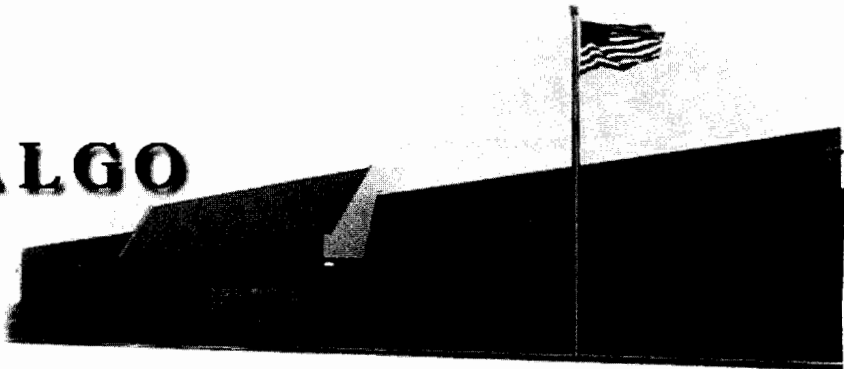


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

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

December 11, 2018

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,

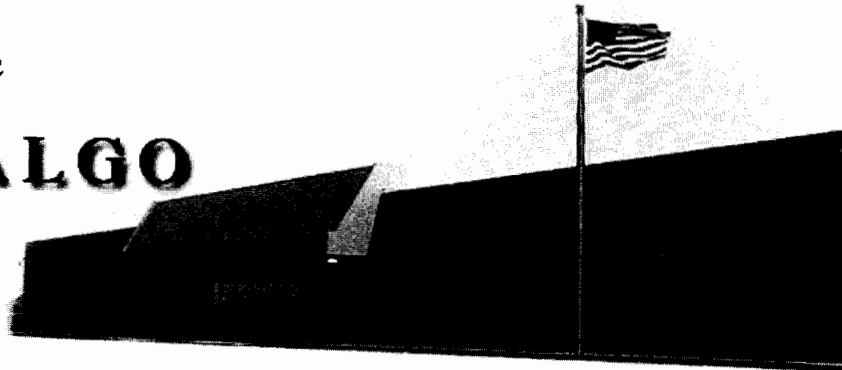
Pablo (Paul) Villarreal, Jr., PCC

br

Enclosure

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. PCC.

Hidalgo County Tax Assessor-Collector

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

| ACCOUNT NUMBER | PAYER | AMOUNT |
|----------------------|------------------------|-------------|
| H0110.02.000.0001.00 | HEB GROCERY COMPANY LP | \$11,588.23 |
| H0110.02.000.0001.00 | HEB GROCERY COMPANY LP | \$10,955.05 |
| P2344.00.000.0001.00 | HEB GROCERY COMPANY LP | \$9,002.56 |
| P2344.00.000.0001.00 | HEB GROCERY COMPANY LP | \$12,809.31 |
| P7400.00.000.0001.04 | HEB GROCERY COMPANY LP | \$22,156.69 |
| S2979.00.00A.0001.00 | HEB GROCERY COMPANY LP | \$34,568.58 |
| T8566.00.000.0001.00 | HEB GROCERY COMPANY LP | \$2,794.10 |
| T8566.00.000.0001.00 | HEB GROCERY COMPANY LP | \$2,784.10 |
| W3800.00.539.000.10 | HEB GROCERY COMPANY LP | \$20,624.99 |



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 H E BUTT GROCERY COMPANY (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **HEB #2 LOT 1**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: |
| | 660187 |
| | Account number of property: H0110.02.000.0001.00 OR 34758674 |
| | Tax receipt number: |

| Step 3: Give the tax payment information | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| | 1. ALL ENTITIES | 2016 | 01/31 | / 2017 | \$ 173,762.91 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 11588.23 |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|----------------------------------|---|------------------------------------|
| 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: 12-7-18 | |
| | Authorized officer sign here | Maria Duran | Date | 12-7-18 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.11, tax code) sign here | Paul Dilford | Date | 11/20/18 |

Handwritten notes and signatures:
 Maria Duran (signature)
 Paul Dilford (signature)
 11/20
 12-7-18
 11/20/18
 11-6-18

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 H E BUTT GROCERY COMPANY (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HEB #2 LOT 1**

| | |
|----------------------------------|---|
| Step 2: Describe the property | Address or location of property: |
| | 660187 A |
| | Account number of property: H0110.02.000.0001.00 A |
| | Tax receipt number: OR 37366784 |

| 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 | 2017 | 01/29 | / 2018 | \$ 172,347.90 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 10,955.05 A |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|--------------------------|---|------------------------------------|
| 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> <p style="text-align: right;">AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 12/19/18</p> | |

| | | |
|-------------------------------------|---|-------------------------|
| Step 5: Tax refund Determination | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| | Authorized officer sign here Maria Duran | Date 12-7-18 |
| | 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 Dillard | Date 11/20/18 |

11/20

11/20/18

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 HEB GROCERY COMPANY LP (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |

Phone (area code and number)

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

| | | |
|--|--|---|
| Step 2: Describe the property | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE | |
| | Address or location of property: 958837 | DATE: 12/16/18 |
| | Account number of property: P2344.00.000.0001.00 | Tax receipt number: OR 34758674 |
| | | |

| 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 | \$ 198,035.06 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 9,002.56 |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|----------------------------------|--|------------------------------------|
| 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 12-6-18 |
| | 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 11/20/18 |

11/20 a

11-6-18

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 HEB GROCERY COMPANY LP (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

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

| | | |
|--|--|---|
| Step 2: Describe the property | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE | |
| | Address or location of property: | DATE: 12/6/18 |
| | 958837 | 12-6-18 |
| | Account number of property: P2344.00.000.0001.00 | Tax receipt number: OR 37366784 |

| 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 | 2017 | 01/29 | / 2018 | \$ 200,347.81 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 12,809.31 |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|----------------------------------|---|------------------------------------|
| 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 12-6-18 |
| | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.11, tax code) sign here | Date 11/20/18 |

Maria A. Duran
Paul [Signature]
11/20

11-6-18
1

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 H E BUTT GROCERY COMPANY (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **PLAZA DEL NORTE LOTS 1-C & 1-D**

**Step 2:
Describe the property**

Address or location of property:
345317

Account number of property: **P7400.00.000.0001.04** OR Tax receipt number: **37366784**

| 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 | 2017 | 01/29 | / 2018 | \$ 124,339.54 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 22,156.69 |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

**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: _____

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: **12/17/18**
12-7-18 **12/7/18**

Authorized officer: **[Signature]** Date: **12-7-18**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 2.11, tax code): **[Signature]** Date: **11/20/18**

11/20 **11/20/18** **11/20/18**

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 SHARY RETAIL LTD (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) P O BOX 924133 |
| | City, town or post office, state, ZIP code HOUSTON, TX 77292-4133 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **SHARY-TAYLOR EXPRESSWAY COMMERCIAL LOT 1 BLK A**

| | |
|--|---|
| Step 2: Describe the property | Address or location of property: |
| | 707591 |
| | Account number of property: S2979.00.00A.0001.00 |
| | Tax receipt number: OR 34758674 |

| 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 | \$ 381,255.85 | \$ 34,568.58 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ TOTAL | \$ 34,568.58 |
| Taxpayer's reason for refund (attach supporting documentation): COURT ORDER #C-4019-16-E | | | | | |
| PER ORDER PAY BY: JANUARY 16, 2019 | | | | | |
| BR | | | | | |

| | | |
|--|--|------------------------------------|
| 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: 12/7/18 | |
| | Authorized officer sign here | Maria A. Duran | Date | 12-7-18 |
| | 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 Silfant | Date |

11/20

CAP 11-18

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 HEB GROCERY COMPANY LP (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **281/TRENTON COMMERCIAL LOT 1**

| | |
|--|--|
| Step 2: Describe the property | Address or location of property: 895753A |
| | Account number of property: T8566.00.000.0001.00A |
| | Tax receipt number: OR 34758674 |
| | |

| | | | | | |
|--|---|---|--------------------------------|-----------------------------|---------------------------------------|
| 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 | \$ 105,979.85 | \$ 2,794.10 |
| | 2. | | / | \$ | \$ |
| | 3. | | / | \$ | \$ |
| | 4. | | / | \$ | \$ |
| | 5. TOTAL | | / | \$ TOTAL | \$ 2,794.10A |
| Taxpayer's reason for refund (attach supporting documentation): COURT ORDER #C-4019-16-EA | | | | | |
| PER ORDER PAY BY: JANUARY 16, 2019 | | | | | |
| BR | | | | | |

| | | |
|----------------------------------|---|------------------------------------|
| 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: 12/7/18 CH | |
| | Authorized officer sign here | Maria A. Duran | Date | 12-7-18 |
| | 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 Dillert | Date | 11/20/18 |

11/20

Handwritten notes:
D.C. 12/2/18
12-7-18
11/20/18
11-6-18

APPLICATION FOR TAX REFUND

| | |
|---|--|
| Collection office name HIDALGO COUNTY TAX OFFICE | Collecting tax for: (Tax Units) GHD-SST-DRI-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 HEB GROCERY COMPANY LP (PD BY: HEB GROCERY COMPANY LP) |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **281/TRENTON COMMERCIAL LOT 1**

| | | |
|--|--|---|
| Step 2: Describe the property | Address or location of property: 895753 | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 12/6/18 <i>ll 12-6-18</i> Tax receipt number: 37366784 |
| | Account number of property: T8566.00.000.0001.00 | |
| | | |
| | | |

| 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 | 2017 | 01/29 | / 2018 | \$ 105,600.55 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 2,784.10 |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|--|--|------------------------------------|
| 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 | |
| | Authorized officer sign here <i>Maria A. Duran</i> | Date 12-6-18 |
| | 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>Paul Salinas</i> | Date 11/20/18 |

11/20

11/6/18

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 WWW RURAL II LLC (PD BY: HEB GROCERY COMPANY LP)† |
| | Present mailing address (number and street) PO BOX 839999 |
| | City, town or post office, state, ZIP code SAN ANTONIO, TX 78283-3999 |
| | Phone (area code and number) |

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT S1167.78'-N1230'-E660' EXC W25'-N150'FT 539 & W 660'FT 544 25.04 AC NET**


| | |
|--|--|
| Step 2: Describe the property | Address or location of property: |
| | 666981† |
| | Account number of property: W3800.00.539.0000.10† |
| | Tax receipt number: OR 37366784 |

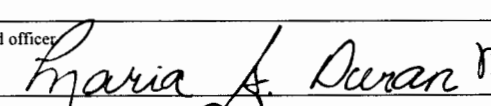
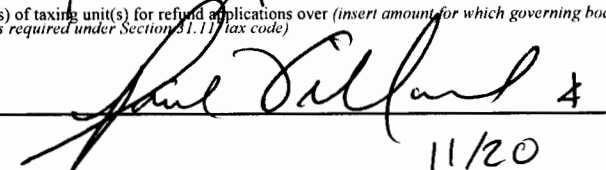
| Step 3: Give the tax payment information | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| | 1. ALL ENTITIES | 2017 | 01/29 | / 2018 | \$ 197,729.69 |
| 2. | | | / | \$ | \$ |
| 3. | | | / | \$ | \$ |
| 4. | | | / | \$ | \$ |
| 5. TOTAL | | | / | \$ TOTAL | \$ 20,624.99 † |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4019-16-E 4**

PER ORDER PAY BY: JANUARY 16, 2019

BR

| | | |
|----------------------------------|---|------------------------------------|
| 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. | |

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|---|---|-------------------------|--|--|
| 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: 12/7/18 <i>ch</i> 12-7-18 <i>ll</i> | |
| | Authorized officer: sign here  | Date 12-7-18 | | |
| | 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 11/20/18 | 11/20/18 <i>CAE</i> <i>11-20-18</i> | |