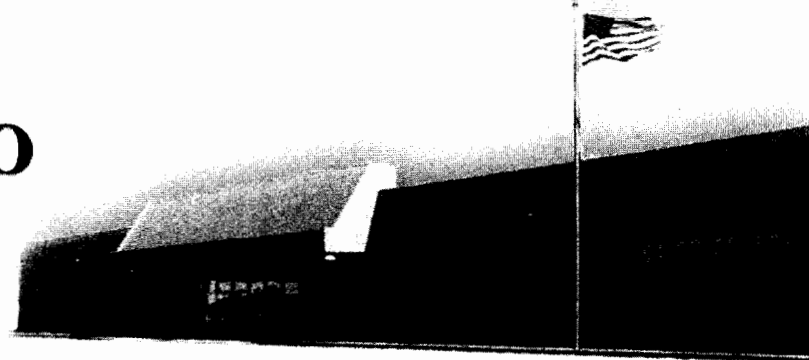


Office of Tax Assessor - Collector
COUNTY of HIDALGO
Pablo "Paul" Villarreal, Jr. R7A



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

April 25, 2017

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

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

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

Respectfully,

Pablo (Paul) Villarreal Jr. PCC

Pablo (Paul) Villarreal, Jr., PCC

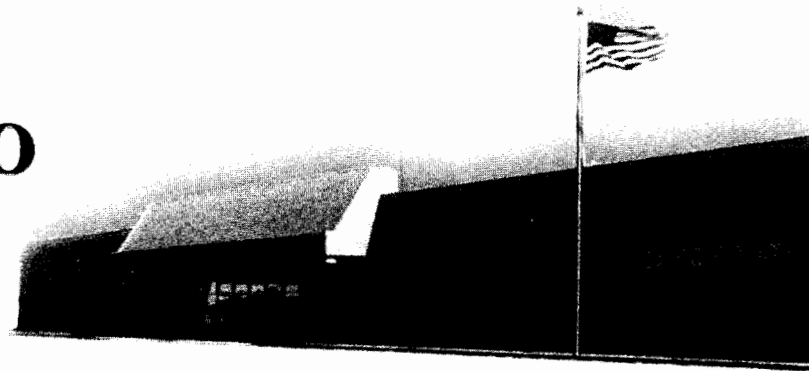
br

Enclosure



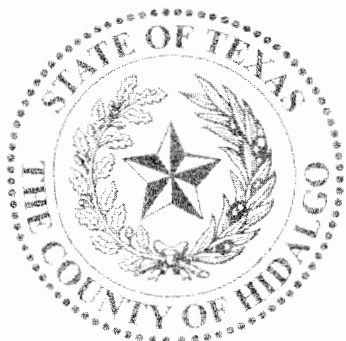
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. RTA



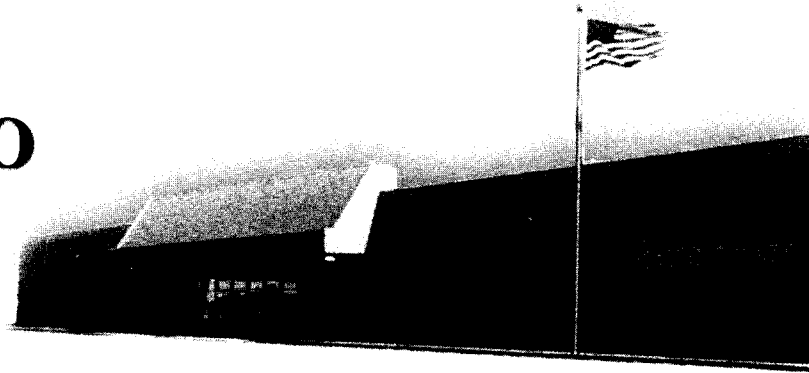
P.O. Box 178
Edinburg, Texas 78540-0178
Ph. (956) 318-2157
Fax (956) 318-2733
www.hidalgocountytax.org

ACCOUNT NUMBER	PAYER	AMOUNT
A2250.00.000.0001.00	G.A. PRODUCE LLC	\$2,804.99
C0555.00.000.0001.00	HERITAGE VILLAGE	\$21,605.01
D7600.02.010.0001.05	HEATHROW INVESTMENTS LLC	\$5,588.20
I8040.00.000.000A.00	RIO GRANDE R V PARK INC	\$4,797.92
K2400.00.000.0057.02	EL COFRE DEL TESORO LLC	\$4,387.82
K2400.00.000.0378.00	INTER NATIONAL BANK	\$11,464.21
K3353.99.000.0013.04	SAN JOSE WAREHOUSE LLC	\$6,341.89
L1300.00.000.0141.14	ARTURO & REBECCA MARTINEZ	\$3,961.23



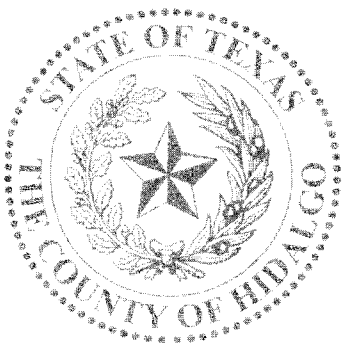
Office of Tax Assessor - Collector
COUNTY of HIDALGO

Pablo "Paul" Villarreal, Jr. R7A



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

ACCOUNT NUMBER	PAYER	AMOUNT
M0619.00.000.0002.00	J & R VALLEY OILFIELD SERVICES INC	\$3,090.41
M0619.00.000.0014.00	TEXAS NATIONAL BANK	\$5,899.57
M5258.00.000.0025.00	GREG & JEAN READ	\$3,954.59
O6510.00.000.0032.00	CARLOS CANALES	\$3,535.53
P5324.01.000.0001.00	LONE STAR NATIONAL BANK	\$14,263.15
S2950.00.000.0517.20	SAN JACINTO TITLE SERVICES OF TEXAS, LLC	\$3,194.61
W5300.99.000.0013.37	LIFECHEK DENISON LLC	\$5,433.37



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

APPLICATION FOR TAX REFUND

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

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

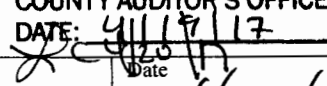
Step 1: Owner's name and address	Owner's name ALANIS JUAN G & GABRIELA MARTINEZ (PD BY: G.A. PRODUCE LLC)
	Present mailing address (number and street) 2121 UMAR AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78504-5662
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALANIS BUSINESS PARK LOT 1**

Step 2: Describe the property	Address or location of property: S VETERANS RD	
	1012450	
	Account number of property: A2250.00.000.0001.00	Tax receipt number: 33315537
	OR	

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	2016	12/14 / 2016	\$ 7,581.02	\$ 2,804.99
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 2,804.99
Taxpayer's reason for refund (attach supporting documentation): SUPP 7 RF170312					
BALANCE DUE APPLY \$477.61 TO ACCT DIFFERENCE BACK TO TAXPAYER					
\$2,327.38. 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."	
	Signature sign here	Date of application for tax refund
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/11/17  Date 4/24/17
	Authorized officer sign here	Date	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here	Date	

Paul Villand

4/24/17

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name SABRA TEXAS HOLDINGS LP (PD BY: HERITAGE VILLAGE)
	Present mailing address (number and street) 18500 VON KARMAN AVENUE SUITE 550
	City, town or post office, state, ZIP code IRVINE, CA 92612-0504

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **CAMELOT RETIREMENT COMMUNITY LOT 1**

Step 2: Describe the property	Address or location of property: 2105 S CYNTHIA ST APT-D101
	129611
	Account number of property: C055.00.000.0001.00
	Tax receipt number: 34359941

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	2016	01/27	/ 2017	\$ 166,511.26
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 21,605.01

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Authorized officer sign here	Date 4/19/17
	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 4/24/17

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name HEATHROW INVESTMENTS LLC (PD BY: HEATHROW INVESTMENTS LLC)
	Present mailing address (number and street) 4512 TYLER AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78503-8109

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DOWNING NO 10 PH 2**

Step 2: Describe the property	Address or location of property: 1802 SAMANO ST
	607906
	Account number of property: D7600.02.010.0001.05
	Tax receipt number: OR 34469181/34469800

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	2016	01/31	/ 2017	\$ 58,686.27
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 5,588.20

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized signature sign here	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/24/17 Date
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, Tax code) sign here	Date 4/26/17

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name RIO GRANDE R V PARK INC (PD BY RIO GRANDE R V PARK INC)
	Present mailing address (number and street) 501 A NORTH LAS VEGAS TRAIL
	City, town or post office, state, ZIP code FT, WORT, TX 76108-1439

Phone (area code and number)

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

Step 2: Describe the property	Address or location of property: 9515 N 281
	539728
	Account number of property: I8040.00.000.000A.00
	Tax receipt number: OR 34508577

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	2016	01/31	/ 2017	\$ 14,541.56
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 4,797.92

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Authorized sign here	Date	DATE: 4/19/17	
	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	4/6/17	

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: <u>4-21-17</u> <i>J. Kelly</i>
	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 EL COFRE DEL TESORO LLC (PD BY: EL COFRE DEL TESORO LLC) f
Owner's name and address	Present mailing address (number and street) 4900 N 10TH ST STE C2
	City, town or post office, state, ZIP code MCALLEN, TX 78504
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT**

Step 2:	Describe the property
	Address or location of property: W ALBERTA RD
	201981 f
	Account number of property: K2400.00.000.0057.02 f
	Tax receipt number: OR 33046648

Step 3:	Give the tax payment information																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:20%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td>2016</td> <td>01/31 / 2017</td> <td>\$ 14,918.59</td> <td>\$ 4,387.82</td> </tr> <tr> <td>2.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>3.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 4,387.82 f</td> </tr> </tbody> </table>	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	2016	01/31 / 2017	\$ 14,918.59	\$ 4,387.82	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$	\$ 4,387.82 f
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	2016	01/31 / 2017	\$ 14,918.59	\$ 4,387.82																											
2.		/	\$	\$																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5.		/	\$	\$ 4,387.82 f																											
	Taxpayer's reason for refund (attach supporting documentation): SUPP 7 RF170312																														
	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."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Signature sign here </td> <td style="width:30%;">Date of application for tax refund</td> </tr> </table>	Signature sign here	Date of application for tax refund
Signature sign here	Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5:	Tax refund Determination				
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Authorized signee sign here </td> <td style="width:30%;">Date 4/24/17</td> </tr> <tr> <td>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 </td> <td>Date 4/6/17</td> </tr> </table>	Authorized signee sign here	Date 4/24/17	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 4/6/17
Authorized signee sign here	Date 4/24/17				
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 4/6/17				

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	DATE: <u>4-19-17</u> <i>J. C. [Signature]</i>
	Phone (area code and number) (956) 318-2157

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

Step 1: Owner's name and address	Owner's name PHARR BRIDGE INVESTMENTS COMPANY LP (PD BY: INTER NATIONAL BANK) f
	Present mailing address (number and street) 3501 UTILITY DR
	City, town or post office, state, ZIP code PHARR, TX 78577-1785
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT**

Step 2: Describe the property	Address or location of property: HI LINE RD
	203435 f
	Account number of property: K2400.00.000.0378.00 f
	Tax receipt number: OR 33054090

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	<u>2016</u>	11/22	/ 2016	\$ 60,951.74
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 11,464.21 f

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here <i>[Signature]</i>	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized Officer sign here <i>[Signature]</i>	Date 4/24/17
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approvals required under Section 31.11, tax code) sign here <i>[Signature]</i>	Date 4/6/17

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE <u>4-12-17</u> <i>[Signature]</i>
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 SAN JOSE WAREHOUSE (PD BY SAN JOSE WAREHOUSE LLC) f
Owner's name and address	Present mailing address (number and street) 10601 S JACKSON RD STE 200
	City, town or post office, state, ZIP code PHARR, TX 78577-6854
	Phone (area code and number)

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

Step 2:	Describe the property
	Address or location of property: 10601 S JACKSON RD STE 200
	900507 f
	Account number of property: K3353.99.000.0013.04 f
	Tax receipt number: OR 33892759

Step 3:	Give the tax payment information																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:10%;">Year for Which Refund is Requested</th> <th style="width:10%;">Date of the Tax Payment</th> <th style="width:10%;">Amount of Taxes Paid</th> <th style="width:10%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td style="text-align:center;"><u>2016</u></td> <td style="text-align:center;">01/10 / 2017</td> <td style="text-align:right;">\$ 7,168.25</td> <td style="text-align:right;">\$ 6,341.89</td> </tr> <tr> <td>2.</td> <td></td> <td style="text-align:center;">/</td> <td style="text-align:right;">\$</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>3.</td> <td></td> <td style="text-align:center;">/</td> <td style="text-align:right;">\$</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>4.</td> <td></td> <td style="text-align:center;">/</td> <td style="text-align:right;">\$</td> <td style="text-align:right;">\$</td> </tr> <tr> <td>5.</td> <td></td> <td style="text-align:center;">/</td> <td style="text-align:right;">\$</td> <td style="text-align:right;">\$ 6,341.89 (L)</td> </tr> </tbody> </table>	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	<u>2016</u>	01/10 / 2017	\$ 7,168.25	\$ 6,341.89	2.		/	\$	\$	3.		/	\$	\$	4.		/	\$	\$	5.		/	\$	\$ 6,341.89 (L)
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	<u>2016</u>	01/10 / 2017	\$ 7,168.25	\$ 6,341.89																											
2.		/	\$	\$																											
3.		/	\$	\$																											
4.		/	\$	\$																											
5.		/	\$	\$ 6,341.89 (L)																											
	Taxpayer's reason for refund (attach supporting documentation): SUPP 7 RF170312 BALANCE DUE																														
	APPLY \$82.64 TO ACCOUNT \$6,259.25 TO SAN JOSE WAREHOUSE LLC																														
	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."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Signature sign here <i>[Signature]</i></td> <td>Date of application for tax refund</td> </tr> </table>	Signature sign here <i>[Signature]</i>	Date of application for tax refund
Signature sign here <i>[Signature]</i>	Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5:	Tax refund Determination				
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Authorized officer sign here <i>[Signature]</i></td> <td>Date 4/24/17</td> </tr> <tr> <td>Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here <i>[Signature]</i></td> <td>Date 4/6/17</td> </tr> </table>	Authorized officer sign here <i>[Signature]</i>	Date 4/24/17	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here <i>[Signature]</i>	Date 4/6/17
Authorized officer sign here <i>[Signature]</i>	Date 4/24/17				
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here <i>[Signature]</i>	Date 4/6/17				

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/12/17 J.C. 4/21/17	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

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

Step 1: Owner's name and address

Owner's name: **MARTINEZ ARTURO & REBECCA (PD BY ARTURO & REBECCA MARTINEZ)**

Present mailing address (number and street): **2508 EBONY AVE**

City, town or post office, state, ZIP code: **MCALLEN, TX 78501-7562**

Phone (area code and number):

Legal description (or attach copy of the tax bill or tax receipt): **LA LOMITA (HOIT)**

Step 2: Describe the property

Address or location of property: **2016 N WARE RD**

210974

Account number of property: **L1300.00.000.0141.14** OR Tax receipt number: **34262347/34907506**

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	2016	01/25 / 2017	\$ 12,111.05	\$ 1,101.02 BR
2.	2016	02/21 / 2017	\$ 2,860.21	\$ 2,860.21 BA
3.		/ TOTAL PAID=	\$ 14,971.26	\$
4.		/	\$	\$
5.		/	\$	\$ 3,961.23 f

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312 NEED TO APPLY**

BACK TO ACCOUNT \$1,101.02 REFUND BACK TO TAXPAYER \$2,860.21 **BR**

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."

Signature: **[Signature]** Date of application for tax refund: **4/24/17**

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

Authorized officer: **[Signature]** Date: **4/24/17**

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): **[Signature]** Date: **4/16/17 **BR****

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>4/23/17</u> <i>J.C. 4/23/17</i>
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 RIOS MARIA I & OZIEL (PD BY J & R VALLEY OILFIELD SERVICES INC) f
Owner's name and address	Present mailing address (number and street) 1401 COLOSIO LN
	City, town or post office, state, ZIP code MISSION, TX 78572-7619
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MALMAISON LUXE AT TRINITY LOT 2**

Step 2:	Describe the property		
	Address or location of property: TRAVIS ST		
	715951 f		
	Account number of property:	Tax receipt number:	
	M0619.00.000.0002.00 f	OR	33447431

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	12/21 / 2015	\$ 6,180.81	\$ 3,090.48 BA
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$	\$ 3,090.48 BA

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5:	Tax refund Determination	
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 4/24/17
	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 4/6/17 CR

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name GUTIERREZ JUAN & AGUSTINA (PD BY TEXAS NATIONAL BANK)
	Present mailing address (number and street) PO BOX 1438
	City, town or post office, state, ZIP code PHARR, TX 78577-1625
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MALMAISON LUXE AT TRINITY LOT 14**

Step 2: Describe the property	Address or location of property: 1000 TRAVIS ST	
	715963	
	Account number of property: M0619.00.000.0014.00	Tax receipt number: OR 34324666

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	2016	01/26	/ 2017	\$ 17,037.06
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 5,899.57

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4-21-17 <i>J. C. [Signature]</i>	
	Authorized sign here	Date	4/24/17	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.41, tax code)	Date	4/6/17	

Jane Gilland & *[Signature]*

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name READ GREG D & JEAN M (PD BY GREG & JEAN READ)
	Present mailing address (number and street) 1307 COLOSIOS
	City, town or post office, state, ZIP code MISSION, TX 78572-7890
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MISSION VIEJO ESTATES LOT 25**

Step 2: Describe the property	Address or location of property: 1307 COLOSIO LN	
	604932	
	Account number of property: M5258.00.000.0025.00	Tax receipt number: OR 32945418

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	2016	11/10	/ 2016	\$ 4,146.89
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 3,954.59

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Authorized officer sign here		DATE: 4-24-17 4/24/17
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Sections 1.11, tax code) sign here		Date 4/6/17

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name CANALES JESUS EDUARDO (PD BY CARLOS CANALES)
	Present mailing address (number and street) 2403 SAN LUCAS
	City, town or post office, state, ZIP code MISSION, TX 78572-4146
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ORANGEWOOD EAST ADDITION LOT 32**

Step 2: Describe the property	Address or location of property: 709 E BURNS DR	
	670095	
	Account number of property: 06510.00.000.0032.00	Tax receipt number: OR 34699851

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	2016	01/31	/ 2017	\$ 13,781.54
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 3,535.53

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4/21/17 4/21/17
	Authorized officer sign here	Date 4/24/17	
	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	Paul Villalobos	

4-7-17

APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name WAREHOUSE SPACE REALTORS (PD BY: LONE STAR NATIONAL BANK)
	Present mailing address (number and street) 9601 INT'L BLVD
	City, town or post office, state, ZIP code PHARR, TX 78577
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **P.E.D.C. #1 LOTS 1, 2 & 3**

Step 2: Describe the property	Address or location of property: 9601 S INTERNATIONAL BLVD	
	693460	
	Account number of property: P5324.01.000.0001.00	Tax receipt number: OR 33295527

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	2016	12/13	/ 2016	\$ 142,520.67
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$	\$ 14,263.15

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."	
	Signature sign here	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Authorized officer sign here		DATE: 4/24/17	Date 4/24/17
	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	Paul Villard		DATE: 4/6/17

4-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>4-18-17</u> <i>J. C. [Signature]</i>
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 GUDINO RUBEN GUEL & NORMA A (PD BY SAN JACINTO TITLE SERVICES) f
Owner's name and address	Present mailing address (number and street) 1701 VALMEX DR of TEXAS, LLC
	City, town or post office, state, ZIP code HIDALGO, TX 78557-4317
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **JOHN H SHARY**

Step 2:	Describe the property
	Address or location of property: W HWY 107
	282980 f
	Account number of property: S2950.00.000.0517.20 f
	Tax receipt number: OR 34875496/33515368/34420984

Step 3:	Give the tax payment information																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name Of Taxing Unit from Which Refund is Requested</th> <th style="width:15%;">Year for Which Refund is Requested</th> <th style="width:15%;">Date of the Tax Payment</th> <th style="width:15%;">Amount of Taxes Paid</th> <th style="width:20%;">Amount of Tax Refund Requested</th> </tr> </thead> <tbody> <tr> <td>1. ALL ENTITIES</td> <td><u>2016</u></td> <td>02/13 / 2017</td> <td>\$ 3,316.60</td> <td>\$ 3,194.61</td> </tr> <tr> <td>2.</td> <td><u>2016</u></td> <td>12/28 / 2016</td> <td>\$ 3,000.00</td> <td>\$</td> </tr> <tr> <td>3.</td> <td><u>2016</u></td> <td>01/30 / 2017</td> <td>\$ 4,051.50</td> <td>\$</td> </tr> <tr> <td>4.</td> <td></td> <td>/ TOTAL PAID=</td> <td>\$ 10,368.10</td> <td>\$</td> </tr> <tr> <td>5.</td> <td></td> <td>/</td> <td>\$</td> <td>\$ 3,194.61 f</td> </tr> </tbody> </table>	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	<u>2016</u>	02/13 / 2017	\$ 3,316.60	\$ 3,194.61	2.	<u>2016</u>	12/28 / 2016	\$ 3,000.00	\$	3.	<u>2016</u>	01/30 / 2017	\$ 4,051.50	\$	4.		/ TOTAL PAID=	\$ 10,368.10	\$	5.		/	\$	\$ 3,194.61 f
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	<u>2016</u>	02/13 / 2017	\$ 3,316.60	\$ 3,194.61																											
2.	<u>2016</u>	12/28 / 2016	\$ 3,000.00	\$																											
3.	<u>2016</u>	01/30 / 2017	\$ 4,051.50	\$																											
4.		/ TOTAL PAID=	\$ 10,368.10	\$																											
5.		/	\$	\$ 3,194.61 f																											

Taxpayer's reason for refund (attach supporting documentation): **SUPP 7 RF170312**

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."		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Signature sign here </td> <td style="width:30%;">Date of application for tax refund</td> </tr> </table>	Signature sign here	Date of application for tax refund
Signature sign here	Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5:	Tax refund Determination				
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Authorized officer <i>[Signature]</i> sign here </td> <td style="width:30%;">Date 4/24/17</td> </tr> <tr> <td>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) <i>[Signature]</i> sign here </td> <td>Date 4/6/17</td> </tr> </table>	Authorized officer <i>[Signature]</i> sign here	Date 4/24/17	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) <i>[Signature]</i> sign here	Date 4/6/17
Authorized officer <i>[Signature]</i> sign here	Date 4/24/17				
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) <i>[Signature]</i> sign here	Date 4/6/17				

41-7-17

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>4-18-17</u> <i>J. C. [Signature]</i>
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 MED AID INC (PD BY LIFECHER DENISON LLC)
	Present mailing address (number and street) 922 S CLOSONER BLVD STE A
	City, town or post office, state, ZIP code EDINBURG, TX 78539-5642
	Phone (area code and number)

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

Step 2: Describe the property	Address or location of property: 922 S HWY 281 (CLSONER)
	589549
	Account number of property: W5300.99.000.0013.37
	Tax receipt number: 34390126
	OR

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	2016	01/27 / 2017	\$ 5,433.37	\$ 5,433.37
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$	\$ 5,433.37
	Taxpayer's reason for refund (attach supporting documentation): SUPP 7 RF170312				
	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."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized sign here	Date 4/24/17
	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 4/6/17

4-7-17