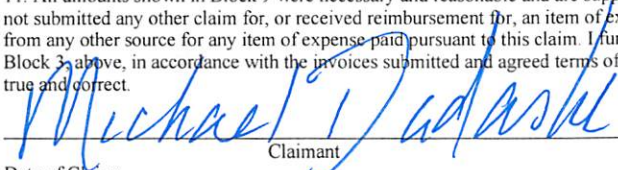


CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Infinite Recovery, LLC		Parcel No: 41 & 42		County: Williamson
		ROW CSJ: N/A		Project No.: N/A
<input type="checkbox"/> Residence <input checked="" type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: 700 Stubblefield Ln., Liberty Hill, TX 787 Claimant's Telephone No.: 409-		3. Address Moved To: 13207 Wright Road, Buda, TX 78610		
4. Occupancy of Property Acquired by State: From (Date): 11/2/20 To (Date of Move): 12/30/22		5. Distance Moved: 51 Miles		
<input type="checkbox"/> Owner/Occupant <input checked="" type="checkbox"/> Tenant		7. Mover's Name and Address: NSM		
6. Controlling Dates		9. Amount of Claim:		
a. First Offer in Negotiation	Mo. 07	Day 12	Yr. 2021	a. Moving Expenses \$
b. Date Property Acquired	Mo. 03	Day 31	Yr. 2022	b. Reestablishment Expenses \$ 25,000.00
c. Date Required to Move	Mo. 12	Day 30	Yr. 2022	c. Searching Expenses \$
8. Property Storage (attach explanation) From (Date): N/A To (Date of Move): N/A				d. Tangible Property Loss \$
Place Stored (Name and Address): N/A				e. Storage \$
10. Temporary Lodging (attach explanation) From (Date): N/A To (Date of Move): N/A				f. Temporary Lodging \$
				g. Total Amount \$ 25,000.00
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
<div style="text-align: center;">  Claimant </div>				
Date of Claim: _____				
<div style="text-align: center;"> Claimant </div>				
Spaces Below to be Completed by Williamson County				
I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:				
Amount of \$25,000.00				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date _____ </div> <div style="width: 45%;"> Williamson County Authorized Signature: _____ </div> </div>				



Memo

Date: November 11, 2022

Project: Liberty Hill Bypass

To: Don Childs, Lisa Dworaczyk, - Sheets & Crossfield, P.C.

From: Daniel Shaw

Subject: Parcel 41 & 42 –Infinite Recovery LLC - Reestablishment Claim

The following documents are included to support the request:

1. ROW-R-99 Claim for Reestablishment Expenses
2. Invoices and Cancelled Checks
3. Photographs
4. W-9
5. Certificate of Eligibility

The displacee, Infinite Recovery, LLC, is being displaced from 700 Stubblefield Ln, Liberty Hill, TX., 78642, due to the Liberty Bypass Project.

Infinite Recovery, LLC, has found a replacement site and the new site needs some improvements made to prepare the building for patients and staff. Infinite Recovery LLC has chosen to utilize their re-establishment funds to make the necessary improvements to their replacement site. The estimate/invoice is more than the maximum allowed for re-establishment. Infinite Recovery, LLC understands that the benefit maximum is \$25,000.00. All invoices with cancelled checks are included just to show what they paid.

Should any additional information be required, please contact me at 346-260-7260 or dshaw@pinnaclegroup.biz

A handwritten signature in blue ink, appearing to read "D. Shaw", is written over a horizontal line.

Daniel Shaw, Project Manager

Attachments



Invoice # 2323

Date: 04/03/2022

Bill To

Infinite Recovery
Address: 13207 Wright Rd City: Buda , Tx 78610
512-422-0870

For

Paint and Remodeling

Item Description	Amount
Main Building Exterior and Interior Paint	
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic	
Wood prep doors and trim and all supplies	
Labor and Materials Included -- Subtotal	\$13,500.00

Total Cost

\$13,500.00

Make all checks payable to Morales Painting & Remodeling
Thank you for your business!

Full Analysis Bus Chk - 2941: Account Activity Transaction Details

Check number: [REDACTED] 4

Post date: 05/20/2022

Amount: -13,500.00

Type: Check

Description: Check

Merchant name: Check

Merchant information:

Transaction category: Cash, Checks & Misc: Checks

INFINITE RECOVERY LLC
7017 CAMERON RD STE 118
AUSTIN TX 78723-2053

Back of America
ACH RPT 191000025

DA-948612
MTR

04/05/2022

PAY TO THE ORDER OF Morales Painting & Remodeling \$ 13,500.00

Thirteen thousand five hundred and 00/100 *****
DOLLARS

Morales Painting & Remodeling SVS LLC
1505 Tulipson Ave
Mission, TX 78572

102100

[Signature]
ANY SIGNATURE

[illegible]

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Invoice # 2327

Date: 05/22/2022

Bill To

Infinite Recovery
Address: 13207 Wright Rd City: Buda , Tx 78610
512-422-0870

For

Paint and Remodeling

Item Description	Amount
Buildings left and right of Main Building -- Exterior and Interior Paint	
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic)	
Wood prep doors and trim and all supplies	
Labor and Materials Included -- Subtotal	\$16,052.00

Total Cost

\$16,052.00

Make all checks payable to Morales Painting & Remodeling
Thank you for your business!

Full Analysis Bus Chk - 2941: Account Activity Transaction Details**Check number:** [REDACTED] 7**Post date:** 05/24/2022**Amount:** -16,052.00**Type:** Check**Description:** Check**Merchant name:** Check**Merchant information:****Transaction category:** Cash, Checks & Misc: Checks

Bank of America
ACH P/T 11000025

INFINITE RECOVERY LLC
7517 CAMERON RD STE 118
AUSTIN, TX 78754-2033

05/24/2022

PAY TO THE
ORDER OF: Morada Printing & Remodeling \$ -16,052.00

Sixteen thousand (16,000) DOLLARS

Morada Printing & Remodeling SVS LLC
1605 Tulipac Ave
Mission, TX 78572

MEMO

[Signature]

1605 TULIPAC AVE
MISSION, TX 78572

1605 TULIPAC AVE
MISSION, TX 78572

1605 TULIPAC AVE
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MISSION, TX 78572

1605 TULIPAC AVE
MISSION, TX 78572



Invoice # 2349

Date: 06/08/2022

Bill To

Infinite Recovery

Address: 13207 Wright Rd City: Buda , Tx 78610

512-422-0870

For

Paint and Remodeling

Item Description	Amount
Buildings in back - 2 sheds, conference center, dining/kitchen, offices -- Exterior and Interior Paint	
Primer and 2 coats of Paint (Sherwin Williams 100% acrylic)	
Wood prep doors and trim and all supplies	
Labor and Materials Included -- Subtotal	\$19,834.81

Total Cost

\$19,834.81

Make all checks payable to Morales Painting & Remodeling

Thank you for your business!

Full Analysis Bus Chk - 2941: Account Activity Transaction Details

Check number: [REDACTED] 4

Post date: 06/10/2022

Amount: -19,834.81

Type: Check

Description: Check

Merchant name: Check

Merchant information:

Transaction category: Cash, Checks & Misc: Checks

Bank of America

7517 CALLESON RD STE 118
AUSTIN, TX 78752-2053

06/10/2022

PAY TO THE ORDER OF: Monies Painting & Remodeling

\$ 19,534.81

Nineteen thousand eight hundred thirty-four and 81/100

DOLLARS

Monies Painting & Remodeling 516 LLC
1505 Tulipan Ave
Mission, TX 78572

MEMO

[Signature]
AUTHORIZED SIGNATURE

[illegible]

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CERTIFICATION OF ELIGIBILITY

ROW CSJ:

Parcel:

Displacee:

Individuals, Families and Unincorporated Businesses or Farming Operations

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ Citizens or Nationals of the United States

or

☐ Aliens lawfully present in the United States

* If an Alien lawfully present in the United States, supporting documentation will be required.

Michael Dudas
Claimant

Date: 8/29/2022

Claimant

Date:

Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

Claimant

Date: