attorney's fees and court costs, incurred by such party in enforcing the terms of this Contract.

32. This Contract constitutes the entire agreement between the parties with respect to the subject matter hereof. This Contract supersedes any and all other agreements, whether oral or in writing, between the parties with respect to the subject matter hereof.

33. All notices shall be given in writing and be sent by registered or certified mail, return receipt requested, and shall be addressed:

If to County: County of Hidalgo
Attn: County Judge
100 E. Cano St. 2nd Floor
Edinburg, Texas 78539

DRAFT

If to Contractor: _____
_____
_____
_____

34. Proprietary Information. To the extent permitted by applicable law, County agrees that all information relating to Contractor "Non-Sent Paid" calls (collect calls), the contents of this Agreement and all pricing and proposals related to the Services are proprietary to Contractor. All such information, to the extent permitted under the Texas Open Records Act and other applicable law, will be held in trust and confidence by County.

35. County may terminate this Contract at any time for any reason or no reason at all upon giving thirty (30) days prior written notice to the Contractor.

36. ***Commitment of Current Revenues Only***– In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of the County under this Contract, County may terminate this Contract upon sixty (60) days written notice to Contractor. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Contract. The parties intend this provision to be a continuing right to terminate this Contract at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

DRAFT

EXECUTED as of the day and year first written above.

APPROVED AS TO FORM:
Atlas & Hall, LLP

By: _____
Stephen L. Crain, Attorney

COUNTY OF HIDALGO

By:_____
Ramon Garcia, County Judge

ATTEST:

_____
Arturo Guajardo, Jr., County Clerk

COMPANY:

By:_____

Printed Name: _____

Title: _____

DRAFT

EXHIBIT “A”

REQUEST FOR PROPOSALS (RFP) PROCUREMENT PACKET

DRAFT

EXHIBIT "B"

CONTRACTOR'S PROPOSAL
with BEST and FINAL OFFER (BAFO)

DRAFT

DRAFT

EXHIBIT "C"

INSURANCE REQUIREMENTS

Zimbra **yolanda.velasquez@co.hidalgo.tx.us**

RE: Inmate Pay Telephone System & Services

From : Steve Crain <scrain@atlashall.com> Tue, Jun 28, 2016 02:02 PM
Subject : RE: Inmate Pay Telephone System & Services
To : 'Yolanda Velasquez' <yolanda.velasquez@co.hidalgo.tx.us>

It should work.

-----Original Message-----
From: Yolanda Velasquez
[mailto:yolanda.velasquez@co.hidalgo.tx.us]
Sent: Tuesday, June 28, 2016 1:52 PM
To: Steve Crain <scrain@atlashall.com>
Subject: Inmate Pay Telephone System & Services

Hello,

Made changes/additions as requested. Please review as to form. I have replied to question on section 6 (please refer to pdf attachment) if I need to remove it, please let me know. (Language was based on last contract)

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Dept.
Tel: (956) 318-2626 ext. 4881
yolanda.velasquez@co.hidalgo.tx.us

----- Original Message -----
From: "Yolanda Velasquez"
<yolanda.velasquez@co.hidalgo.tx.us>
To: "Steve Crain" <scrain@atlashall.com>
Sent: Monday, June 27, 2016 4:43:26 PM
Subject: Inmate Pay Telephone System & Services

Good afternoon Mr. Crain,

Please review as to form. I have an AI for the 7th on

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-78030

Date Filed:
06/29/2016

Date Acknowledged:
07/05/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Global Tel*Link Corporation
Reston, VA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-13-264-08-27
Inmate Phones

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Rossetti, Paul	New York, NY United States	X	
Oliver, Brian	Reston, VA United States	X	
Sand, Michael	New York, NY United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-78030

Date Filed:
06/29/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Global Tel*Link Corporation
Reston, VA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-13-264-08-27
Inmate Phones

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Rossetti, Paul	New York, NY United States	X	
Oliver, Brian	Reston, VA United States	X	
Sand, Michael	New York, NY United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

LISA FURR
NOTARY PUBLIC
REG. #7360374
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES JULY 31, 2018

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian D. Oliver, this the 29th day of June, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Lisa Furr	Lisa Furr	Asst. Assistant

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 27, 2016

GTL/Value Added Communications, Inc
Jeff Haidinger, President
12021 Sunset Hills Rd, Ste 100
Reston, VA 20190

corby.kenter@gtl.net

Re: Sixty (60) Day Extension to Contract #E-13-264-08-27 "Inmate Pay Telephone Services"

Dear Gentlemen:

Commissioners' Court will take applicable action on **(Tuesday, July 05th)** in connection with the Hidalgo County's option to exercise the **Sixty (60) Day** grace period as stated in the current contract in place while the procurement process is completed under the same rate, term and conditions.

Please acknowledge receipt of this notice of extension by signing below and returning to the Purchasing Department by no later than Friday, June 24, 2016. Via email attn: yolanda.velasquez@co.hidalgo.tx.us.

By: _____ Date: 6/29/16

Additionally, we are requesting your company provide an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bids, Quotes, Proposals, Statement of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at 956-292-7000 extension 4881. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Department

xc: file

AI-54680

Purchasing Department 12. U.

CC CONSENT

Meeting Date: 07/06/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Authority to exercise the final one (1) year extension option for Hidalgo County - "Off Premises Record Storage-Pick-up Retrieval-Delivery" under same rates, terms and conditions with: CTC Distributing, Ltd.

BACKGROUND

Contract Term: August 02, 2016 thru August 01, 2017.

Fiscal Impact

FISCAL YEAR: 2016 ACCT. #: 6-1100-421-00-280-001-0-350
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

FISCAL YEAR: 2016 ACCT. #: 6-1100-415-18-160-001-0-350
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

FISCAL YEAR: 2016 ACCT. #: 6-1238-412-00-090-003-0-350
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

FISCAL YEAR: 2016 ACCT. #: 6-1100-415-50-190-002-0-350
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

Attachments

Signed Renewal-1295 Request Letter
INS-CTC
E-15-201-CTC CONTRACT WITH AMENDMENTS
form 1295
ins

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/27/2016 11:04 AM
Budget & Management	Veronica Ortiz	06/27/2016 11:32 AM
Glinda Pacheco	Glinda Pacheco	07/01/2016 01:33 PM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Yolanda Velasquez Started On: 05/18/2016 11:26 AM
Final Approval Date: 07/01/2016

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626 / Fax: (956) 318-2629

June 22, 2016

CTC Distributing, Ltd.
Attn. Kelly Madden
615 Blaze Blvd.
Edinburg, Texas 78539

Via E-Mail: k_madden@ctcdistributing.com

Re: Renewal/Extension – E-15-201-05-19

Dear Mr. Madden

Hidalgo County Purchasing Department will be requesting Commissioner's Court to consider the County's sole option to exercise its final one (1) year extension/renewal as provided in the current contract (under the same rates terms and conditions). Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda/meeting of **July 05, 2016** for discussion, consideration and action, by signing below and returning to the Purchasing Department by no later than **Friday, June 24, 2016** via email to: yolanda.velasquez@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

Signature: _____ Date: 6/22/2016

Print: _____

Additionally, we are requesting that your company provide an Updated Certificate of Insurance as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626 ext. 4881. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Department

cc: department

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 22, 2016

CTC Distributing, LTD.
Bidder's name
615 Blaze Blvd.
Address
Edinburg,
City
Texas 78539
State, Zip Code

Re: **E-15-201-05-19**
HIDALGO COUNTY
Contract Renewal

Dear Mr. Madden

In order to process the award of bid/contract resulting from this bid, the County is required, as of January 1, 2016, to comply with Texas Government Code, §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed Certificate of Interested Parties Form 1295, to the County before the County may enter into a contract with the business entity.

In order for County staff to process the above referenced bid, you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of Form 1295, provide Reference No.: E-15-201-05-19 shown above. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to maintain the schedule for presentation to Commissioners' Court Meeting on July 05, 2016, the signed notarized Form 1295 must be received in our office completed via fax to (956) 292-7612 or via email to yolanda.velasquez@co.hidalgo.tx.us on or before Friday, June 22, 2016. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yzv
Enclosures

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/9/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McAfee Insurance Agency
P. O. Box 625
321 Second Street
Mercedes TX 78570

CONTACT NAME: Mindy Rivera
PHONE (A/C, No, Ext): (956)565-2481 **FAX (A/C, No):** (956)565-2733
E-MAIL ADDRESS: mindy@mcafeeagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Republic Lloyds	
INSURER B : Texas Mutual Ins. Co.	
INSURER C : Hanover Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Goldman Services, Inc., etal
615 Blaze Blvd
Edinburg TX 78539

COVERAGES **CERTIFICATE NUMBER:** 16-17 WC RENEWAL **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		CMP 5524865 09	11/21/2015	11/21/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 200,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BAP 5636061 08	11/21/2015	11/21/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			UMB 5636062 08	11/21/2015	11/21/2016	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TSF 0001176109	1/5/2016	1/5/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Motor Truck Cargo Warehouse Legal Liability			IHD3260703-07	6/3/2015	6/3/2016	Single Conveyance/$100,000 500,000 per occ	Deduct/1,000 Deduct/1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County
Purchasing Department
2812 S Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard Garza/MIN

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STATE OF TEXAS §
§
COUNTY OF HIDALGO §

SECOND AMENDMENT TO SERVICE CONTRACT

(E-15-201-05-19)

This **AMENDMENT** to Service Contract for **"Off Premises Record Storage-Pick-up Retrieval-Delivery"** (on an as needed basis) is made this 10th day of **May, 2016** by and between **Hidalgo County** Texas ("County") and **CTC Distributing, LTD.** ("Company").

WHEREAS, the Contract was amended effective the 16th day of February, 2016 to clarify certain provisions of the Contract.

WHEREAS, the County now requires further amendment to Contract to amend Exhibit B-1 (Bid Page) to reflect the unit price per box (per month), irrespective of the number of boxes stored by company.

WHEREAS, the parties desire to amend the Contract as hereinafter provided.

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein, for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Company hereby agree to the following amendment to the Contract:

1. Exhibit Amended B-1 is deleted in its entirety and Exhibit B1- attached hereto is substituted in lieu thereof.

2. Except as modified herein, all terms and conditions of the Contract, as amended, remain in full force and effect and Company and County ratify and confirm the terms and provisions of the Contract as amended.

EXECUTED IN DUPLICATE ORIGINALS and effective as of the day and year first written above.

CTC DISTRIBUTING LTD.

By: _____
Brian Kelly Madden

HIDALGO COUNTY, TEXAS

By: _____
Ramon Garcia, County Judge

ATTEST:

By: _____
Arturo Guajardo, Jr., County Clerk

COMMISSIONERS COURT HIDALGO COUNTY, TEXAS

APPROVED BY COMMISSIONERS' COURT ON: 3/10/16

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.

By: _____
Stephen L. Crain, Attorney

MODIFIED AMENDED

EXHIBIT "B-1"

BID PAGE

"OFF PREMISES STORAGE, RECORDS MANAGEMENT,
PICK UP, RETRIEVAL & DELIVERY SERVICES" for
HIDALGO COUNTY (All Funding Sources)

Specification(s) for Storage Boxes: Legal Size: 24½ Length x 15½ Width x 11 Height

PRICE FOR STORAGE OF APPROXIMATELY 172 (SUBJECT TO INCREASE/DECREASE) LEGAL SIZE CURRENT AND FUTURE RECORDS INVENTORY HUMAN RESOURCE DEPARTMENT

UNIT PRICE $ 1.00

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-45420

Date Filed:
04/26/2016

Date Acknowledged:
04/26/2016

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**
CTC Distributing Ltd
Edinburg, TX United States

2 **Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**
Hidalgo County Sheriff's Office

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods or other property to be provided under the contract.**
C-15-201-05-19
Document Storage

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 **Check only if there is NO Interested Party.** [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING
Certificate Number:
2016-45420
Date Filed:
04/26/2016
Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CTC Distributing Ltd
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Sheriff's Office

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods or other property to be provided under the contract.
C-15-201-05-19
Document Storage

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

NOTARY PUBLIC STATE OF TEXAS
Edna V. Rodriguez
Commission Expires
08-23-2016

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Kelly Madden, this the 26th day of April, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Brian Kelly Madden — Printed name of officer administering oath | Vice President — Title of officer administering oath

APPROVED

AI-54357

Purchasing Department
10. FF.

CC CONSENT

Meeting Date: 05/10/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION ✓

Presentation for acceptance and approval of "Second Amendment" to current Service Contract #E-15-201-05-19 between Hidalgo County and CTC Distributing Ltd. for "Off Premises Record Storage-Pick-up Retrieval-Delivery" to amend and replace Exhibit B-1 to reflect the unit price per box (per month), irrespective of the number of boxes stored by company for Human Resources Department.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1100-415-50-190-002-0-350
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

Funds available as of 05/05/16 via PO#739319.

Attachments

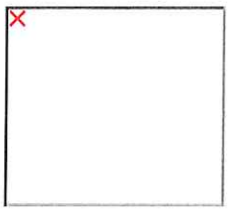
Amendment-2.pdf

Legals Approval

Form-1295-filed-acknowledge.pdf

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	04/29/2016 03:28 PM
Budget & Management	Veronica Ortiz	05/02/2016 10:27 AM
Final Approval	Monica Badillo	05/06/2016 05:42 PM



AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
May 10, 2016
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, EDUARDO "EDDIE" CANTU the Court made a UNANIMOUS vote of approval without Items.2.X., 2.CC., 8.A., 10.B.3., 10.O., 10.DD. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. AI-54555 **Approval of check register and payment of claims and bills -** (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Check Fraud Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2016 Intradepartmental transfers:**

   A. AI-54527 2016 - Human Resources (1100)

   B. AI-54528 2016 - Pct. 1 Road Maint. (1200)

   C. AI-54529 2016 - Pct. 1 Parks (1100)

   D. AI-54508 2016 - Pct. 3 Rd. Maint. (1200)

A. AI-54436 Self-Insured (2202)
Requesting approval of reimbursement of the Hidalgo County Workers' Comp. Claims paying account for claims paid by Tristar Risk Management for the period of April 16-30, 2016 in the amount of $47,595.54 and requesting approval of wire transfer.

B. AI-54151 1. Approval of reimbursement in the amount of $889,403.09 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 04/09/16 to 04/22/16.

04/09-15/16	$411,197.61
04/16-22/16	$478,205.48
TOTAL	$889,403.09

2. Approval of wire transfer to cover claims paid.

10. ✔ **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. AI-54539 Pct. #4 - Project Invoices:
1. Request for payment of Invoice 11325593 for $15,371.60 submitted by L & G Consulting Engineers Inc. for the Overpass at SH 107 Schunior (PO#735290).
2. Request for payment of Invoice 11325638 for $3,550.00 submitted by L & G Consulting Engineers Inc. for the 10th Street Extension Poject WA#2 (PO#700265).
3. Request for payment of Invoice 11325596 for $107,787.00 submitted by L & G Consulting Engineers Inc. for the FM 2220 (Ware Road) Project WA#2-Limits: Mile 3 to Mile 5 (PO#736559).
4. Request for payment of Invoice 11325636 for $37,456.00 submitted by L & G Consulting Engineers Inc. for the Mile 5 Project WA#1 From: Taylor Rd to FM 2220 (PO#740893).
5. Request for payment of Invoice 11325610 for $37,310.00 submitted by L & G Consulting Engineers Inc. for the FM 1925 WA#1 1,000 Ft. W of FM 2220 to 10th (PO#7397601).

EE. AI-54390 Acceptance and approval of the continuation of the "Retail Fuel Card Services-Contract #946-C1" with the renewal term by the Council on Competitive Government Cooperative [CCG] with and thru the State of Texas Comptroller's Office-Texas Procurement and Support Services [TPASS] exercising its option of renewing final year [on web page] with contracted vendor "U.S. Bank National Association" with ending date of renewal services through April 30, 2017 thus allowing the County continuing the use of the retail fuel card services for emergency situations and/or travel outside the County.

FF. AI-54357 Presentation for acceptance and approval of "Second Amendment" to current Service Contract #E-15-201-05-19 between Hidalgo County and CTC Distributing Ltd. for "Off Premises Record Storage-Pick-up Retrieval-Delivery" to amend and replace Exhibit B-1 to reflect the unit price per box (per month), irrespective of the number of boxes stored by company for Human Resources Department.

GG. AI-54315 Constable Pct. #4:
Requesting approval for the destruction of salvaged departmental uniforms in the interest of safety and security against possible misuse of said items, since they contain department logo.

HH. AI-54266 Human Resource Department is requesting to surplus (for the purpose of destruction) software currently installed in a surplus computer. Software has since been considered obsolete and is of no use to the department.

1) Asset Tag No. 42000 Description: PaperFlow Plus Software
2) Asset Tag No. 42001 Description: HR Base Application

Fwd: SECOND-AMENDMENT- CTC Distributing Amendment

✓ BRS

From : Martha Salazar <martha.salazar@co.hidalgo.tx.us> Tue, Apr 26, 2016 09:51 AM

Subject : Fwd: SECOND-AMENDMENT- CTC Distributing Amendment

To : YOLANDA VELASQUEZ <yolanda.velasquez@co.hidalgo.tx.us>

----- Forwarded Message -----
From: "Steve Crain" <scrain@atlashall.com>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Sent: Tuesday, April 26, 2016 7:47:43 AM
Subject: RE: SECOND-AMENDMENT- CTC Distributing Amendment

The revised amendment is fine. ✓

-----Original Message-----
From: Martha Salazar
[mailto:martha.salazar@co.hidalgo.tx.us]
Sent: Monday, April 25, 2016 4:39 PM
To: Steve Crain <scrain@atlashall.com>
Cc: YOLANDA VELASQUEZ <yolanda.velasquez@co.hidalgo.tx.us>
Subject: Fwd: SECOND-AMENDMENT- CTC Distributing Amendment

Mr. Crain:
Additional changes completed. Please review and comment as to form.
Thanks,
Marty S.

----- Forwarded Message -----
From: "Yolanda Velasquez"
<yolanda.velasquez@co.hidalgo.tx.us>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Sent: Monday, April 25, 2016 4:24:13 PM

Subject: SECOND-AMENDMENT- CTC Distributing Amendment

Made change as recommended.

Please see the attached with changes.

-----Original Message-----
From: Martha Salazar
[mailto:martha.salazar@co.hidalgo.tx.us]
Sent: Monday, April 25, 2016 3:12 PM
To: Steve Crain
Subject: Fwd: CTC Distributing Amendment

Changes recommended have been completed.
Please review and comment as to form.
Marty

----- Forwarded Message -----
From: "Yolanda Velasquez"
<yolanda.velasquez@co.hidalgo.tx.us>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Sent: Monday, April 25, 2016 2:58:16 PM
Subject: Fwd: CTC Distributing Amendment

Made change as recommended by legal. Please forward for review as to form

Thanks

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Dept.
Tel: (956) 318-2626 ext. 4881
yolanda.velasquez@co.hidalgo.tx.us

----- Forwarded Message -----
From: "Stephen L. Crain" <scrain@atlashall.com>
To: "Yolanda Velasquez"
<yolanda.velasquez@co.hidalgo.tx.us>
Sent: Monday, April 25, 2016 2:10:37 PM
Subject: FW: CTC Distributing Amendment

-----Original Message-----
From: Stephen L. Crain [mailto:scrain@atlashall.com]
Sent: Monday, April 25, 2016 2:10 PM
To: 'Martha Salazar'
Subject: RE: CTC Distributing Amendment

Please refer to the attached with changes. If you have any questions, please call our office.

-----Original Message-----
From: Martha Salazar
[mailto:martha.salazar@co.hidalgo.tx.us]
Sent: Monday, April 25, 2016 11:54 AM
To: Steve Crain
Cc: YOLANDA VELASQUEZ; Rudy Salinas
Subject: Fwd: CTC Distributing Amendment

Mr. Crain:
HCCC approved an amendment to the contract for document storage in February of this year [see attached]. However, the quote from CTC was on a per box basis and not the amount of boxes ready for storage of 150. Thus additional documents need storing and the number of boxes has increased. Because the first amendment gave the figure of 150/month, new invoices showing 172 boxes is not being honored by Auditor. This second amendment is necessary to clarify the issue. The vendor's original quote for the amendment does confirm $1.00 per box per month. Please review and comment on second draft amendment as to form.
Thanks,
Marty S.

----- Forwarded Message -----
From: "Yolanda Velasquez"
<yolanda.velasquez@co.hidalgo.tx.us>
To: "Martha Salazar" <martha.salazar@co.hidalgo.tx.us>
Cc: "Rudy Salinas" <rudy.salinas1@co.hidalgo.tx.us>
Sent: Monday, April 25, 2016 11:48:58 AM
Subject: Fwd: CTC Distributing Amendment

FILED
AT 4:10 O'CLOCK P M
FEB 23 2016
ARTURO GUAJARDO, JR., COUNTY CLERK
HIDALGO COUNTY, TEXAS
BY DEPUTY

STATE OF TEXAS §
§
COUNTY OF HIDALGO §

FIRST AMENDMENT TO SERVICE CONTRACT
(E-15-201-05-19)

This First Amendment to Service Contract for "Off Premises Record Storage-Pick-up Retrieval-Delivery" (on an as needed basis) is made this 16th day of February, 2016 by and between Hidalgo County, Texas ("County") and CTC Distributing, LTD. ("Company").

WHEREAS, Company and County entered into a Contract dated May 19, 2015, in which Company agreed to provide certain services for the purpose of "Off Premises Record Storage Pick-up Retrieval-Delivery" (on an as needed basis) for Hidalgo County- County Wide use (the "Contract");

WHEREAS, the specifications as advertised prior the bid for the Contract contained #36 which provided for County Wide use from all funding services;

WHEREAS, the County desires to add County's Human Resources Department to the Contract;

WHEREAS, the parties desire to amend the Contract as hereinafter provided.

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein, for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Company hereby agree to the following amendment to the Contract:

1. The first Whereas clause is deleted in its entirety and the following inserted in lieu thereof;

   WHEREAS, Company responded to advertised notices for bids for "Off Premises Storage, Records Management, Pick Up & Delivery Services for Hidalgo County – (the "Services"); and

2. Exhibit B- Pricing List is deleted in its entirety and Exhibit B-1 Pricing List attached hereto is substituted in lieu thereof.

3. Expect as modified herein, all terms and conditions of the Contract, as amended, remain in full force and effect. County and Contractor ratify and confirm the terms and provisions of the Contract as amended.

EXECUTED IN DUPLICATE ORIGINALS and effective as the day and year first written above.

COUNTY OF HIDALGO

Ramon Garcia, County Judge

APPROVED BY COMMISSIONERS' COURT ON: 2/16/16

CTC DISTRIBUTING LTD.

By: _____
Brian Kelly Madden

Title: GENERAL MANAGER

ATTEST:

By: _____
Arturo Guajardo, Jr., County Clerk

COMMISSIONERS COURT HIDALGO COUNTY, TEXAS

APPROVED AS TO FORM:

ATLAS, HALL & RODRIGUEZ, LLP

By: _____
Stephen L. Crain

AMENDED

EXHIBIT "B-1"

BID PAGE

"OFF PREMISES STORAGE, RECORDS MANAGEMENT,
PICK UP, RETRIEVAL & DELIVERY SERVICES" **for**
HIDALGO COUNTY (All Funding Sources)

Specification(s) for Storage Boxes: Legal Size: 24½ Length x 15½ Width x 11 Height

PRICE FOR STORAGE OF **APPROXIMATELY 150 LEGAL SIZE CURRENT AND FUTURE** RECORDS INVENTORY **HUMAN RESOURCE DEPARTMENT**

MONTHLY $ 150.00

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-10061

Date Filed:
02/08/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CTC Distributing, Ltd.
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
E-15-201-05-19
Off premises, storage, records management, pick-up, retrieval & delivery services

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

NOTARY PUBLIC STATE OF TEXAS
Edna V. Rodriguez
Commission Expires
08-23-2016

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRIAN K MADDEN, this the 8th day of FEB, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	BRIAN K MADDEN	GEN MGR

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-10061

Date Filed:
02/08/2016

Date Acknowledged:
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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CTC Distributing, Ltd.
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

E-15-201-05-19
Off premises, storage, records management, pick-up, retrieval & delivery services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

APPROVED

Purchasing Department
24. A. 3.

AI-53283

CC - REGULAR

Meeting Date: 02/16/2016

Submitted For: Yolanda Velasquez, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Approval of "First Amendment" to Service Contract #E-15-201-05-19 [including Exhibit B-1 Price List for HR] between Hidalgo County and CTC Distributing Ltd. for "Off-Premises Record Storage-Pick-up Retrieval & Delivery" where the County wishes to add Human Resources (HR) for the purpose of off premises storage/retrieval services under contract to store files.

BACKGROUND

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1100-415-50-190-002-0-350
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

Funds available pending approval of AI-53284.

Attachments

First Amendment-CTC Distributing

Legals Approval

E-15-201-05-19-CTC Distributing

CIP-1295-Filed

Updated Insurance-2-9-16

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	02/09/2016 04:56 PM

E-15-201-05-19

Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626 / Fax: (956) 318-2629

April 30, 2015

CTC Distributing Ltd.
Attn. Kelly Madden
615 Blaze Blvd.
Edinburg, Texas 78539

Term: August 02, 2015 thru August 01, 2016

Via E-Mail: k_madden@ctcdistributing.com

Re: Renewal/Extension - **C-14-050-07-22-"Off Premises Record Storage-Pick-up Retrieval-Delivery"**

Dear Mr. Madden,

Hidalgo County Purchasing Department will be requesting Commissioner's Court to consider the County's sole option to exercise the extension/renewal for the **(First 1st Year)** of the additional **Two (2) One (1) Year** periods as provided in the current contract (under the same rates terms and conditions). Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda/meeting of **May 19, 2015** for discussion, consideration and action, by signing below and returning to the Purchasing Department by no later than **Monday, May 06, 2015** via facsimile to (956) 318-2629 or via email to: yolanda.velasquez@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

Signature: Brian Kelly Madden Date: 4/30/2015

Print: Brian Kelly Madden

Additionally, we are requesting that your company provide an Updated Certificate of Insurance as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626 ext. 4881. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Department

cc: department

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/23/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Mindy Rivera
McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	PHONE (A/C, No, Ext): (956) 565-2481 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: mindy@mcafeeagency.com
INSURED	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
Goldman Services, Inc., etal CTC Distributing, LTD 615 Blaze Blvd Edinburg TX 78539	INSURER A: Republic Lloyds INSURER B: Texas Mutual Ins. Co. INSURER C: Hanover Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 15-16 WC RENEWAL **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	X		CMP 5524865 08	11/21/2014	11/21/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 200,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			BAP 5636061 07	11/21/2014	11/21/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			UMB5636062 07	11/21/2014	11/21/2015	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TSF 0001176109	1/5/2015	1/5/2016	WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Motor Truck Cargo			IHD3260703-06	6/3/2014	6/3/2015	Single Conveyance/$100,000	Deduct/1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Hidalgo County
Purchasing Department
2812 S Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard Garza/MIN

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AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
May 19, 2015
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 4, JOSEPH PALACIOS, the Court made a UNANIMOUS vote of approval for the exception of Items 2.A, 2.G, and 12.L to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. **Approval of check register and payment of claims and bills** - (Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)

2. **2015 Intradepartmental transfers:**

A. **AI-49735** 2015 - Co. Clerk (1100)

NO ACTION taken on this Item.

B. **AI-49737** 2015 - Human Resources (1100)

C. **AI-49731** 2015 - IT Countywide (1100)

D. **AI-49745** 2015 - Constable Pct. 3 (1100)

E. **AI-49742** 2015 - Facilities Mgmt (1100)

D. **AI-49564** Fire Marshal (1100):
Approval to pay membership dues for Eric Sanchez to the International Association of Arson Investigators Inc. for $120.00 (Requisition #00276425) with authority for county treasurer to issue payment after review and auditing procedures are completed.

10. **Auditor's Office:**

A. **AI-49631** 1. Pursuant to Local Government Code Sections 114.023-.025, requesting approval of Monthly Financial Report for the Month of March 2015.
2. Pursuant to Local Government Code Section 115.0035, requesting approval of the attached reports.

11. **Budget & Management:**

A. **AI-49532** 1. Approval of reimbursement in the amount of $760,206.44 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 04/25/15 to 05/08/15.

04/25-30/15	$183,241.31
05/01-01/15	$193,949.55
05/02-08/15	$383,015.58
TOTAL	$760,206.44

2. Approval of wire transfer to cover claims paid.

B. **AI-49568** Self-Insured (2202)
Requesting approval of reimbursement of Hidalgo County Workers' Comp. paying account for claims paid by Tristar Risk Management for the period of 04/16-30/2015 in the amount of $51,740.64 and requesting approval of wire transfer.

C. **AI-49571** Report and approval of emergency transfers for the period of April 1, 2015 through April 30, 2015.

12. **Purchasing Dept:**
Notes:
A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

T. **AI-49591**

APPROVED

Requesting authority to exercise the first (1) year of the additional two (2) one (1) year terms as provided in the current contract (C-14-050-07-22) for: "Off Premises Record Storage - Pick-up, Retrieval and Delivery" (on an as needed basis) for Hidalgo County, under the same rates, terms and conditions with **CTC Distributing Ltd.**

U. **AI-49529**

1. Rescind action of Commissioners Court of Agenda # 48730 on 3-17-15 for Ricoh copiers model #MP 5002SP [discontinued item] and no longer available; with the alternative of:

2. Requesting authority to enter into three [3] new 36-month (capital) lease copier agreements [for use in various office areas] for Ricoh Aficio MP 5054SP through Hidalgo County membership/participation with (DIR) Department of Information Resources awarded vendor, Ricoh USA/GE RICOH USA contract DIR-SDD-1674 through submitted Requisition #275806 in the amount of $188.42/month-equipment and B/W Service Impressions @ $44.80/month with a total of $233.22/month each, to include the signing of required documents by Co. Judge or CC Member, effective upon approval.

APPROVED

AI-49591 **Purchasing Department** **12. T.**

CC CONSENT

Meeting Date: 05/19/2015

Submitted For: Yolanda Velasquez, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting authority to exercise the first (1) year of the additional two (2) one (1) year terms as provided in the current contract (C-14-050-07-22) for: "Off Premises Record Storage - Pick-up, Retrieval and Delivery" (on an as needed basis) for Hidalgo County, under the same rates, terms and conditions with **CTC Distributing Ltd.**

BACKGROUND

Term: August 02, 2015 thru August 01, 2016

Fiscal Impact

FISCAL YEAR: 2015 ACCT. #: 5-1100-421-00-280-001-0-350

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 5/11/15.

FISCAL YEAR: 2015 ACCT. #: 5-1100-415-18-160-001-0-350

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 5/11/15.

FISCAL YEAR: 2015 ACCT. #: 5-1238-412-00-090-003-0-350

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 5/11/15.

Attachments

C-14-050-07-22-CTC Distributing

Vendor Signed Letter-Insurance

User Department Okay to Renew

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

SERVICE CONTRACT
C-14-050-07-22

THIS CONTRACT is made and entered into this **22nd** day of **July 2014** by and between the **COUNTY OF HIDALGO, TEXAS** ("County"), and **CTC Distributing, Ltd.** a Texas. ("Company").

WHEREAS, Company responded to advertised notices for bids for **"Off-Premises Storage, Records Management, Pick Up & Delivery Services for Hidalgo County- District Clerk's, Purchasing Department & Sheriff's Office"** (the "Services"); and

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid, a copy of such specifications and bid being attached hereto as Exhibits "A" and "B" respectively, and incorporated herein for all purposes (the "Specifications");

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to locations at **Hidalgo County**. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the Services in accordance with the RFB within **Hidalgo County** following a request for Services by **Hidalgo County** or his designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period beginning **August 02, 2014** and ending on **August 01, 2015** and may be extended at the sole discretion of the County for an additional two (2) one (1) year terms, unless this Contract is terminated pursuant to the provisions herein, whichever occurs first. County also reserves the right to continue this bid for an additional ninety (90) day grace period, under the same rates terms and conditions due.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

6. As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Services by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:	**The County of Hidalgo** **Attn: County Judge** **302 West University Drive** **Edinburg, Texas 78539**
If to Company	**CTC Distributing, LTD** **615 Blaze Blvd** **Edinburg, Texas 78539**

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. Any contract award to a successful bidder will be in effect until (a) this contract expires, (b) delivery and acceptance of products, and/or performance of Services ordered, or (c) terminated by County without cause upon thirty (30) days written notice prior to cancellation.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

17. Commitment of Current Revenues Only. In the event that , during any term hereof, the Commissioners Court does not appropriate sufficient funds to met the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann '271.903 (Vernon Supp. 1996).

18. This Agreement contains the entire contract between the parties hereto and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by County and not otherwise.

WITNESS our hands in duplicate originals this___ day of _____, 2014.

COUNTY OF HIDALGO

By: Ramon Garcia
Ramon Garcia, County Judge

ATTEST:

By: _____
Arturo Guajardo Jr., County Clerk

COMPANY

By: CTC Distributing, LLC

Printed Name: Brian Kelly Madden

Title: General Manager

Approved by Commissioners' Court on 11-22-14

Approved by Commissioners' Court on 11-22-14 RV

APPROVED AS TO FORM:

Atlas & Hall, & Rodriguez, L.L.P.

By: _____
Stephen L. Crain, Attorney

AGENDA
CC REGULAR
HIDALGO COUNTY
COMMISSIONERS COURT
MEETING
July 22, 2014
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

1. **Roll Call**

   All members of the Court were counted present.

2. **Pledge of Allegiance**

   Judge Garcia led the Court and Audience in reciting the Pledge of Allegiance.

3. **Prayer**

   Virginia Townsend led the Court and Audience in Prayer.

4. **Approval of Consent Agenda**

   The Court moved to approve the Consent Agenda.

5. **Open Forum**

6. **County Judge's Office:**

A. **AI-45608** Resolution honoring Aurora G. Cavazos who celebrated 102 yrs. of life on Friday, July 18, 2014

NO ACTION taken on this Item.

B. **AI-45560** Resolution honoring the McAllen Fire Department on their win during GMA's 5 Alarm Firefighters Challenge.

On motion by COMMISSIONER PCT. 3, JOE M. FLORES, seconded by COMMISSIONER PCT. 2, HECTOR PALACIOS , the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 - Unanimously

C. **AI-45595** Discussion, consideration, and approval to adopt Economic Development Incentives Program Guidelines and Criteria under the provisions of Section 381.004.

D. AI-45607 Pct. 3 R&B (1200)
Approval of 2014 appropriation to funds in the amount of $23,715.69 to fund unallowable expenditures by TXDOT related to Regal Estates BCAP Project.

On motion by COMMISSIONER PCT. 3, JOE M. FLORES, seconded by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., the Court made a UNANIMOUS vote of approval.

Vote: 3 - 0 - Unanimously

19.

Purchasing Department - Marty Salazar:
Notes:
A. FOR ANY CONTRACT(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. **Hidalgo County**

1. AI-44878 Recommending award of bid and approval of contract document to sole bidder, CTC Distributing, LTD., meeting all specifications and/or requirements as attached hereto for Hidalgo County - "Off-Premises Storage, Records Management, Pick-Up Retrieval and Delivery Services" RFB No. 2014-050-05-21-YZV.

APPROVED

At this time, Joe Flores stepped away from the meeting and Commissioner Hector "Tito" Palacios joined the meeting.

On motion by COMMISSIONER PCT. 3, JOE M. FLORES, seconded by COMMISSIONER PCT. 2, HECTOR "TITO" PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 3 - 0 - Unanimously

Commissioner Joe Flores joined the meeting.

2. AI-45552 **Hidalgo County Human Resources Department:**
Requesting/recommending action for Hidalgo County Commissioners Court to waive minimum meeting time provision of two (2) hours under HC Accounting Procedures Manual Food Policy (approved by CC 08/05/08)

Section-A. (page 2 of 5)
Policies & Guidelines-Permitted Expenditures

1. b The duration of the events must be two or more consecutive hours

for the Civil Service Meeting held on 06-12-14 and thus allowing the processing of Invoice #0000275577-$42.40 for payment to Subway

EXHIBIT "A"

REQUEST FOR BID

PROCUREMENT PACKET

HIDALGO COUNTY (All Funding Sources)
"OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK-UP, RETRIEVAL & DELIVERY SERVICES"
BID № 2014-050-05-21-YZV

SPECIFICATIONS AND REQUIREMENTS:

1. Revisions to the bid specifications shall not be permitted. Such changes shall constitute a failure to meet the minimum specifications and shall result in a bidder being disqualified from the selection process.

2. Services will be on an **"as needed basis"**. Should the County determine it is in the best interest to keep all documents in-house or to allow the Contract to expire on its own terms, the County shall provide a minimum of sixty (60) days written notice to the vendor that **Hidalgo County** intends to transport its (own Hidalgo County) files from the current awarded vendor's storage to its own (Hidalgo County) facility or another facility **at no additional cost to the County.**

3. The bidder must provide the following services:
   a. Storage of all new/additional records, in a new proper storage box;
   b. Pick-up of files and/or boxes for storage on a daily basis twice a day (morning & afternoon) and on an emergency basis at the discretion of the County described in page 5 (#25) herein and in Exhibit "H";
   c. Deliver files/boxes requested by the Department;
   d. Any storage boxes requiring replacement shall be provided at no charge to the County.
   e. All files/boxes for each County Department/Office must be kept in one location and in close proximity to each other (i.e., all files/boxes of the District Clerk shall be kept in one location within the storage facility).
   f. All files sent to storage or that are retrieved from storage shall be maintained with a reference tracking system before delivery to the appropriate County Department or re-filed. (Described particularly in page 5 (#26).
   g. Over a period of twelve (12) months, the awarded vendor shall provide an inventory of all files stored on its site. An updated inventory progress report shall be provided to the appropriate County Department on a monthly basis as more particularly described in page 5 (#26) of these specifications.

4. For purposes of this RFB:

   "Delivery" is defined as the actual carrying and turning over to the intended recipient of a file or box requested from storage.
   "Pick-Up" is defined as the actual physical carrying and transporting of a file or box form the County Department by the bidder with the intent of filing and storing such file or box at the bidder's facility.

"Retrieval" shall mean the actual transport of a file from storage which is then prepared for delivery to the appropriate County department. Any instance in which a file is requested more than once because the selected bidder failed to deliver or locate such file after the initial request, shall not be considered or counted as a separate retrieval regardless of the reason such delivery was not made.

"Request" A request for a file or box shall consist of a County Department's designated person providing written form (See Exhibit "G") to the selected bidder of the exact file/box being sought for Retrieval and Delivery.

The services listed in #3 above consisting of the delivery, pickup, storage, retrieval and request of files and/or boxes are hereinafter collectively referred to as the "Services".

5. It is the contractor's sole responsibility to review and comply with all applicable statutes or regulations. All record storage management must also be conducted in accordance with applicable State of Texas Library Commission rules and regulations including, but not limited to the schedules that are made a part hereof. You may access these at the following web address: http://www/tsl.state.tx.us/slrm/recordspubs/index.html

   a. Microfilming Standards and Procedures (Local Government Bulletin A)
   b. Electronic Records Standards and Procedures (Local Government Bulletin B)
   c. Inventory and scheduling Records (Local Government Bulletin C)
   d. Local Government Records Act (Local Government Bulletin D)

6. The Storage facility must be located entirely within Hidalgo County.

   a) Contractor will provide complete description of location including a physical address of facility where records will be stored and managed.
   b) Contractor must commit sufficient staff, equipment and vehicles to comply with all specifications and render all requirements defined by Hidalgo County. Contractor must also provide all information requested in the specifications and/or requirements. Failure to do so may disqualify the bidder from the procurement process.

7. The storage facility must be free of dust and dirt buildup.

8. The facility should be a standalone structure, or if shared with other businesses, a firewall of approved construction must separate the two entities.

9. If the storage location is in a structure with other unrelated tenants, the nature of that business will be assessed by Hidalgo County Purchasing Department to determine if such business may expose the County to any significant risks that my affect the overall integrity of records stored. This determination will be made solely by Hidalgo County and if a risk is determined, the bidder may be disqualified from the procurement process.

10. The facility shall maintain a good fire prevention program based on good housekeeping procedures, including but not limited to:

a) Smoking or use of open flame devices in storage areas shall be prohibited.
b) The facility shall have appropriate fire detection and suppression systems with such procedures in place to ensure their effectiveness.
c) Such systems must include adequate smoke and fire early warning systems.
d) Sprinkler systems should be equipped with a warning mechanism to alert staff of activation and have manual shut-off device to prevent unnecessary water damage to the records
e) Halon is a preferred suppression system (same as or equivalent too) meeting specifications of this requirements.

11. The facility must be climate and humidity controlled. The humidity shall not exceed 60% and the temperature shall not exceed 90 degrees Fahrenheit in the paper records storage area. The temperature should be checked in summer months randomly.

12. Boxes shall not be stacked more than four (4) boxes high.

13. The contractor must maintain an adequate pest control program that includes at least two **termite, silverfish and carpenter ants** inspections per year (at least once every six (6) months) by a qualified pest control service. Proof of such inspections must be provided to each individual county department(s) under this bid. Failure to provide proof of inspections within 10 days of such inspections may result in Hidalgo County terminating the contract without notice to the vendor. User department(s) including in this bid shall be notified immediately if any insect infestation is detected inside the storage facility.

14. Air quality must be maintained in a manner that ensures that no contaminant that may cause damage to records (i.e. mold) occurs.

15. The current awarded contractor for this bid is **CTC Distributing** and it does not permit the inspection of their premises by interested bid participants.

16. **Records Inventory List:** For the purposes of this bid submittal, the current contractor has submitted the following inventory, and to the best of the County's knowledge, such inventory as of **February 28, 2014** includes the following:

INVENTORY	DISTRICT CLERK'S	PURCHASING AGENT	SHERIFF'S OFFICE
Letter/Legal Size Boxes	23,500	1,900	1,200
Letter Transfer Size Boxes	0	0	0
Legal Transfer Size Boxes	0	0	0
Non-Standard Size Boxes	0	0	0
Books	0	0	0
Check Boxes	0	0	0

17. Bidders are advised that all County departments hold their most active files, but may at any time request such records to be made part of existing storage inventory. A "Request" for a file or box shall consist of a County Department's designated person providing a written form (see Exhibit "G") to the selected bidder of the exact for the exact file/box being sought for Retrieval and Delivery.

18. If necessary, upon award of bid the transfer of all inventory from the current storage facility will be conducted under the supervision of the user department(s) authorized designee and the Purchasing

Department. **All expenses associated with the transfer of inventory shall be at the County's expense and shall be the responsibility of the County**. However, selected bidder must be prepared to resume immediate, uninterrupted, efficient transition of all specified requirements and services.

19. Minimum detailed specifications are included for storage boxes. Compliance with all specifications and conditions are required. No substitutions allowed. (meets minimum specifications)

Specification(s) for Storage Box:	Letter/Legal 12 W x 15 L x 10 H Separate Cover Triple Walled (Width) Double Walled (Length) Double Bottom

20. Security Guidelines: The contractor shall provide protection against sabotage, theft, and vandalism. All visitors to the storage facility must be required to register upon entrance and monitored during their stay. Exits should be in areas that are closely monitored.

21. On-site Access: The selected bidder will work with the user department(s) on special projects requiring the temporary staging of records at the record storage facility. These projects are usually for the purpose of verifying contents before destruction, renumbering boxes, conducting detail searches, and for shifting files throughout a range of boxes. Hidalgo County will provide a minimum of 24 hours notice for projects that involve staging of ten (10) or more boxes.

Hidalgo County reserves the right to access the storage premises with reasonable written notice during regular work hours for the purposes of auditing, inspecting, and/or confirming storage methods.

22. **NOTE: ALL RECORDS SHALL BE PICKED UP, DELIVERED, AND TRANSPORTED TO AND FROM THE USER DEPARTMENT(S) OFFICE BY CONTRACTOR'S EMPLOYEES AND USING CONTRACTOR'S VEHICLES.**

QUESTIONS/CONCERNS- ABOUT FILES SHOULD BE IN EMAIL FORM TO HAVE RECORDS.

23. Response Time. The parties agree to the following response time by Company:

a. Files and boxes shall be picked up for storage within five (5) days of receipt of work order from the Department.

b. Retrieval and Delivery of files from storage to the Department shall occur twice a day - by 10:00 a.m. and by 3:00 p.m. on the same day a request is made so long as such request is made no later than 1:00 p.m. For orders placed after 1:00 p.m., files and boxes shall be delivered on the next business day by 10:00 a.m.

c. In the case there is an emergency request for the delivery of a file or box, such delivery shall be made within 2 business hours from the time of the request.

24. All files or boxes recalled from storage shall be delivered within the time-frame stated above. However, if a file has not been delivered within this time frame, the maximum allowable Response Time for a status report (i.e. in route, delivered, not found, etc.), shall be 24 hours from the time the file/box is Requested. **Continued failure to meet these requirements may be cause for termination of the contract.**

25. **Hours of Services Required**: Hours of Service shall be normal business hours, 8:00 a.m. through 5:00 p.m., Monday through Friday, excluding holidays. However, service must be available at a moment's notice, 24

hours a day, upon written notification by the user department of an emergency situation; See Exhibit "H" Request for Emergency Services)

26. **Monthly Reports**: Hidalgo County requires monthly activity reports reflecting the total number of containers in storage by category (i.e. probate/criminal/civil), number of new containers added, number of containers permanently removed, number of boxes/files requested, number of boxes retrieved, number of boxes delivered and the number of boxes picked up for storage. In addition to this information, the monthly report should include a list of files requested but not found (Monthly reports shall be due at the County Department no later than the 10th day after the end of each month.

The following electronic inventory and tracking system must be provided to identify each individual file before delivery to the appropriate user department or re-filed. All files sent to storage or that are retrieved from storage shall be maintained with a reference tracking system:

- Must maintain an electronic database that is accessible from multiple sites.
- Document jackets must provide some type electronic tracking mechanism, preferably an RFID tag on the jacket or to a lesser extend a bar code.
- An exact electronic inventory of all files must be provided as needed to the County.
- Both the vendor site and the County must have compatible readers and access to the inventory at all times.
- All files must be accounted for and tracked through the electronic system at all times, at all sites.
- Electronic tag on case jacket must be of an accepted industry standard format.
- RFID (tracking system) is a preferred method; vendor/bidder will not be disqualified for providing a bid on any other tracking system. If the tracking system submitted by the vendor in the bid is not the system preferred by Hidalgo County (as indicated and specified in the bid packet), Hidalgo County reserves the right to request a demonstration of the system in order to assess and ensure compliance with Hidalgo County needs and requirements.

27. **Additional Information:** Hidalgo County is requesting that any and all questions, inquiries and clarification regarding this RFB, bids, proposals or statements of qualifications be addressed to, Martha L. Salazar, CPPB, Purchasing Agent, 2802 So. Business 281, Edinburg, Texas 78539. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE TO: 956-318-2629 OR VIA EMAIL TO: yolanda.velasquez@co.hidalgo.tx.us NO LATER THAN, Wednesday, **MAY 14, 2014** 5:00 P.M. Responses to said inquiries will be sent to all applicants via facsimile or email by no later than, 5:00 P.M., Friday, **MAY 16, 2014**.

28. **TERM OF CONTRACT:** The initial term of contract will commence upon award and execution of a contract for a one (1) year period. The County shall have the right to extend the contract for two (2) additional one (1) year terms under the same rates/fees, terms and conditions reflected in the County's bid award described on the Bid Page (Exhibit "B").

29. **OPTION TO RENEW:** Hidalgo County may renew the contract for two (2) additional one (1) year periods except as otherwise provided herein, all terms and conditions will remain unchanged and in full force and effect. The option to renew, if exercised, shall be executed in the form of a change order to be issued no sooner than ninety (90) days prior to expiration of the contract and no later than thirty (30) days of the final day.

30. **GRACE PERIOD:** Hidalgo County reserves the right to continue this bid under the same terms and conditions for an additional ninety (90) day grace period at the end of the contract term for unforeseen delays in the award of a new bid, or the county's inability to obtain all records from the storage site.

31. **CONTRACT AWARD:** Hidalgo County reserves the right to award a contract to the responsible bidder meeting all specifications and submitting the lowest bid for all items and Services identified in the Specifications and General Provisions.

Upon the termination or expiration of the Contract, the vendor shall make available to the County any and all County files it holds in its possession in a timely manner but in no circumstances any longer than thirty (30) days upon termination or expiration of the Contract in order for the County to transport such files to its own or another facility. All files shall be made available to the County for transport at no additional cost to the County.

All files held in storage on behalf of the County are records belonging the public and must be returned to the County regardless of when and/or where they are located in the future.

32. **PURCHASE ORDER**: Contractor will not perform any services until a purchase order number is assigned by the designated representative of the Purchasing Department. Contractor will reference contract number and purchase orders on all invoices submitted to the Hidalgo County District Clerk. Actual requirements will be stated through issuance of individual purchase orders against the contract, and no obligation to pay for any quantities shall be deemed to exist unless or until such purchase orders are issued.

*33. **TERMINATION:** The contract awarded to the successful bidder will be in effect until (a) the contract expires, (b) performance of all specifications, requirements and services ordered, or (c) terminated by county with sixty (60) day's written notice with or without cause, or (d) upon award of contract to a new bidder, whichever comes first.

34. **CONTRACT ADMINISTRATOR:** For purposes of monitoring performance, establishing requirements, approving and coordinating schedules, users, and equipment, the County Purchasing Department named below shall act as contract administrator on behalf of Hidalgo County:

HIDALGO COUNTY PURCHASING DEPARTMENT
ATTN: CONTRACT ADMINISTRATOR(S)
2812 S. BUSINESS HWY 281 (NEW ADMINISTRATION BLDG.)
EDINBURG, TX 78539
(956) 318-2626

35. **ADDITIONAL PROVISION:** The following clauses or provisions must be included in the contract:

A. **Liquidated Damages Clause:** The vendor acknowledges that the files and documents being stored are important public records, and that the ultimate safety and security of the documents and files rests with the District Clerk. The vendor and Hidalgo County agree that the loss of files or documents by the vendor will result in certain damages and costs to the County which are not accurately ascertainable. Therefore, in the event that a file is lost or destroyed as a result of the negligent or willful act of the vendor or its agents, employees, officers or contractors, and said loss or destruction is not covered by insurance required to be maintained under other provisions of these specifications, the vendor and Hidalgo County agree that the vendor shall pay to the Hidalgo County District Clerk,

as liquidated damages, the sum of $1,000.00 for each file or portion of a file which is lost or destroyed within 10 days upon the discovery of the lost or destroyed file or portion thereof. The vendor and Hidalgo County agree that the amount established by this provision as liquidated damages is reasonable under the circumstances existing at the time of the execution of this contract with vendor pursuant to this procurement.

36. **SCOPE OF CONTRACT:** The contract for the procurement of the Services describes herein shall be as follows:

a) **A firm fixed price, estimated quantity contract** calling for delivery of the products and Services identified in the Bid Specifications, including the **Records Inventory List** (see page 3, Specifications above), at the stated prices, submitted by the bidder.

b) Upon acceptance of a bid by Hidalgo County Commissioners' Court and issuance of a Contract Award by the Hidalgo County Purchasing Agent, contractor shall be obligated to perform the services at the stated prices, within the time specified, and in accordance with all Legal Notices and Specifications contained herein.

c) During the term of the agreement, should the volume of boxes decrease for **the Purchasing Department**, THIS BID SHALL BE **ON A PRO-RATED PER BOX (UNIT COST) AS VOLUME OF BOXES DECREASES.** for the storage of Hidalgo County records at a staffed facility and at which all files will be stored in proper storage. Hidalgo County reserves the right to utilize whichever option is most beneficial to Hidalgo County Purchasing Department.

The quantities stated in the **Records FEBRUARY 28, 2014**. This represents a realistic estimate based on past consumption for purposes of securing a bid price. **The quantities are not firm and are not hereby ordered or called for. No County department is required to use the services of the selected bidder at any time but shall only use such services as may be convenient and necessary for the proper records management operation of the particular office and department.** Actual requirements for services will be stated through issuance of individual purchase orders against the contract, and no obligation to pay for any quantities shall be deemed to exist unless or until such purchase orders are issued.

CHANGES TO GENERAL SCOPE OF CONTRACT: The County Purchasing Agent may at any time, by written order, and without notice to the sureties, if any, make changes within the general scope of this contract in any one of the following:

a. Method of delivery or pickup of files
b. Place of deliveries.
c. Correction of errors of a general administrative nature of other mistakes, the correction of which does not affect the scope of the contract, or does not result in expense to the Contractor.
d. Description of services to be provided which do not result in additional expenses to the Contractor.
e. Time of performance (i.e. hours of day, days of week, etc.)
f. 37. **FUNDING:** Funds for payment on the proposed contract have been provided through the COUNTY OF HIDALGO budget approved by Commissioners' Court for 2014 year only. State of Texas statutes prohibit the obligations and expenditure of public funds beyond the fiscal year for which a budget has been approved. However, the cost of items or services covered by this contract is considered a recurring requirement and is included as a standard and routine expense of Hidalgo County to be included in each proposed budget within the foreseeable future.

County Commissioners' Court expect this to be an integral part of future budgets to be approved during the period of the proposed contract except for unanticipated needs or events which may prevent such payments against the contract. However, COUNTY OF HIDALGO cannot guarantee the availability of funds, and enters into this contract only to the extent such funds are made available. The Fiscal Year for County extends from January 1st to December 31st of each calendar year.

38. **INVOICING:** All invoices submitted by contractor must reference the contract number and purchase order number(s) on the invoice. Hidalgo County will not pay invoices that are in excess of the amount authorized by the purchase order number or the contract.

39. **DESIGNATED COUNTY HOLIDAYS 2014:** No deliveries will be requested on designated holidays, unless specific prior arrangements have been made. Below is the approved holiday schedule. Future schedules are expected to be similar.

HOLIDAY SCHEDULE 2014		
NEW YEAR'S EVE/DAY	WEDNESDAY/THURSDAY	DECEMBER 31, 2014/JANUARY 01, 2015
MARTIN LUTHER KING DAY	MONDAY	JANUARY 20, 2014
PRESIDEN'TS DAY	MONDAY	FEBRUARY 17, 2014
GOOD FRIDAY	FRIDAY	APRIL 18, 2014
EASTER	MONDAY	APRIL 21, 2014
MEMORIAL DAY	MONDAY	MAY 26, 2014
INDEPENDENCE DAY	FRIDAY	JULY 04, 2014
LABOR DAY	MONDAY	SEPTEMBER 01, 2014
VETERAN'S DAY	TUESDAY	NOVEMBER 11, 2014
THANKSGIVING	THURSDAY/FRIDAY	NOVEMBER 25 & 26, 2014
CHRISTMAS EVE/DAY	THURSDAY/FRIDAY	DECEMBER 25 & 26, 2014

EXHIBIT "A"

STATE OF TEXAS §
§
COUNTY OF HIDALGO §

AFFIDAVIT

BEFORE ME, the undersigned _____authority on this _____day personally appeared who, being by me duly sworn, upon oath says: that he/she is duly qualified and authorized to make this affidavit for and on behalf of _____, bidder/offeror /contractor, of _____County, Texas, and is fully cognizant of the facts herein set out and affirms to the truth and accuracy of the certifications made herein by signing this affidavit; that the bidder/offeror/contractor has received the list of key persons dated , 2011, and attached to this affidavit as Exhibit "A"; that he/she personally read the said Exhibit "A"; that he/she can read the English language; and that he/she has no knowledge of any key person with whom the bidder/offeror is doing business or has done business during the 365-day period immediately prior to the date of this affidavit whose name is not disclosed in the bid, offer, or contract.

Bidder/Offeror/Contractor

_____
Signature of Affiant

_____
Typed or Printed Name of Affiant

_____
Title of Affiant

_____
Address

SUBSCRIBED AND SWORN to before me by the said _____ this __day of _____ 2014, to certify which witness my hand and seal of office.

Notary Public in and for _____County, Texas.

_____
Typed or printed name of notary

My commission expires:

EXHIBIT "A"

ATTACHMENT 1

Bidder acknowledges that Bidder is doing business or has done business during the 365-day period immediately prior to the date on which this bid is due with the following key persons and warrants that these are the only such key persons.

1. _____ _____
Print Name Title

2. _____ _____
Print Name Title

If no one is listed above, Bidder warrants that Bidder is not doing business and has not done business during the 365-day period immediately prior to the date on which this bid is due with any key person.

HIDALGO COUNTY

OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK UP,
RETRIEVAL & DELIVERY SERVICES" for
RFB No. 2014-050-05-21-YZV

I. **Vehicles:** List vehicles to be utilized for this Project: Make/Model, Vehicle Identification Numbers, License Plate Numbers, for each vehicle currently owned and/or leased by bidder which shall be covered under insurance requirements as set forth by Hidalgo County. (If additional space is required a second sheet is provided.) Vendor must provide the following information:

Year/ Make/Model	Vehicle Identification No.	License Plate No.	Vendor Owned or Leased

II. **System/Equipment:** List equipment that you will be utilizing to render the services detailed in the specifications.(i.e. shelving, file storage, tracking system).

III. **Staffing:** Number of employees that will be assigned to render all specifications detailed herein for storage boxes for Hidalgo County? Explain staff positions and duties.

EXHIBIT "F"

KEY LIST

"OFF PREMISES STORAGE, RECORDS MANAGEMENT, PICK UP, RETRIEVAL & DELIVERY SERVICES" for HIDALGO COUNTY
BID NO.: 2014-050-05-21-YZV

LIST OF KEY PERSONS

NAME OF INDIVIDUAL HOLDING OFFICE/POSITION	POSITION HELD
HON. RAMON GARCIA	HIDALGO COUNTY JUDGE
HON. A.C. CUELLAR	HIDALGO COUNTY PRECINCT NO. 1
HON. HECTOR "TITO" PALACIOS	HIDALGO COUNTY PRECINCT NO. 2
HON. JOE M. FLORES	HIDALGO COUNTY PRECINCT NO. 3
HON. JOSEPH PALACIOS	HIDALGO COUNTY PRECINCT NO. 4
HON. J.E. "EDDIE" GUERRA	HIDALGO COUNTY SHERIFF
HON. LAURA HINOJOSA	HIDALGO COUNTY DISTRICT CLERK
MARTHA L. SALAZAR	HIDALGO COUNTY PURCHASING AGENT

EXHIBIT "G"

INFORMATION REQUEST FORM	
File № Requested:	Cause №:
Style of Case:	
Requested by (Entity):	
Picked up by:	
Signature:	Date & Time:
This is to certify that the above –named person is duly authorized to receive the information being requested herein. It is this party's responsibility to ensure the return of these documents.	
Hidalgo County District Clerk, or Assignee:	
Date & Time Returned:	
Returned by:	Signature:

Hidalgo County "Information Request Form" 2/2014

EXHIBIT "H"

REQUEST FOR EMERGENCY SERVICES

This to authorize the retrieval and delivery of records under emergency (special) circumstances mentioned in Section VI, Hours of Service Required, and Section IX Contract (Special) Provisions, of the:

"Off-Premises Storage, Records Management, Pick-Up & Delivery Services" –

_____(Entity)

I_____, hereby acknowledge that an urgency exists which warrants the immediate retrieval and delivery of the records listed on the attached Exhibit "G".

_____ _____

Type Department Head and/or Designee Date

Hidalgo County "Request for Emergency Services" 2/2014

EXHIBIT "B"

BID PAGE

EXHIBIT "B"

BID PAGE
"OFF PREMISES STORAGE, RECORDS MANAGEMENT,
PICK UP, RETRIEVAL & DELIVERY SERVICES" **for**
HIDALGO COUNTY (All Funding Sources)
BID NO.: 2014-050-05-21-YZV

Hidalgo County will award to the responsible bidder submitting the **lowest bid** for the item(s) as specified/identified in the Schedule of Items (Records Inventory List) and meeting all specifications/requirements for all departments.

All bidders must present costs on a monthly basis in equal amounts for up to 36 months. No deviations in monthly cost will be accepted. This is a term contract with a Firm fixed monthly rate regardless of the services provided. NO DEVIATIONS FROM HIDALGO COUNTY SPECIFICATIONS WILL BE ACCEPTED.

Hidalgo County will award this contract on yearly basis, commencing on the date of award and/or execution of contract. The County of Hidalgo has the sole option to renew and extend for an additional two (2) - one (1) year periods.

(A) PRICE FOR STORAGE OF **CURRENT AND FUTURE** RECORDS INVENTORY: **DISTRICT CLERK'S OFFICE**

MONTHLY $ 27,260.00 ANNUAL$ 327,120.00

(B) PRICE FOR STORAGE OF **CURRENT AND FUTURE** RECORDS INVENTORY **PURCHASING DEPARTMENT**

MONTHLY $ 695.00 ANNUAL$ 8,340.00

During the term of the agreement, should the volume of boxes decrease for **the Purchasing Department**, THIS BID SHALL BE **ON A PRO-RATED PER BOX (UNIT COST) AS VOLUME OF BOXES DECREASES.** Hidalgo County reserves the right to utilize whichever option is most beneficial to Hidalgo County Purchasing Department.

UNIT COST:$ .65

(C) PRICE FOR STORAGE OF **CURRENT AND FUTURE** RECORDS INVENTORY: **SHERIFF'S OFFICE**

MONTHLY $ 780.00 ANNUAL$ 9,360.00

(D) BIDDER IS TO PROVIDE A BID PRICE FOR STORAGE BOXES. **(PLEASE SPECIFY BOX SIZE)**

BID PRICE $ 2.95 SIZE: 10 x 12 x 15

BID PRICE $ 2.95 SIZE: 10 x 12 x 15

EXHIBIT "B"

BID PAGE
"OFF PREMISES STORAGE, RECORDS MANAGEMENT,
PICK UP, RETRIEVAL & DELIVERY SERVICES" **for**
HIDALGO COUNTY (All Funding Sources)
BID NO.: 2014-050-05-21-YZV

BIDDER/COMPANY NAME: CTC Distributing, Ltd

ADDRESS: 615 Blaze Blvd

CITY: Edinburg **STATE:** TX **ZIP CODE:** 78539

PHONE №: 956.686.4351 **FAX №:** 956.787.9804

AUTHORIZED SIGNATURE:

PRINTED NAME: Kelly Madden

TITLE: General Manager **EMAIL:** k_madden@ctcdistributing.com

OPENED
5/21/14
9:50 AM
Witnessed

EXHIBIT "C"
INSURANCE REQUIREMENTS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/7/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Mindy Rivera
McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	PHONE (A/C, No, Ext): (956) 565-2481 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: mindy@mcafeeagency.com
INSURED	INSURER(S) AFFORDING COVERAGE / NAIC #
Goldman Services, Inc., etal CTC Distributing, LTD 615 Blaze Blvd Edinburg TX 78539	INSURER A: Republic Lloyds INSURER B: Texas Mutual Ins. Co. INSURER C: Hanover Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 14-15 WC Renewal REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	X		CMP 5636060	11/21/2013	11/21/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 200,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			BAP 5636061	11/21/2013	11/21/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			UMB5636062	11/21/2013	11/21/2014	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TSF 0001176109	1/5/2014	1/5/2015	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Motor Truck Cargo Warehouse Legal Liab			IHD3260703-05	6/3/2014	6/3/2015	Single Conveyance/$100,000 Limit	Deduct/1,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Hidalgo County
Purchasing Department
2812 S Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard Garza/MIN

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/1/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Mindy Rivera
McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	PHONE (A/C, No, Ext): (956) 565-2481 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: mindy@mcafeeagency.com
INSURED	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
Goldman Services, Inc., etal CTC Distributing, LTD 615 Blaze Blvd Edinburg TX 78539	INSURER A: Republic Lloyds INSURER B: Texas Mutual Ins. Co. INSURER C: Hanover Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 14-15 WC Renewal REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			CMP 5636060	11/21/2013	11/21/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 200,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] HIRED AUTOS [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS			BAP 5636061	11/21/2013	11/21/2014	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			UMB5636062	11/21/2013	11/21/2014	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TSF 0001176109	1/5/2014	1/5/2015	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Motor Truck Cargo Warehouse Legal Liab			IHD3260703-05	6/3/2014	6/3/2015	Single Conveyance/$100,000 Limit	Deduct/1,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Hidalgo County

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Richard Garza/MIN

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-77961

Date Filed:
06/29/2016

Date Acknowledged:
06/29/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CTC Distributing Ltd
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

E-15-201-05-19
Document Storage

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

_____
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2016-77961

Date Filed:
06/29/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CTC Distributing Ltd
Edinburg, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-15-201-05-19
Document Storage

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

EDNA V. RODRIGUEZ
My Notary ID # 125030777
Expires August 23, 2020

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Kelly Madden, this the 29th day of June, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Brian Kelly Madden Printed name of officer administering oath	Vice President Title of officer administering oath

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/6/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McAfee Insurance Agency
P. O. Box 625
321 Second Street
Mercedes TX 78570

CONTACT NAME: Mindy Rivera
PHONE (A/C, No, Ext): (956)565-2481 **FAX (A/C, No):** (956)565-2733
E-MAIL ADDRESS: mindy@mcafeeagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Republic Lloyds	
INSURER B : Texas Mutual Ins. Co.	
INSURER C : Hanover Insurance Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Goldman Services, Inc., etal
615 Blaze Blvd
Edinburg TX 78539

COVERAGES **CERTIFICATE NUMBER:** 16-17 IM RENEWAL **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		CMP 5524865 09	11/21/2015	11/21/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 200,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BAP 5636061 08	11/21/2015	11/21/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			UMB 5636062 08	11/21/2015	11/21/2016	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		TSF 0001176109	1/5/2016	1/5/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Motor Truck Cargo Warehouse Legal Liability			IHD 3260703-08	6/3/2016	6/3/2017	Single Conveyance/$100,000 500,000 per occ	Deduct/1,000 Deduct/1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Hidalgo County
Purchasing Department
2812 S Highway Bus. 281
Edinburg, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Richard Garza/MIN

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Additional Named Insureds

Other Named Insureds

CTC asset Company, Ltd

CTC Asset Management #1 LLC

CTC Asset Management #2 LLC

CTC Distributing, Ltd

Gold Madden LLC — Limited Liability Company, Additional Named Insured

Goldman & Marcus Enterprises, Inc.

Goldman Family Management Trust

PODS of South Texas

The Adobe Group, Inc.

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AI-55138

Purchasing Department 12.
V.

CC CONSENT
Meeting Date: 07/06/2016
Submitted For: Marty Salazar, PURCHASING DEPT.
Submitted By: Jessica Salinas, PURCHASING DEPT.
Department: PURCHASING DEPT.

Information

CAPTION

Regina Moreno-Court Coordinator at 449th District Court, on behalf on Honorable Judge Jesse Contreras, is formally requesting to remove a fixed asset from their inventory list with detailed description of said fixed asset attached as "Exhibit A" inventory.

BACKGROUND

As per physical inventory done on 4/14/16

Fiscal Impact

FISCAL YEAR: ACCT. #:
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

No fiscal impact as the assets have no value.

Attachments

Affidavit - Exhibit A
Depr Form

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	06/27/2016 11:28 AM
Budget & Management	Veronica Ortiz	06/27/2016 11:34 AM
Final Approval	Monica Badillo	07/01/2016 05:10 PM

Form Started By: Jessica Salinas Started On: 06/16/2016 04:40 PM
Final Approval Date: 07/01/2016

RECEIVED
JUN 10 2016
By

AFFIDAVIT

State Of Texas |
|
County of Hidalgo |

Before me, the undersigned authority, a Notary Public and in for the State of Texas, on the same date personally appeared GINA MORENO , who after being duly sworn, deposes and says:

My name is GINA MORENO and I am the District Court Coordinator at the 449TH District Court.

As per the Purchasing Dept request, the Hidalgo County Commissioner's Court and/or the Hidalgo County Purchasing Department remove the items listed on Exhibit A, attached hereto, as inventory in this Department's possession. After exhausting all efforts to locate the laptop in question, it has been determined the item is no longer physically present in this Department or part of our inventory as this item was purchased by a prior administration in 2004. Judge Contreras took office in 2009.

These items have been searched for by the Fixed Assets Division of the Purchasing Department with the assistance of Jessica Salinas and this department. Together, we have reviewed our current inventory.

The above is true and correct to the best of my knowledge.

GINA MORENO

State of Texas |
|
County Of Hidalgo |

Sworn to and subscribed before me, a Notary Public, in and for the State of Texas on this the 10th day of June, 2016.

NOTARY PUBLIC STATE OF TEXAS
VELMA C. LOPEZ
My Commission Expires
June 12, 2016

NOTARY PUBLIC, State of Texas

HIDALGO COUNTY
449TH DISTRICT COURT
2016 PHYSICAL INVENTORY

EXHIBIT A

TAG NO	QTY	DESCRIPTION	CHECK KEY	ACQ DATE	ACQ COST	SERIAL NO	PO NO
44056	1	DELL LATITUDE D800, PENTIUM M 735 LAPTOP	JE-44644	11/17/04	2,309.50	-	21240584
	1				**$ 2,309.50**		

HIDALGO COUNTY, TEXAS
PURCHASING DEPARTMENT - FIXED ASSETS
DEPRECIATION FORM

input info

Prepared By: JESSICA SALINAS
Requested By: REGINA MORENO
Date: 6/16/16

Asset Number	Description	Hist Cost	Acq Date	Acq. Year	Current Date	Life Expectancy	Curr Usage (yrs)	Residual Value 10%	Depreciable Value	Yearly Depreciation	Current Depreciation	Current Value
44056	DELL LATITUDE D800, PENTIUM M 735 LAPTOP	$2,309.50	11/17/2004	2004	2016	6	12	$230.95	$2,078.55	$346.43	$2,078.55	$0.00
		$2,309.50						**$230.95**	**$2,078.55**		**$2,078.55**	**$0.00**

Historical Cost - Residual Value = **$2,078.55**