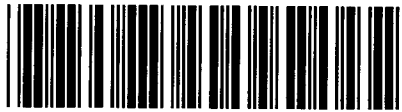



Control Number: 43704



Item Number: 202

Addendum StartPage: 0

	Texas Commission on Environmental Quality		This Box for TCEQ Use Only	
	Registration of Submetered or Allocated Utility Service		Registration No. S	6567
			Date:	8-26-14 By: DR
This Box for TCEQ Use Only				
CUSTOMER REFERENCE NUMBER		REGULATED ENTITY REFERENCE NUMBER		
CN(9 digits)		RN(9 digits)		
<input checked="" type="checkbox"/> Send a completed Core Data Form (TCEQ-10400) with this registration.				
PROPERTY OWNER ("Customer" on TCEQ-10400)				
Name	White / Coffee Ltd. ←			
<input checked="" type="checkbox"/> Do not enter the name of the owner's contract manager, management company, or billing company.				
NAME AND TYPE OF PROPERTY WHERE UTILITY SERVICE IS PROVIDED ("Regulated Entity" on TCEQ-10400)				
Name	900 West Twenty-Third Street Apartments			
<input checked="" type="checkbox"/> Apartment Complex	<input type="checkbox"/> Condominium	<input type="checkbox"/> Manufactured Home Rental Community	<input type="checkbox"/> Multiple-Use Facility	
<input checked="" type="checkbox"/> If applicable, describe the "multiple-use facility" here:				
INFORMATION ON UTILITY SERVICE				
Tenants are billed for	<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Wastewater	Both these bills are	<input checked="" type="checkbox"/> Submetered <input type="checkbox"/> Allocated **
Name of utility providing water/wastewater	City of Austin Utilities			
Date submetered or allocated billing begins (or began)	June 2007			<input checked="" type="checkbox"/> Required
METHOD USED TO OFFSET CHARGES FOR COMMON AREAS <input checked="" type="checkbox"/> Check one line only.				
<input checked="" type="checkbox"/> Not applicable, because	<input checked="" type="checkbox"/> Bills are based on the tenant's actual submetered consumption			
	<input type="checkbox"/> There are neither common areas nor an installed irrigation system			
<input type="checkbox"/> All common areas and the irrigation system(s) are metered or submetered. We deduct the actual utility charges for water and wastewater consumption in these areas that allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property has an installed irrigation system that is not separately metered or submetered. We deduct _____ percent (we deduct at least 25 percent) of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property has an installed irrigation system(s) that is/are separately metered or submetered. We deduct the actual utility charges associated with the irrigation system(s), then deduct at least 5 percent of the utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
<input type="checkbox"/> This property does not have an installed irrigation system. We deduct at least 5 percent of the retail public utility's total charges for water and wastewater consumption, then allocate the remaining charges among our tenants.				
**IF UTILITY SERVICES ARE ALLOCATED, YOU MUST ALSO COMPLETE PAGE TWO OF THIS FORM				
<input checked="" type="checkbox"/>	Send BOTH this form and the TCEQ Core Data Form by fax to: 512/239-6972		by mail to: TCEQ, Utilities & Districts Section, MC-153 PO Box 13087 Austin, TX 78711-3087	
<input checked="" type="checkbox"/> If you need help completing this form, call TCEQ's Utilities & Districts Section at 512/239-4691. Additional information about submetered and allocated billing is available at the following site: http://www.tceq.texas.gov/utilities/submeter.html				
<input checked="" type="checkbox"/> If you need help completing the TCEQ's Core Data Form, call our Central Registry Program at 512/239-5175. You can also find instructions for completing this form at the following site: http://www.tceq.texas.gov/permitting/central_registry/				

ES 2 00 512 327 5128

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TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided)	
<input checked="" type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application)	
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input type="checkbox"/> Other
2. Attachments Describe Any Attachments: (ex. Title V Application, Waste Transporter Application, etc.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Customer Reference Number (If Issued)	4. Regulated Entity Reference Number (If Issued)
CN	RN

SECTION II: Customer Information

5. Effective Date for Customer Information Updates (mm/dd/yyyy)	
6. Customer Role (Proposed or Actual) -- as it relates to the Regulated Entity listed on this form. Please check only one of the following	
<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Operator
<input type="checkbox"/> Occupational Licensee	<input type="checkbox"/> Responsible Party
<input type="checkbox"/> Owner & Operator	<input type="checkbox"/> Voluntary Cleanup Applioant
<input type="checkbox"/> Other:	
7. General Customer Information	
<input checked="" type="checkbox"/> New Customer	<input type="checkbox"/> Update to Customer Information
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State)	<input type="checkbox"/> Change in Regulated Entity Ownership
	<input type="checkbox"/> No Change**
**If "No Change" and Section I is complete, skip to Section III - Regulated Entity Information.	
8. Type of Customer:	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual
<input type="checkbox"/> City Government	<input type="checkbox"/> County Government
<input type="checkbox"/> Other Government	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Sole Proprietorship- D.B.A	<input type="checkbox"/> Federal Government
<input type="checkbox"/> State Government	<input checked="" type="checkbox"/> Limited Partnership
<input type="checkbox"/> Other:	
9. Customer Legal Name (If an individual, print last name first. ex Doe, John)	
White/Coffee Ltd	
10. Mailing Address:	
102 CANYON Circle W.	
City	Austin
State	TX
ZIP	78746
ZIP + 4	
11. Country Mailing Information (If outside USA)	
USA	
12. E-Mail Address (If applicable)	
AustinInvestments1@gmail.com	
13. Telephone Number	
(512) 327-5128	
14. Extension or Code	
15. Fax Number (If applicable)	
(512) 692-9467	
16. Federal Tax ID (9 digits)	
20-0076934	
17. TX State Franchise Tax ID (11 digits)	
320359102033	
18. DUNS Number (if applicable)	
19. TX SOS Filing Number (if applicable)	
800080572	
20. Number of Employees	
<input checked="" type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501 and higher	
21. Independently Owned and Operated?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION III: Regulated Entity Information

22. General Regulated Entity Information (If "New Regulated Entity" is selected below this form should be accompanied by a permit application)	
<input checked="" type="checkbox"/> New Regulated Entity	<input type="checkbox"/> Update to Regulated Entity Name
<input type="checkbox"/> Update to Regulated Entity Information	<input type="checkbox"/> No Change** (see below)
**If "NO CHANGE" is checked and Section I is complete, skip to Section IV, Preparer Information.	
23. Regulated Entity Name (name of the site where the regulated action is taking place)	
900 WEST 23 rd STREET	

24. Street Address of the Regulated Entity: (No P.O. Boxes)	900 W. 23rd Street					
City	Austin	State	Tx	ZIP	78705	ZIP+4
25. Mailing Address:	102 Canyon Circle W.					
City	Austin	State	Tx	ZIP	78746	ZIP+4
26. E-Mail Address:	AustinInvestments1@gmail.com					
27. Telephone Number	28. Extension or Code		29. Fax Number (if applicable)			
(512) 327-5128			(512) 692-9467			
30. Primary SIC Code (4 digits)	31. Secondary SIC Code (4 digits)	32. Primary NAICS Code (5 or 6 digits)		33. Secondary NAICS Code (5 or 6 digits)		
34. What is the Primary Business of this entity? (Please do not repeat the SIC or NAICS description.)						
Real Estate						

Questions 34 - 37 address geographic location. Please refer to the instructions for applicability.

35. Description to Physical Location:	N/A					
36. Nearest City	County		State		Nearest ZIP Code	
37. Latitude (N) In Decimal:			38. Longitude (W) In Decimal:			
Degree	Minutes	Seconds	Degree	Minutes	Seconds	
N/A						

39. TCEQ Programs and ID Numbers Check all Programs and write in the permit registration numbers that will be affected by the updates submitted on this form or the updates may not be made. If your Program is not listed, check other and write it in. See the Core Data Form Instructions for additional guidance.

<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Industrial Hazardous Waste	<input type="checkbox"/> Municipal Solid Waste
<input type="checkbox"/> New Source Review - Air	<input type="checkbox"/> OSSP	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS	<input type="checkbox"/> Sludge
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Title V - Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil	<input checked="" type="checkbox"/> Utilities
<input type="checkbox"/> Voluntary Cleanup	<input type="checkbox"/> Waste Water	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:

SECTION IV: Preparer Information

40. Name:	Craig Coffee	41. Title:	General Partner
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address
(512) 327-3050	()	()	Craig Coffee1@gmail.com

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 9 and/or as required for the updates to the ID numbers identified in field 39.

(See the Core Data Form Instructions for more information on who should sign this form.)

Company:	Austin Investments	Job Title:	Owner / Manager
Name (in Print):	Craig Coffee	Phone:	()
Signature:	Craig Coffee	Date:	8.6.13

avelasquez@miodoksa.com