



Control Number: 48111



Item Number: 1

Addendum StartPage: 0



Application for Sale, Transfer, or Merger of a Retail Public Utility

Pursuant to Chapter 13.251 of the Texas Water Code

2018 FEB 27 AM 9:22

PUBLIC UTILITY COMMISSION
FILING CLERK

Docket Number: 48111

(this number will be assigned by the Public Utility Commission after your application is filed)

7 copies of the application, including the original, along with one copy of the portable electronic storage medium (such as CD or DVD) containing the GIS data shall be filed with

Public Utility Commission of Texas
Attention: Filing Clerk
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

No later than seven days after filing the application for the boundary change, provide a copy of each paper map and a portable electronic storage medium (such as CD, flash drive or DVD) containing complete and identical data to the portable electronic storage medium submitted above to

Texas Natural Resources Information System
1700 N. Congress Ave, Room B40
Austin, Texas 78701

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Part A – General Information

*RN# 102683562 *CN# 11548 * (PRIOR TCEQ ID numbers)

1. Proposed action of application (check all the boxes that apply):

<input type="checkbox"/> Sale of	<input type="checkbox"/> All	<input type="checkbox"/> Portion	of the	<input type="checkbox"/> Water system(s) under CCN No.:	
<input type="checkbox"/> Acquisition				<input type="checkbox"/> Sewer system(s) under CCN No.:	
<input type="checkbox"/> Lease/Rental					

<input checked="" type="checkbox"/> Transfer of	<input checked="" type="checkbox"/> All	<input type="checkbox"/> Portion	of the	<input type="checkbox"/> Certificated water service area – CCN No.:	11548
				<input type="checkbox"/> Certificated sewer service area – CCN No.:	

If only a portion of a system or certificated service area is affected by this transaction, please specify the areas or subdivision involved:

--

and to:

<input type="checkbox"/> Obtain a CCN for the transferee (purchaser) – indicate if purchaser will take the seller's CCN	
<input type="checkbox"/> Amend the transferee's CCN No.:	
<input type="checkbox"/> Merge or consolidate public utilities	
<input type="checkbox"/> Cancel CCN of the transferor (seller)	

2. Proposed effective date of this transaction: 8/1/2018

(Must be at least 120 days after proper notice is provided)

Part B – Current Service Provider or Seller Information

Questions 3 through 5 apply to the transferor (current service provider or seller)

3. For the current CCN holder or service provider please indicate:

A. Name: H2O Systems Plus/Coletto Water System
(Individual, Corporation or Other Legal Entity)

who is a(n): of ☐ Individual ☒ Corporation ☐ WSC ☐ HOA or POA ☐ Other

B. Utility Name (if different than above): Coletto Water System
Address: 308 Gail Lane Telephone: (AC) (702) 275-5148

C. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name: Suzan Linde	Title: Owner
Address: 4848 Maryvale Dr. Las Vegas, NV 89130	Telephone: (AC) (702) 275-5148

Fax: Email:

4. About the last rate increase for the system or facilities being transferred:

A. What was the effective date of the last rate increase?

B. Was notice of this increase provided to the Public Utility Commission of Texas (commission or PUC) or a predecessor regulatory authority?

☐ No

☒ Yes

Application/Docket Number:

Date

5. Please provide a list of all customers affected by this transaction who have deposits held by the transferor or seller utility, if any, and include the following information (attach additional sheets if necessary):

Name and Address of Utility Customer	Date of Deposit	Amount of Deposit	Amount of Unpaid Interest on Deposit
Yvette White - 407 Debbie, Victoria, TX 77905	01/01/2018	\$ 25.00	\$ 0.01
Alicia Mathews - 414 Debbie, Victoria, TX 77905	01/01/2018	\$ 25.00	\$ 0.01
Christopher Franklin - 502 Holly Lane, Victoria, TX 77905	09/01/2017	\$ 25.00	\$ 0.09
Rhonda Goodner - 507 Vernon, Victoria, TX 77905	02/01/2017	\$ 25.00	\$ 0.20

Part C – Purchaser or Transferee Information

 Questions 6 through 16 refer to the transferee or purchaser.

6. For the person or entity acquiring the facilities and/or CCN:

Applicant:

(Individual, Corporation, or Other Legal Entity)

Utility Name:

(If different than above)

Utility Address:

Fax:

Email:

Telephone (AC):

CCN Numbers held prior to the filing of this application:

7. Check the appropriate box and provide information regarding the legal status of the transferee applicant:

☐

Individual

☐

Home or Property Owners Association

☐

Partnership; attach copy of partnership agreement

☒

Corporation; provide charter number as recorded with the Office of the Secretary of State for

☐

Texas:

☐

Non-profit, member owned, member-controlled Cooperative Corporation (Article 1434(a) Water Sewer Service Corporation); provide charter number:

<input type="checkbox"/>	Municipally-owned utility
<input type="checkbox"/>	District (MUD, SUD, WCID, etc.)
<input type="checkbox"/>	County
<input type="checkbox"/>	Other (please explain): <input type="text"/>

8. If the applicant is an *Individual* or sole proprietorship, provide the following information. If not, skip to the next question.

Name:	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Telephone (AC):	<input type="text"/>	Fax (AC):	<input type="text"/>

9. If the applicant is other than an *Individual*, provide the following information regarding the officers or partners of the legal entity applying for the transfer. You must complete either question 8 or question 9, whichever applies to the transferee applicant.

•Name:	Logan Campbell	Telephone (AC):	(702) 275-5517
Address:	530 E 20th Ave 4311, Denver, CO 80205		
Position:	President - Owner	Ownership % (if applicable):	50.00%

•Name:	Suzan Linde	Telephone (AC):	(702) 275-5148
Address:	4848 Maryvale Drive, Las Vegas, NV 89130		
Position:	VP - Owner	Ownership % (if applicable):	50.00%

•Name:	<input type="text"/>	Telephone (AC):	<input type="text"/>
Address:	<input type="text"/>		
Position:	<input type="text"/>	Ownership % (if applicable):	0.00%

•Name:	<input type="text"/>	Telephone (AC):	<input type="text"/>
Address:	<input type="text"/>		
Position:	<input type="text"/>	Ownership % (if applicable):	0.00%

•Name:	<input type="text"/>	Telephone (AC):	<input type="text"/>
Address:	<input type="text"/>		
Position:	<input type="text"/>	Ownership % (if applicable):	0.00%

•Name:	<input type="text"/>	Telephone (AC):	<input type="text"/>
Address:	<input type="text"/>		
Position:	<input type="text"/>	Ownership % (if applicable):	0.00%

- Attach additional sheet(s) if necessary -

- Important:** • If the applicant is a for-profit corporation, please provide a copy of the corporation's "Certification of Account Status" from the State Comptroller Office. This "Certification of Account Status" can be obtained from:

Texas Comptroller of Public Accounts

P. O. Box 13528, Capitol Station

Austin, Texas 78711

1-800-252-5555

- If the applicant is an Article 1434a water supply or sewer service corporation or other non-profit corporation, please provide a copy of the Articles of Incorporation and By-Laws.

10. Contact person. Please provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney or accountant.

Name:	Logan Campbell	Title:	Owner
Address:	530 E 20th Ave 4311, Denver, CO 80205	Telephone (AC):	(702) 275-5148
Fax #		Email	jrmcoletto@gmail.com
Relationship to the applicant:			

IF THERE ARE MORE THAN TWO PARTIES INVOLVED IN THIS TRANSACTION, PLEASE ATTACH SHEETS PROVIDING THE INFORMATION REQUIRED IN QUESTION 6 THROUGH QUESTION 10 FOR EACH PARTY

11. Please respond to each of the following questions. Attach additional sheets if necessary.

A. Describe the experience and qualifications of the applicant to provide adequate utility service to the requested area

The applicant has contracted with a competent, certified operator, Larry McLaughlin - Lic #: WG0015382.

B. Has the applicant acquiring the CCN or facilities or an affiliated interest of the applicant been under enforcement action by the PUC, TCEQ, Texas Department of Health (TDH), the Office of the Attorney General (OAG) or the Environmental Protection Agency (EPA) in the past for noncompliance with rules, orders or State Statutes? ☐ Yes ☒ No

If yes, please attach copies of any correspondence with these regulatory agencies concerning these enforcement actions and describe any actions and efforts to comply with those requirements. Attach additional sheets if needed.

C. Describe the source and availability of funds required to make the planned or required improvements, if any, to meet minimum requirements of the TCEQ and PUC and ensure continuous and adequate service.

Funds for planned and required improvements are anticipated to come from service revenues. Applicant is also seeking funds from the Texas Water Development Board Revolving Fund Program, Regions Bank, and Communities Unlimited, Inc.

D. Describe the anticipated impact of this transaction on the quality of utility service and explain any anticipated changes in the quality of service.

This transaction will give us the ability to apply for 200k in capital improvements that will then allow us to maintain compliance and provide quality drinking water.

E. How will the transaction serve the public interest?

The Public Interest will be served by allowing greater access to capital improvements funds needed to continue the provision of continuous and adequate service.

12. Please describe the nature of the proposed transaction:

This proposed transaction is simply a transfer, not a purchase. No dollars are involved in this transaction.

13. If the transferee applicant is an Investor Owned Utility (IOU) and will be under the rate jurisdiction of the PUC, please provide the following information. Water supply or sewer service corporations and political subdivisions of the state should mark this section N/A:

A.

• Total Purchase Price: \$ 0.00

• Total Original Cost (as recorded on books of seller or merging entity):

\$ 549,000.00

• Accumulated Depreciation as of the proposed effective date of the transaction:

\$ 497,016.00

• Contributions in Aid of Construction:

- Specific surcharges approved by TCEQ or PUC:

- Revenues from explicit customer agreements:

- Developer Contributions (please explain):

- Other Contributions (please explain):

Total Contributions in Aid of Construction

• Net Book Value:

\$ 51,984.00

- If the Original Cost or any of the above items has been established in a rate case proceeding by the PUC, the TWC or the TCEQ, please provide the Application/Docket Number and date:**

Application/Docket Number: Date:

- If the applicant is not under the rate jurisdiction of the TCEQ, only the purchase price and information related to Contributions in Aid of Construction is required.

Please provide any other information concerning the nature of the transaction you believe should be given consideration if not explained elsewhere in the application.

[attach additional sheet(s) if necessary]:

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- C. Complete the following proposed entries listed below as shown in books of purchasing (or surviving) company. Additional entries may be made; the following are suggested only, and not intended to pose descriptive limitations.

Utility Plant in Service:	\$ 549,000.00
Plant Acquisition Adjustment:	
Extraordinary Loss on Purchase:	\$ 0.00
Accumulated Depreciation of Plant:	\$ 497,016.00
Cash:	\$ 7,000.00
Notes Payable:	\$ 0.00
Mortgage Payable:	\$ 0.00
Others (please list):	

As the purchaser, I understand that it is **my responsibility** in any future rate proceeding to provide written evidence and support for the original cost and installation date of all facilities used and useful for providing utility service.

Purchaser's Initials: ljc/sml Date: 1/12/2018

14. Please indicate the proposed effect of this transaction on the rates to be charged to the affected customers:

<input checked="" type="checkbox"/>	All the customers will be charged the same rates as they were charged before the transaction.
<input type="checkbox"/>	Some <input type="checkbox"/> All customers will be charged different rates than they were charged before the transaction.

If rates are changing, please explain:

☐ Applicant is an IOU and intends to file with the commission or municipal regulatory authority an application to change rates of some/all of its customers as a result of this transaction. If so, please explain:

☐ Other. Please explain:

15. List all neighboring water and /or sewer utilities, cities, and political subdivisions providing the same service within two (2) miles of area affected by this proposed transaction. This information should be available from the water utility database (WUD) or Applicant's licensed water operator.

Goliad County WSC (CCN 13028)
Guadalupe-Blanco River Authority
San Antonio River Authority
Victoria County Groundwater Conservation District
Victoria County

16. Financial, Managerial and Technical information for the acquiring entity.

Part D – Historical Financial Information

HISTORICAL BALANCE SHEETS	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
CURRENT ASSETS						
Cash	7,000.00	6,027.00				
Accounts Receivable	5,773.00	5,773.00				
Inventories						
Income Tax Receivable						
Other						
Total	12,773.00	11,800.00				
FIXED ASSETS						
Land						
Collection/Distribution System	548,000.00	548,000.00				
Buildings	1,000.00	1,000.00				
Equipment						
Other						
Less: Accum. Depreciation or Reserves	-497,016.00	-489,732.00				
Total	51,984.00	59,268.00				
TOTAL ASSETS	64,757.00	71,068.00				
CURRENT LIABILITIES						
Accounts Payable	6,075.00	6,021.00				
Notes Payable, Current						
Accrued Expenses						
Other						
TOTAL	6,075.00	6,021.00				
LONGTERM LIABILITIES						
Notes Payable, Long-term						
Other						
TOTAL LIABILITIES	6,075.00	6,021.00				
OWNER'S EQUITY						
Paid in Capital						
Retained Equity	62,309.00	68,024.00				
Other						
Current Period Profit or Loss	-3,627.00	-2,978.00				
TOTAL OWNER'S EQUITY	51,682.00	65,047.00				
TOTAL LIABILITIES AND EQUITY	64,757.00	71,068.00				
WORKING CAPITAL	6,698.00	5,779.00				
CURRENT RATIO	2.10	1.96				
DEBT TO EQUITY RATIO EQUITY TO TOTAL ASSETS						

HISTORICAL INCOME STATEMENT	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
METER NUMBER						
Existing Number of Taps	211.00	211.00	211.00	165.00		
New Taps Per Year						
Total Meters at Year End	211.00	211.00	211.00	165.00		
METER REVENUE						
Fees Per Meter	328.31	328.31	328.31	374.52		
Cost Per Meter	345.50	342.42	304.86	336.76		
Operating Revenue Per Meter						
GROSS WATER REVENUE						
Fees	69,274.00	69,274.00	69,274.00	61,795.00		
Other						
Gross Income	69,274.00	69,274.00	69,274.00	61,795.00		
OPERATING EXPENSES						
General & Administrative	40,807.00	40,807.00	33,192.00	35,561.00		
Interest						
Other	31,759.00	31,444.00	31,133.00	20,004.00		
NET INCOME	-3,627.00	-2,978.00	4,949.00	6,230.00		

HISTORICAL EXPENSE DETAIL	CURRENT YEAR (A)	A-1 YEAR	A-2 YEAR	A-3 YEAR	A-4 YEAR	A-5 YEAR
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries				25,541.00		
Office Expense	1,351.00	1,337.00	1,324.00	3,203.00		
Computer Expense						
Auto Expense						
Insurance Expense	1,758.00	1,740.00	1,723.00			
Telephone Expense						
Utilities Expense						
Depreciation Expense	7,283.00	7,283.00				
Property Taxes	2,777.00	2,749.00	2,722.00			
Professional Fees	383.00	379.00	375.00			
Other	27,592.00	27,318.00	27,048.00	6,817.00		
Total	41,142.00	40,807.00	33,192.00	35,561.00		
% Increase Per Year	0.82	22.94	-6.66			
OPERATIONAL EXPENSES						
Salaries				14,132.00		
Auto Expense						
Utilities Expense	8,128.00	8,048.00	7,968.00	5,336.00		
Depreciation Expense						
Repair & Maintenance						
Supplies	16,567.00	16,403.00	16,241.00			
Other	7,063.00	6,993.00	6,924.00	536.00		
Total	31,759.00	31,444.00	31,133.00	20,004.00		
% Increase Per Year	1.00	1.00	55.63			
ASSUMPTIONS						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

Part E – Projected Information

PROJECTED BALANCE SHEETS

	START UP	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
CURRENT ASSETS						
Cash	6,027.00	9,683.00	12,683.00	15,020.00	16,688.00	17,680.00
Accounts Receivable	5,773.00	5,773.00	5,773.00	5,773.00	5,773.00	5,773.00
Inventories						
Income Tax Receivable						
Other						
Total	11,800.00	15,456.00	18,456.00	20,793.00	22,461.00	23,453.00
FIXED ASSETS						
Land						
Collection/Distribution System	548,000.00	548,000.00	548,000.00	548,000.00	548,000.00	548,000.00
Buildings	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
Equipment						
Other						
Less: Accum. Depreciation or Reserves	-489,732.00	-497,016.00	-503,373.00	-509,122.00	-514,856.00	-520,589.00
Total	59,268.00	51,984.00	45,627.00	39,878.00	34,144.00	28,411.00
TOTAL ASSETS	71,068.00	67,440.00	64,083.00	60,671.00	56,605.00	51,864.00
CURRENT LIABILITIES						
Accounts Payable	6,021.00	6,075.00	6,001.00	6,056.00	6,112.00	6,168.00
Notes Payable, Current						
Accrued Expenses						
Other						
Total	6,021.00	6,075.00	6,001.00	6,056.00	6,112.00	6,168.00
LONGTERM LIABILITIES						
Notes Payable, Long-term						
Other						
TOTAL LIABILITIES	6,021.00	6,075.00	6,001.00	6,056.00	6,112.00	6,168.00
OWNER'S EQUITY						
Paid in Capital						
Retained Equity	68,024.00	64,992.00	60,815.00	58,011.00	54,559.00	50,437.00
Other						
Current Period Profit or Loss	-2,978.00	-3,627.00	-2,733.00	-3,396.00	-4,066.00	-4,742.00
TOTAL OWNER'S EQUITY	65,047.00	61,365.00	58,082.00	54,615.00	50,949.00	45,696.00
TOTAL LIABILITIES AND EQUITY	71,068.00	67,440.00	64,083.00	60,671.00	56,605.00	51,864.00
WORKING CAPITAL	5,779.00	9,381.00	12,455.00	14,737.00	16,349.00	17,285.00
CURRENT RATIO	1.96	2.54	3.08	3.43	3.68	3.80
DEBT TO EQUITY RATIO						
EQUITY TO TOTAL ASSETS						

PROJECTED INCOME STATEMENT

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
METER NUMBER						
Existing Number of Taps	211	211	211	211	211	
New Taps Per Year						
Total Meters at Year End	211	211	211	211	211	
METER REVENUE						
Fees Per Meter	328.31	328.31	328.31	328.31	328.31	
Cost Per Meter	342.42	345.50	341.27	344.41	347.58	
Operating Revenue Per Meter						
GROSS WATER REVENUE						
Fees	69,274.00	69,274.00	69,274.00	69,274.00	69,274.00	
Other						
Gross Income	69,274.00	69,274.00	69,274.00	69,274.00	69,274.00	
OPERATING EXPENSES						
General & Administrative	40,807.00	41,142.00	39,931.00	40,273.00	40,618.00	
Interest						
Other	31,444.00	31,759.00	32,076.00	32,397.00	32,721.00	
NET INCOME	-2,978.00	-3,627.00	-2,733.00	-3,396.00	-4,066.00	

PROJECTED EXPENSE DETAIL

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries						
Office Expense	1,337.00	1,351.00	1,364.00	1,378.00	1,392.00	
Computer Expense						
Auto Expense						
Insurance Expense	1,740.00	1,758.00	1,775.00	1,793.00	1,811.00	
Telephone Expense						
Utilities Expense						
Depreciation Expense	7,283.00	7,283.00	5,733.00	5,733.00	5,733.00	
Property Taxes	2,749.00	2,777.00	2,804.00	2,833.00	2,861.00	
Professional Fees	379.00	383.00	386.00	390.00	394.00	
Other	27,318.00	27,592.00	27,868.00	28,146.00	28,428.00	
Total	40,807.00	41,142.00	39,931.00	40,273.00	40,618.00	
% Increase Per Year	22.94%	0.82%	-2.94%	0.86%	0.86%	0.00%
OPERATIONAL EXPENSES						
Salaries						
Auto Expense						
Utilities Expense	8,048.00	8,128.00	8,209.00	8,292.00	8,374.00	
Depreciation Expense						
Repair & Maintenance						
Supplies	16,403.00	16,567.00	16,733.00	16,900.00	17,069.00	
Other	6,993.00	7,063.00	7,134.00	7,205.00	7,277.00	
Total	31,444.00	31,759.00	32,076.00	32,397.00	32,721.00	
% Increase Per Year	1.00%	1.00%	1.00%	1.00%	1.00%	0.00%
ASSUMPTIONS						
Interest Rate/Terms						
Utility Cost/gal.						
Depreciation Schedule						
Other						

PROJECTED SOURCES AND USES OF CASH STATEMENTS

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
SOURCES OF CASH						
Net Income						
Depreciation (If Funded)	7,283.00	7,283.00	5,733.00	5,733.00	5,733.00	
Loan Proceeds						
Other						
Total Sources	7,283.00	7,283.00	5,733.00	5,733.00	5,733.00	
USES OF CASH						
Net Loss	-2,978.00	-3,627.00	-2,733.00	-3,396.00	-4,066.00	
Principle Portion of Pmts.						
Fixed Asset Purchase						
Reserve						
Other						
Total Uses	-2,978.00	-3,627.00	-2,733.00	-3,396.00	-4,066.00	
NET CASH FLOW	4,306.00	3,656.00	3,000.00	2,337.00	1,668.00	
DEBT SERVICE COVERAGE						
Cash Available for Debt						
SERVICE (CADS)						
Net Income (Loss)						
Depreciation, or Reserve Interest						
Total						
REQUIRED DEBT SERVICE (RDS)						
Principle Plus Interest						
DEBT SERVICE COVERAGE RATIO						
CADS Divided by RDS						

Part F – TCEQ Public Water or Sewer System Information

17. A. For Water Systems. TCEQ Public Water System Identification Number:

2	3	5	0	0	3	6
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Date of last inspection: 5/30/2017

B. For Wastewater Systems:

-TCEQ Discharge Permit Number: W Q

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-Name of Permittee:

-Date of application to transfer Discharge Permit submitted:

-Date of application to transfer Discharge Permit approved by TCEQ:

18. A. Are any improvements required to meet TCEQ or PUC standards?

☐

☒ Yes

1

No. If yes, please explain:

Docket# 2017-0784-PWS-E

B. Is there a moratorium on new connections? ☒ Yes ☐ No. If yes, please explain:

☒

☒ Yes

7

No. 1

If yes

, please

ase ex

plain

•

We hold the only permit in the area, and our system currently cannot sustain any expansion.

C. Provide details of each required major capital improvement to correct the deficiencies and meet the TCEQ or PUC standards (attach additional sheets if necessary):

Description of the Required Improvement	Schedule to Complete	Estimated Cost
Replace storage & pressure tanks w/ pumps	1/1/2019	\$ 109,000.00
Meter replacement w/ RFID and corporate shut off valves	1/1/2019	\$ 60,000.00

19. Does the system being transferred operate within the city limits of a municipality or within district boundaries? ☐ Yes ☒ No

If yes, indicate the number of customers within the city limits or district boundaries:

Water

Sewer

20. Do you currently purchase water or sewer treatment capacity from another source? ☐ Yes ☒ No
☐ Water ☐ Sewer Purchased on a ☐ Regular ☐ Seasonal ☐ Emergency Basis

• Source: % of total supply:

21. List the number of existing connections to be effected by this transaction.

Water			Sewer		
	-Non Metered		-2" meter	-Residential Connection	
211	-5/8" or 3/4" meter		-3" meter	-Commercial Connection	
	-1" meter		-4" meter	-Industrial Connection	
	-1 1/2" meter		-Other	-Other	
Total Water Connections:			211	Total Sewer Connections	

20. Has the system reached 85% of its capacity based on TCEQ's minimum requirements? ☒ Yes ☐ No
If yes, please explain what steps are being taken to address the capacity issues:

Funding for capital improvements is being applied for JRM Water, LLC from: TWDB, DWSRF, Regions Bank, Communities Unlimited Inc.

23. List the name, class, and license number of the operator(s) that will be responsible for the system:

Name	Class	License#
Larry McLaughlin	Class C	WG0015382

24. Attach the following maps with each copy of the application:

- One small scale map clearly showing affected service area with enough detail to accurately locate the area if the application is for the transfer of all or a portion of a CCN.
- One large scale map showing the proposed service area boundaries being sold, transferred, or merged and, if available, the existing and proposed facilities. Color coding should be used to differentiate existing from proposed facilities. Facilities and service area boundaries should be shown with such exactness that they can be located on the ground. If transferring area not currently in a CCN or a portion of an existing CCN area please attach the following hard copy maps with each copy of the application:
 - A general location map delineating the proposed service area with enough detail to accurately locate the proposed area within the county.
 - A map showing only the proposed area by:
 - metes and bounds survey certified by a licensed state or registered professional land surveyor; or
 - projectable digital data with metadata (proposed areas should be in a single record and clearly labeled, data disk should be included); or
 - following verifiable natural and man-made landmarks, or
 - a copy of recorded plat map with metes and bounds.
 - A written description of the proposed service area.

Part G – Oaths and Notices

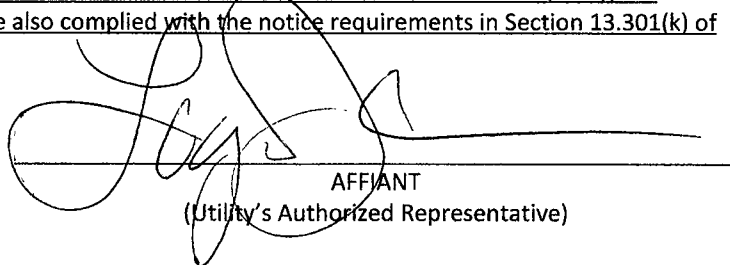
OATH FOR SELLER OR FORMER SERVICE PROVIDER

STATE OF Texas

COUNTY OF Victoria

I, Logan Campbell, being duly sworn, file this application for sale, lease, rental or merger or consolidation as H2O Systems Plus, Coletto Water System (*indicate relationship to applicant*) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant; that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

I further state that I have provided to the purchaser or transferee a written disclosure statement about any contributed property as required under Section 13.301(j) and copies of any outstanding Orders of the Texas Commission on Environmental Quality, the Public Utility Commission of Texas, or Attorney General and have also complied with the notice requirements in Section 13.301(k) of the Texas Water Code.

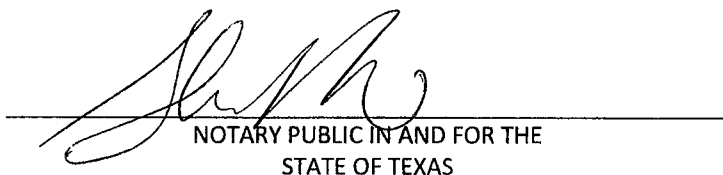

AFFIANT
(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of Colorado, this day 15th of February, 20 18.

SEAL

SHARLEEN MAIER
Notary Public
State of Colorado
Notary ID # 20174052544
My Commission Expires 12-28-2021


NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

Sharleen Maier
PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES 12/28/2021

One copy of this page must be submitted for each utility involved in this transaction.

OATH FOR PURCHASER OR ACQUIRING ENTITY

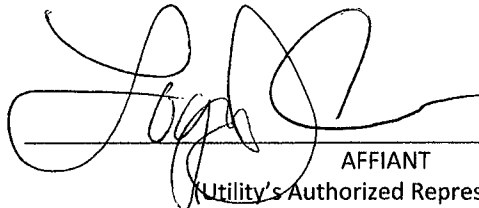
STATE OF Texas

COUNTY OF Victoria

I, Logan Campbell, being duly sworn, file this application for

sale, lease, rental or merger or consolidation as JRM Water, LLC.
(indicate relationship to applicant) that is, owner, member of partnership, title as officer of corporation, or other authorized representative of applicant); that, in such capacity, I am qualified and authorized to file and verify such application, am personally familiar with the documents filed with this application, and have complied with all the requirements contained in the application; and, that all such statements made and matters set forth therein with respect to applicant are true and correct. Statements about other parties are made on information and belief. I further state that the application is made in good faith and that this application does not duplicate any filing presently before the Commission.

I am also authorized and do agree to be bound by and comply with any outstanding orders of the Texas Commission on Environmental Quality, the Public Utility Commission of Texas or the Attorney General which have been issued to the system or facilities being acquired and recognize that I will be subject to administrative penalties or other enforcement actions if I do not comply.



AFFIANT
(Utility's Authorized Representative)

If the Affiant to this form is any person other than the sole owner, partner, officer of the Applicant, or its attorney, a properly verified Power of Attorney must be enclosed.

Applicant represents that all other parties to this transaction have been furnished copies of this completed application.

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public in and for the State of ^{Colorado}~~Texas~~, this
day 15th of February, 20 18.

SEAL

SHARLEEN MAIER
Notary Public
State of Colorado
Notary ID # 20174052544
My Commission Expires 12-28-2021



NOTARY PUBLIC IN AND FOR THE
STATE OF ~~TEXAS~~ Colorado

Sharleen Maier

PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES

12/28/2021

One copy of this page must be submitted for each utility involved in this transaction.

Notice to Current Customers, Neighboring Systems and Cities

H2O Systems Plus/CMR - Construction, Maintenance, and Repair 'S
 (Seller's or Transferor's Name)

**NOTICE OF INTENT TO SELL FACILITIES AND TRANSFER CERTIFICATE OF CONVENIENCE AND
 NECESSITY (CCN) NO** 11548 **TO** JRM Water, LLC.

(Purchaser's or Transferee's Name)

IN Victoria **COUNTY, TEXAS**

To: Coleta Water Systems **Date Notice Mailed** Jan 1, 20 18
 (Name of Customer, Neighboring System or City)

4848 Maryvale Drive
 (Address)

Las Vegas, NV 89130

City State Zip

H2O Systems Plus/CMR - Construction, Maintenance, and Repair 102 Manassas Loop, Victoria, TX 77904
 Sellers or Transferors' Name Address City/State/Zip Code

has submitted an application with the Public Utility Commission of Texas to sell facilities and transfer
 water or sewer (please select) CCN No. 11548 in Victoria [County Name]

County to:

JRM Water, LLC. 4848 Maryvale Drive, Las Vegas, NV, 89130
 Purchasers or Transferee's Name Address City/State/Zip Code

The sale is scheduled to take place as approved by the Commission (V.T.C.A., Water Code §13.301). The transaction and the transfer of
 the CCN include the following subdivision(s):

Shady Oaks Subdivision

The area subject to this transaction is located approximately 9.5 miles SW [direction] of
 downtown Victoria, [City or Town] Texas, and is **generally** bounded on the north by
US-59 & Coleta Creek; on the east by Coleta Creek
 ;on the south by Reeves Ranch Park Rd; and on the west by US-59 & 730' west of Winding Way Dr W

The total area being requested includes approximately 437 acres and serves 211 current customers.

This transaction will have the following effect on the current customer's rates and services:

No anticipated impact.

Affected persons may file written protests and/or request a public hearing within 30 days of this notice.

To request a hearing, you must:

- (1) state your name, mailing address and daytime telephone number;
- (2) state the applicant's name, application number or another recognizable reference to this application;
- (3) include the statement "I/we request a public hearing";
- (4) write a brief description of how you, the persons you represent, or the public interest would be adversely affected by the proposed transaction and transfer of the CCN; and
- (5) state your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

Only those persons who submit a written request to be notified of a hearing will receive notice if a hearing is scheduled. The Commission will issue the CCN requested in the referenced application unless a hearing is scheduled to consider the transaction. If no protests or requests for hearing are filed during the comment period, the Commission may issue the CCN 30 days after publication of this notice.

Persons who wish to protest or request a hearing on this application should write the:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

**Se desea informacion en Espanol, puede llamar al
1-888-782-8477**

Logan Campbell

Utility Representative

JRM Water, LLC./Coleto Water System

Utility Name

Notice to Current Customers, Neighboring Systems, Landowner and Cities**H2O Systems Plus/CMR - Construction, Maintenance, and Repair 'S NOTICE OF INTENT TO SELL FACILITIES TO**

(Seller's or Transferor's Name)

JRM Water, LLC.

(Purchaser's or Transferee's Name)

AND FOR

JRM Water, LLC.

Purchaser's or Transferee's Name)

TO OBTAIN OR AMEND A CERTIFICATE OF CONVENIENCE AND NECESSITY (CCN) IN
Victoria COUNTY, TEXASTo: Coletto Water System

(Name of Customer, Neighboring System, Landowner or City)

Date Notice Mailed

January 1, 20 184848 Maryvale Drive

(Address)

Las Vegas, NV 89130

City

State

Zip

H2O Systems Plus/CMR - Construction, Maintenance, and Repair, 102 Manassas Loop, Victoria, TX 77904

Sellers or Transferors' Name

Address

City/State/Zip Code

has submitted an application with the Public Utility Commission of Texas to sell water or sewer (please select) Facilities in Victoria [County Name] County to:JRM Water, LLC. 4848 Maryvale Drive, Las Vegas, NV 89130

Purchasers or Transferee's Name

Address

City/State/Zip Code

The transferee has also requested to obtain/amend a CCN in this application. The sale is scheduled to take place as approved by the Commission (Texas Water Code §13.301). The transaction and the proposed service area include the following subdivision(s):

Shady Oaks SubdivisionThe area subject to this transaction is located approximately 9.5 miles SW [direction] of downtown Victoria, [City or Town] Texas, and is **generally** bounded on the north byUS-59 & Coletto Creek ;on the east by Coletto Creek;on the south by Reeves Ranch Park Rd ;and on the west by US-59 & 730' west of Winding Way Dr WThe total area being requested includes approximately 437 acres and serves 211 current customers.

This transaction will have the following effect on the current customer's rates and services:

No anticipated impact.

Affected persons may file written protests and/or request a public hearing within 30 days of this notice.

To request a hearing, you must:

- (1) state your name, mailing address and daytime telephone number;
- (2) state the applicant's name, application number or another recognizable reference to this application;
- (3) include the statement "I/we request a public hearing";
- (4) write a brief description of how you, the persons you represent, or the public interest would be adversely affected by the proposed transaction and transfer of the CCN; and
- (5) state your proposed adjustment to the application or CCN which would satisfy your concerns and cause you to withdraw your request for a hearing.

Only those persons who submit a written request to be notified of a hearing will receive notice if a hearing is scheduled. The Commission will issue the CCN requested in the referenced application unless a hearing is scheduled to consider the transaction. If no

protests or requests for hearing are filed during the comment period, the Commission may issue the CCN 30 days after publication of this notice.

Persons who wish to protest or request a hearing on this application should write the:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

**Se desea informacion en Espanol, puede llamar al
1-888-782-8477**

Logan Campbell

Utility Representative

JRM Water, LLC/Coleta Water System

Utility Name



Franchise Tax Account Status

As of : 02/12/2018 07:49:10

This Page is Not Sufficient for Filings with the Secretary of State

JRM WATER L.L.C.

Texas Taxpayer Number 19201885886

Mailing Address 530 E 20TH AVE APT 4311 DENVER, CO 80205-3285

Right to Transact Business in Texas ACTIVE

State of Formation TX

Effective SOS Registration Date 09/18/2003

Texas SOS File Number 0800248492

Registered Agent Name LOGAN JAMES CAMPBELL

Registered Office Street Address 108 E. CIRCLE STREET STE C VICTORIA, TX 77901

JRM Water, LLC Application to Transfer Coleta Water Co., Inc. dba H2O Systems Plus, CCN No. 11548

Proposed Water CCN Transfer area is **within**:

County – Victoria

City Limits – None

ETJ – None

CCN (other) – None

Districts – Guadalupe-Blanco River Authority

GCD – Victoria County Groundwater Conservation District

Entities within 2 Miles/Notice list:

Goliad County WSC (CCN 13028)

Guadalupe-Blanco River Authority

San Antonio River Authority

Victoria County Groundwater Conservation District

Victoria County

Notice List Addresses:

Goliad County WSC

PO Box 1079

Goliad, TX 77963

Guadalupe-Blanco River Authority

PO Box 311417

New Braunfels, TX 78131-1417

San Antonio River Authority

PO Box 839980

San Antonio, TX 78283

Victoria County Groundwater Conservation District

2805 N Navarro St, Ste 210

Victoria, TX 77901-3947

Victoria County

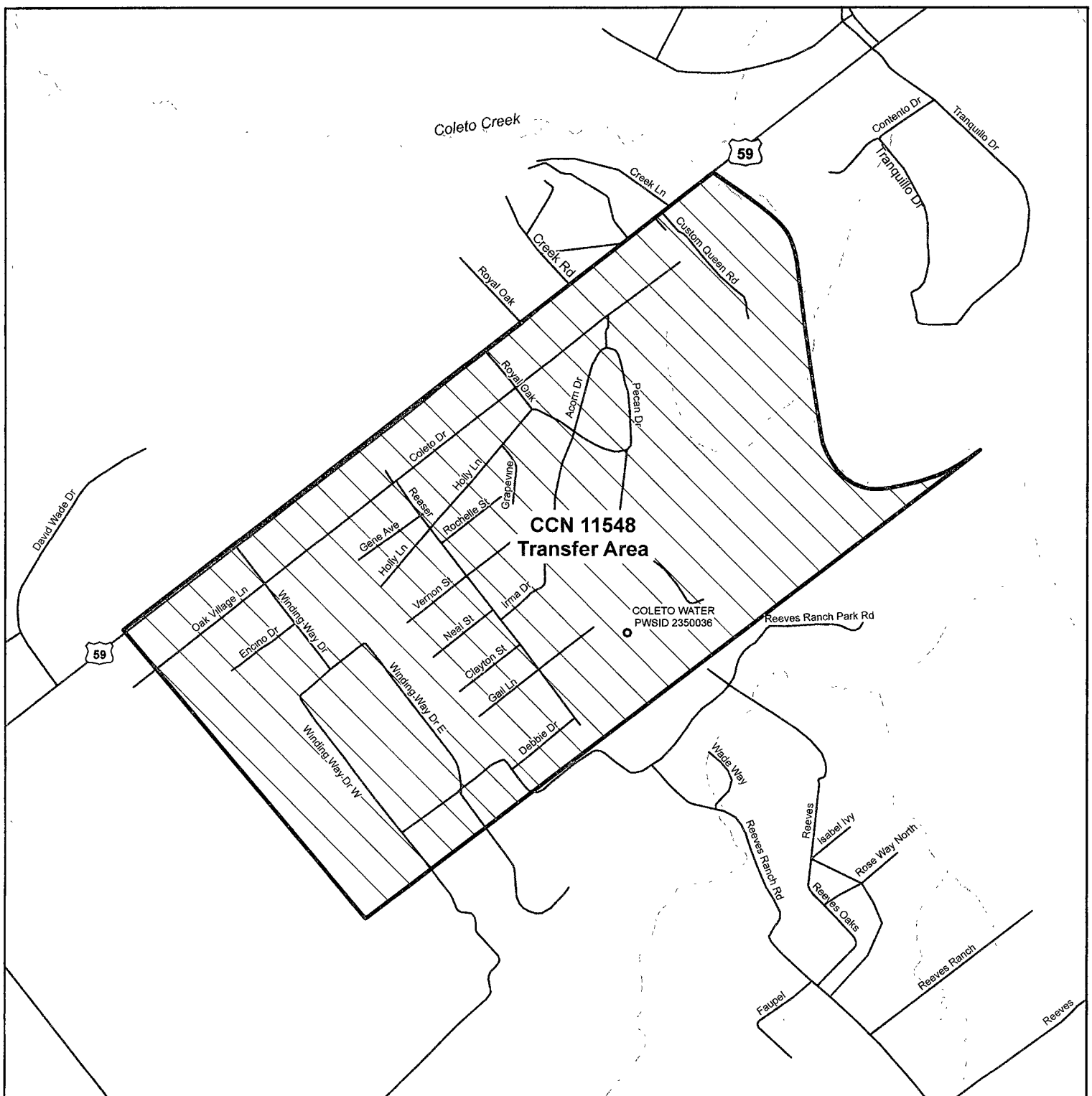
101 N. Bridge St, Room #102

Victoria, TX 77901

Written Description:

The area subject to this transaction is located approximately 10 miles southwest of downtown Victoria, TX, and is generally bounded on the north by US 59; on the east by Coleta Creek; on the south by Reeves Ranch Park Rd and 270' south of Debbie Dr.; and on the west by US 59 and 728' west of Winding Way Drive W.

The total area being requested includes approximately 437 acres and serves 211 current customers.




Large Scale Map

JRM Water, LLC
 Application to Transfer Coleta Water Co., Inc. dba H2O Systems Plus, CCN No. 11548
 in Victoria County



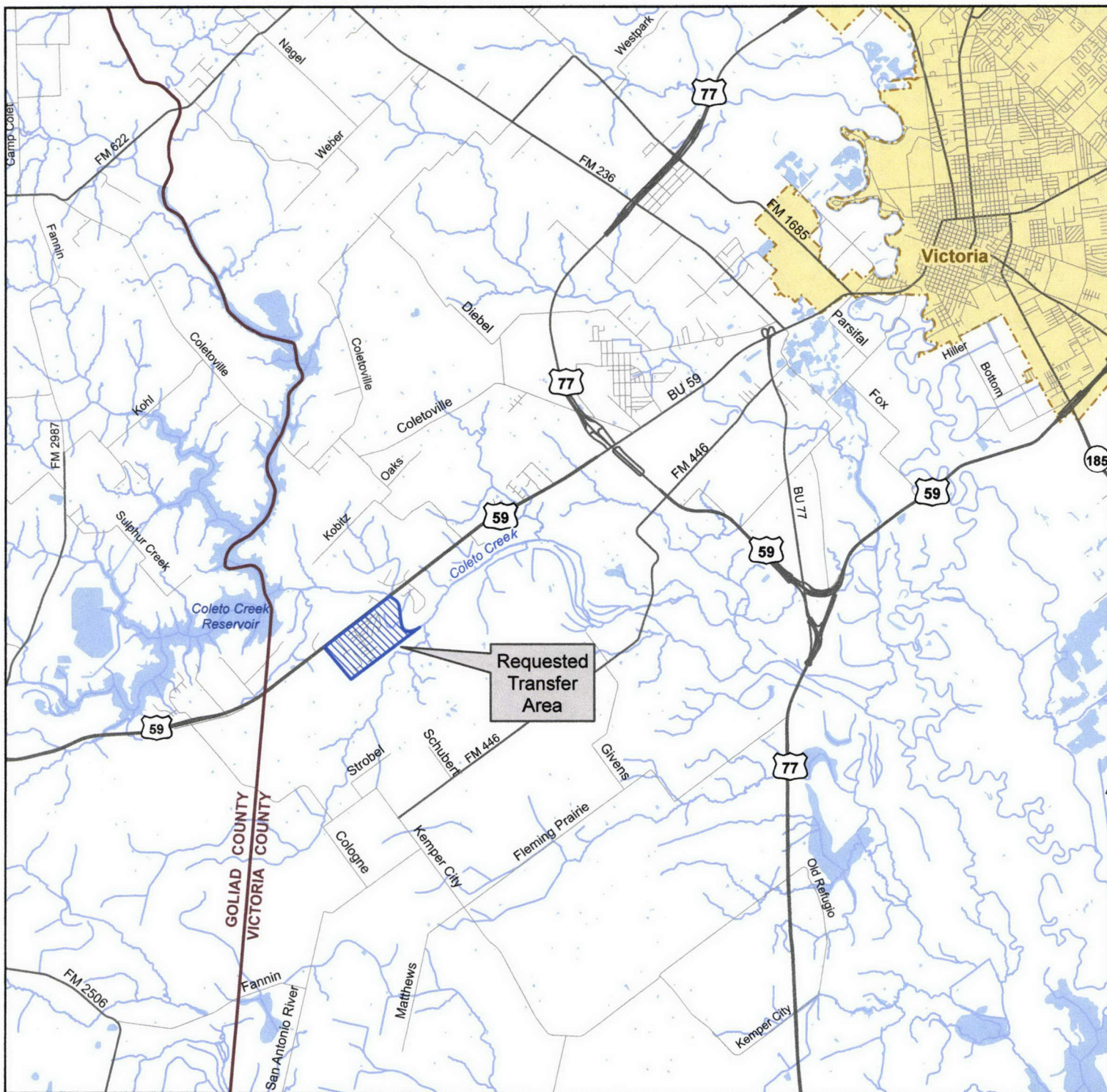
0 600 1,200
 Feet

Requested Water CCN Transfer Area

 CCN 11548 - Coleta Water Co., Inc.

◦ TCEQ PWS Well - Coleta Water

Map by: S. Burt, ASBGI
 Date: August 2, 2017
 Base: StratMap Transportation v2
 Project: JRM Large Scale Map



General Location

JRM Water, LLC
 Application to Transfer Coletto Water Co., Inc. dba H2O Systems Plus, CCN No. 11548
 in Victoria County

Requested Water CCN Transfer Area

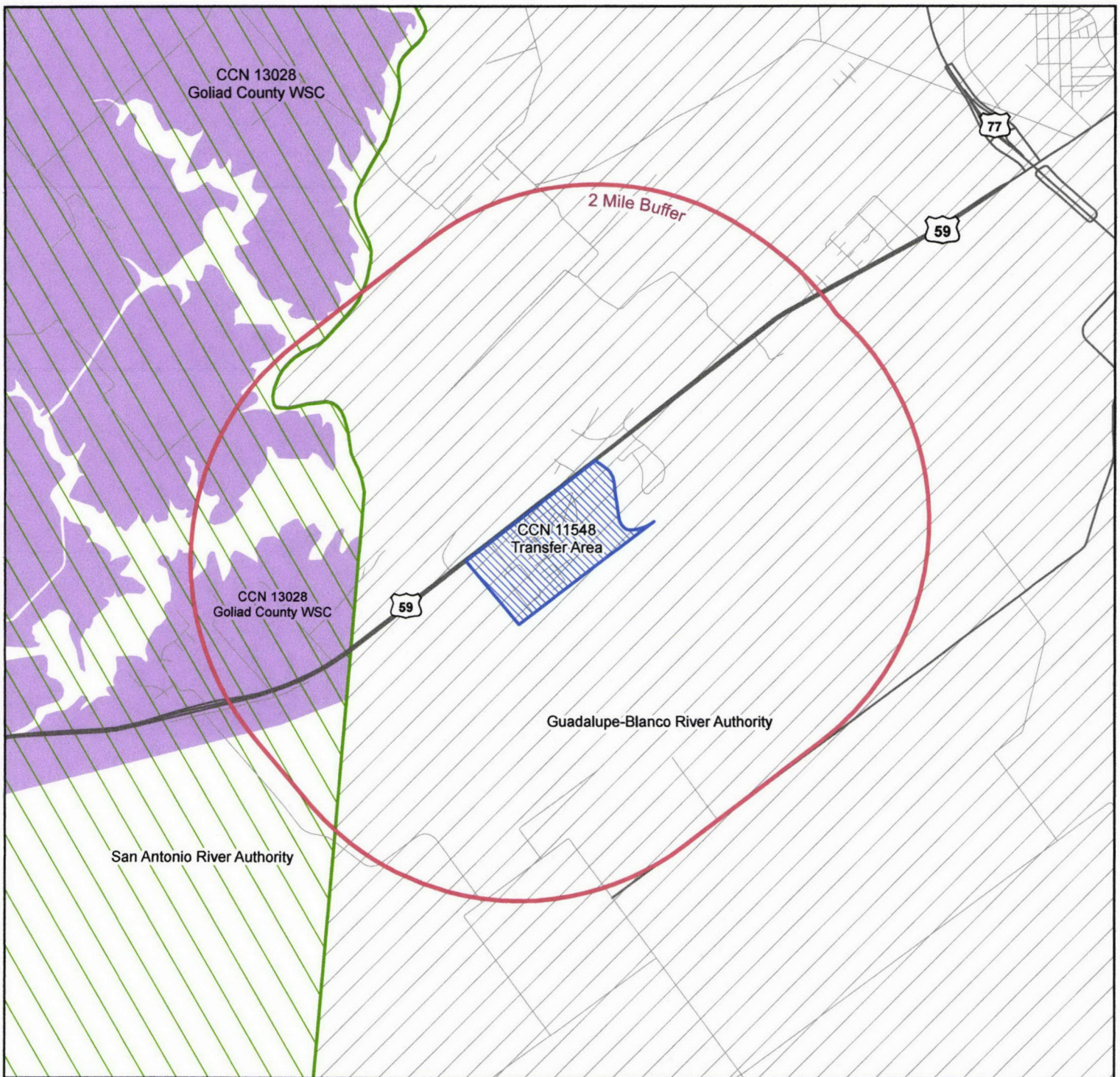


CCN 11548 - Coletto Water Co., Inc. - approx 437 acres



0 5,500 11,000 Feet

Map by: S. Burt, ASBGI
 Date: August 3, 2017
 Base: TxDOT Roadways 2015
 Project: JRM Water General Location



2 Mile Buffer Map

JRM Water, LLC
 Application to Transfer Coletto Water Co., Inc. dba H2O Systems Plus, CCN No. 11548
 in Victoria County

-  2 Mile Buffer
-  Requested Transfer Area - CCN 11548

Water Districts and CCNs within 2 Miles

-  Guadalupe-Blanco River Authority
-  San Antonio River Authority
-  CCN 13028 - Goliad County WSC

0 0.5 1
 Miles



Map by: S. Burt, ASBGI
 Date: August 2, 2017
 Base: StratMap Transportation v2
 Project: JRM Water Buffer Map

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

AUG 29 2008

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-08-098216

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED	
CORINNE L. MAIB				08/24/2008	
3. SEX	4. DATE OF BIRTH	5. AGE - Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
FEMALE	08/19/1931	77	EL PASO, TX		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
467-42-9731		<input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
102 MANASSAS LOOP				VICTORIA	
10d. COUNTY		10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
VICTORIA		TEXAS	77904	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
CARLOS NEVAREZ			SARA KNAPP		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)	
VICTORIA		VICTORIA, 77904		102 MANASSAS LOOP	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
SUZAN LINDE - DAUGHTER			4933 FIESTA LAKE, LAS VEGAS, NV 89130		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			CHARLES HAUBOLDT, BY ELECTRONIC SIGNATURE - 8251		Section G Block 5 Lot 11
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		
MEMORY GARDENS			VICTORIA, TX		
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
GRACE FUNERAL HOME			2401 HOUSTON HWY, VICTORIA, TX 77901		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (Mo/Day/Yr)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
AHMAD I QADRI, BY ELECTRONIC SIGNATURE			08/25/2008	L3079	09:21 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)			32. TITLE OF CERTIFIER		
AHMAD I QADRI/ 601 E. SAN ANTONIO, STE. 402W, VICTORIA, TX 77901			MD, PA		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC PANCREATIC CANCER Due to (or as a consequence of): b. LIVER METASTASIS Due to (or as a consequence of): c. Due to (or as a consequence of): d.					
Approximate interval Onset to death 6 MONTHS 6 MONTHS					
PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING					
HYPERTENSION					
34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (Mo/Day/Yr)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
02-621	08/29/2008	REGISTRAR - CITY OF VICTORIA, ELECTRONICALLY FILED			

EDR NUMBER 142-08-098216-0001
This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

SEP 02 2008

GERALDINE R. HARRIS
STATE REGISTRAR



VS-112 REV 1/2006



MEIER, BRADICICH & MOORE, LLP

ATTORNEYS AT LAW

111 S. MAIN STREET
POST OFFICE BOX 550
VICTORIA, TEXAS 77902-0550
(361) 573-4344
FAX (361) 573-1040

MICHAEL MEIER
R. BARTON BRADICICH, JR.
LISA HARVEY MOORE
ADAM T. USZYNSKI
SHANNON T. MOORE*

*BOARD CERTIFIED: FAMILY LAW
STATE BAR OF TEXAS BOARD OF
LEGAL SPECIALIZATION

August 11, 2015

Suzan M. Linde
4848 Maryvale Drive
Las Vegas, NV 89130

Re: Estate of Corinne Louise Maib, Deceased

Dear Mrs. Linde:

Please find enclosed a copy of the Inventory, Appraisement and List of Claims and order approving the same for your records.

If you have any questions, please give me a call.

Very truly yours,

MEIER, BRADICICH & MOORE, LLP



By: Adam T. Uszynski

ATU/jmm

COPY

CAUSE NO. 2-15731

THE ESTATE OF	§	IN THE COUNTY COURT AT LAW NO. 2
CORINNE LOUISE MAIB,	§	
	§	OF VICTORIA COUNTY, TEXAS
DECEASED	§	
	§	SITTING IN PROBATE

ORDER

The foregoing Inventory, Appraisement, and List of Claims of the above Estate having been filed and presented and the Court having considered and examined the same and being satisfied that it should be approved and there having been no objections made thereto, it is in all respects APPROVED and ORDERED entered of record.

SIGNED on the 29th day of April, 2009.

11 FILED Am
O'CLOCK

Judge
JUDGE PRESIDING

APR 29 2009

VAL D. HOVAR
Clerk County Court, Victoria County, Texas
By Deputy

4-21-09

COPY

CAUSE NO. 2-15731

THE ESTATE OF	§	IN THE COUNTY COURT AT LAW NO. 2
	§	
CORINNE LOUISE MAIB,	§	OF VICTORIA COUNTY, TEXAS
	§	
DECEASED	§	SITTING IN PROBATE

INVENTORY, APPRAISEMENT, AND LIST OF CLAIMS

Date of Death: August 24, 2008

The following is a full, true and complete Inventory and Appraisement of all personal property and of all real property situated in the State of Texas, together with a List of Claims due and owing to this Estate as of the date of death, which have come to the possession or knowledge of the undersigned.

INVENTORY AND APPRAISEMENT

Real Property (See Schedule A)	\$105,370.00
Miscellaneous Property (See Schedule B)	\$ 26,500.00
Stocks and Bonds (See Schedule C)	\$153,000.00
Total: \$284,870.00	

LIST OF CLAIMS

There are no claims due or owing to the Estate other than those shown on the foregoing Inventory and Appraisement.

FILED

2009 APR 27 PM 1:13

Val D. Huns
COUNTY CLERK
VICTORIA COUNTY, TEXAS

The foregoing Inventory, Appraisalment, and List of Claims should be approved and ordered entered of record.

Respectfully submitted,

MARR, MEIER & BRADICICH, L.L.P.
P. O. Box 550
Victoria, Texas 77902
(361) 573-4344
Telecopier: (361) 573-1040

By Kathryn A Perales by Barton Bradicich
KATHRYN A. PERALES
State Bar No. 24025585

ATTORNEYS FOR THE ESTATE OF
CORINNE LOUISE MAIB, DECEASED

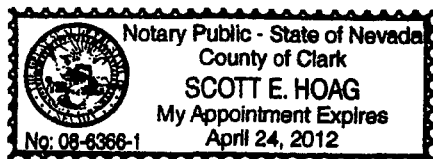
STATE OF NEVADA §

COUNTY OF CLARK § KNOW ALL MEN BY THESE PRESENTS:

I, SUZAN M. LINDE, have been duly sworn, hereby state on oath that the foregoing Inventory, Appraisalment, and List of Claims is a true and complete statement of all the property and claims of the Estate that have come to my knowledge.

Suzan M Linde
SUZAN M. LINDE

SUBSCRIBED AND SWORN TO BEFORE ME by SUZAN M. LINDE on the 14
day of April, 2009, to certify which witness my hand and seal of office.



[Signature]
Notary Public, State of NEVADA

SCHEDULE A

REAL PROPERTY:

COMMUNITY PROPERTY: **\$ 0.00**

SEPARATE PROPERTY:

House and lot located at 102 Manassas Loop, Victoria,
Victoria County, Texas, more particularly described as Lot 1, Block
1, Block 1 of Shenandoah I, in the city of Victoria, Victoria County,
Texas. **\$105,370.00**

TOTAL SEPARATE PROPERTY
INTEREST IN REAL ESTATE **\$105,370.00**

DECEDENT'S TOTAL INTEREST
IN REAL ESTATE **\$105,370.00**

SCHEDULE B

MISCELLANEOUS PROPERTY:

COMMUNITY PROPERTY: \$ 0.00

SEPARATE PROPERTY:

2000 Mowdy boat, Vessel 9424-JH, ID No. MWXV0378C000 \$13,000.00

1999 Yamaha outboard motor, ID No. 66KL301293 \$ 6,000.00

2000 EZLO boat trailer, VIN 1ZEAAMPT4YA021140. \$ 1,000.00

2007 CM trailer, VIN 49TCB162271085521. \$ 3,500.00

Miscellaneous furniture, furnishings and personal effects \$ 3,000.00

TOTAL SEPARATE PROPERTY

INTEREST IN MISCELLANEOUS PROPERTY \$26,500.00

DECEDENT'S TOTAL INTEREST IN

MISCELLANEOUS PROPERTY \$26,500.00

SCHEDULE C

STOCKS AND BONDS:

COMMUNITY PROPERTY: **\$ 0.00**

SEPARATE PROPERTY:

51% membership interest in CMR Enterprises, LLC, a Texas Limited
Liability Company. Value calculated using formula of three times
annual income plus three times growth factor. **\$153,000.00**

TOTAL SEPARATE PROPERTY

INTEREST IN STOCKS AND BONDS **\$153,000.00**

DECEDENT'S TOTAL INTEREST IN

STOCKS AND BONDS **\$153,000.00**

CAUSE NO. 2-15731

IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
CORRINNE LOUISE MAIB, DECEASED	§	VICTORIA COUNTY, TEXAS

APPLICATION FOR APPOINTMENT AS TRUSTEE

TO THE HONORABLE JUDGE OF SAID COURT:

THOMAS BECK, ("Applicant") makes this Application for Appointment as Trustee.

I.

CORRINE LOUISE MAIB, Deceased, whose Last Will and Testament has been duly probated, created the JAMES R. MAIB TRUST (the "Trust") in her Will.

II.

The Trustee of the Trust, MARK FARRELL has resigned. (See attached). The successors, TERRY PETERSON and B. J. PETERSON, have declined to succeed him as trustee. (See attached).

III.

The objects of the trust are not yet accomplished, and no adequate provision is made in the trust instrument for filling the vacancy created.

IV.

The trust instrument provides that a bond or surety is not required of the trustee.

V.

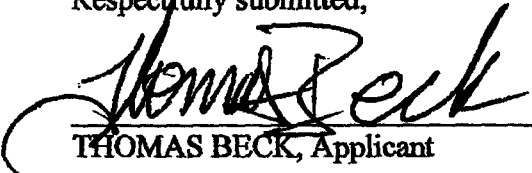
The only persons presently interested and the only persons in being who might claim to have a vested interest in the trust are the following: JAMES R. MAIB, JR. (the "Beneficiary").

VI.

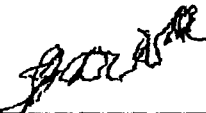
The Applicant is willing and able to accept appointment as trustee. Beneficiary is in agreement that Applicant should be appointed.

Therefore, Applicant requests that she be appointed trustee, and that she not be required to furnish any bond or surety on any bond in accordance with the provision of the trust instrument.


Respectfully submitted,


THOMAS BECK, Applicant

AGREED:


JAMES R. MAIB, JR.

MAREK, GRIFFIN & KNAUPP
P.O. Box 2329
Victoria, Texas 77902
(361) 573-5500
(361) 570-2184

By: 
HOWARD R. MAREK, SBA#12975600
Attorneys for Beneficiary

CAUSE NO. 2-15731

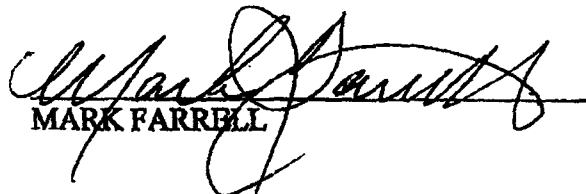
IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
CORRINNE LOUISE MAIB, DECEASED	§	VICTORIA COUNTY, TEXAS

RESIGNATION AS TRUSTEE

TO THE HONORABLE JUDGE OF SAID COURT:

MARK FARRELL, ("Trustee") hereby resigns as Trustee of the JAMES R. MAIB, JR.
TRUST created by the Last Will and Testament of CORRINE LOUISE MAIB.

Respectfully submitted,


MARK FARRELL

CAUSE NO. 2-15731

IN THE MATTER OF THE ESTATE

§
§
§
§
§

IN THE PROBATE COURT

OF

OF

CORRINNE LOUISE MAIB, DECEASED

VICTORIA COUNTY, TEXAS

DECLINE TO ACT AS TRUSTEE

TO THE HONORABLE JUDGE OF SAID COURT:

CORRINE LOUISE MAIB's will designated TERRY PETERSON and B. J. PETERSON as successor trustees. They hereby decline the appointment as trustee.

Respectfully submitted,

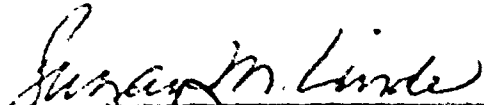

TERRY PETERSON

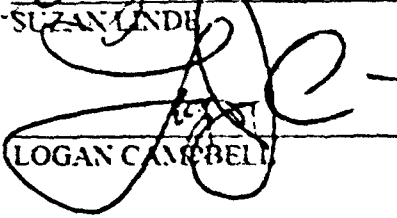

B. J. PETERSON

APPOINTMENT OF TRUSTEE

The Undersigned, being the sole beneficiaries of the SHADY OAKS TRUST, created by the Last Will and Testament of CORRINNE MAIB, hereby appoint LOGAN CAMPBELL as Trustee.

EXECUTED this 7th day of August, 2015.



SUZAN LINDE


LOGAN CAMPBELL

STATE OF TEXAS §
 §
COUNTY OF VICTORIA §

This instrument was acknowledged before me on this 12th day of August, 2015, by SUZAN LINDE.



NOTARY PUBLIC, STATE OF TEXAS

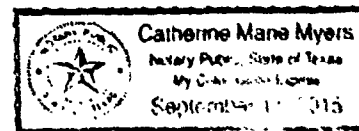


STATE OF TEXAS §
 §
COUNTY OF VICTORIA §

This instrument was acknowledged before me on this 12th day of August, 2015, by LOGAN CAMPBELL.



NOTARY PUBLIC, STATE OF TEXAS



cathy/maib, jun/cmb-construction maintenance and repair llc/appointment of trustee

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

AUG 18 2015

STATE OF TEXAS

CERTIFICATE OF DEATH

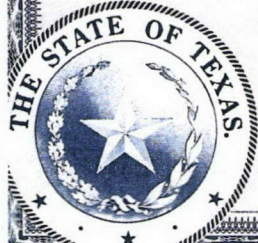
STATE FILE NUMBER 142-15-116946

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
JAMES R. MAIB JR				AUGUST 6, 2015	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE - Last Birthday (Years)	IF UNDER 1 YR Mo Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country)
MALE	MAY 18, 1956	59			EL PASO, TX
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
460-13-3279	<input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
102 MANASSAS LOOP				VICTORIA	
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
VICTORIA	TEXAS	77901	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
JAMES R. MAIB SR		CORINNE LOUISE NEVAREZ			
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)		16. FACILITY NAME (If not institution, give street address)	
VICTORIA		VICTORIA, 77901		RETAMA MANOR NURSING CENTER/VICTORIA SOUTH	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
SUZAN LINDE - SISTER			4848 MARYVALE DR, LAS VEGAS, NV 89130		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		V ADRIAN FULTON BY ELECTRONIC SIGNATURE - 9803		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
VICTORIA MORTUARY AND CREMATION SERVICE INC		VICTORIA, TX			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
VICTORIA MORTUARY & CREMATION SERVICES, INC		1505 LAVALLIERE AVENUE, VICTORIA, TX 77903-7662			
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
SANJEEV BHATIA, BY ELECTRONIC SIGNATURE		AUGUST 17, 2015	L7312	05:31 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
SANJEEV BHATIA 4504 N. LAURENT ST, VICTORIA, TX 77901				MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. END STAGE CIRRHOSIS		CHRONIC	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of):			
		b. Due to (or as a consequence of):			
		c. Due to (or as a consequence of):			
		d. Due to (or as a consequence of):			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
COAGULOPATHY SECONDARY TO CIRRHOSIS					
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:		40a. DATE OF INJURY (mm-dd-yyyy)			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40b. TIME OF INJURY			
		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)			
		40e. LOCATION (Street and Number, City, State, Zip Code)			
		40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
02-645		AUGUST 18, 2015		REGISTRAR - CITY OF VICTORIA, ELECTRONICALLY FILED	
EDR NUMBER 000001753213					

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.198)

VS-112 REV 1/2008



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

AUG 19 2015

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

Geraldine R. Harris
GERALDINE R. HARRIS
STATE REGISTRAR

LHA



MAREK, GRIFFIN & KNAUPP

HOWARD R. MAREK***
JOHN GRIFFIN, JR.*†
LYNN KNAUPP**
DAVID C. GRIFFIN†*

OF COUNSEL
ROBERT E. McKNIGHT, JR.
(ALSO LICENSED IN LOUISIANA)

MICHAEL J. NEUERBURG

* BOARD CERTIFIED • CIVIL TRIAL LAW
** BOARD CERTIFIED • FAMILY LAW
*** BOARD CERTIFIED • REAL ESTATE LAW
o BOARD CERTIFIED • CONSUMER AND COMMERCIAL LAW
† BOARD CERTIFIED • PERSONAL INJURY TRIAL LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

★ BOARD CERTIFIED • CIVIL TRIAL LAW
NATIONAL BOARD OF TRIAL ADVOCACY

ATTORNEYS AT LAW
The McFaddin Building
203 N. LIBERTY STREET
P.O. BOX 2329
VICTORIA, TEXAS 77902-2329
TELEPHONE (361) 573-5500
FAX (361) 573-5040
hrm@lawmgk.com
cmeyers@lawmgk.com

PORT LAVACA OFFICE
225 NORTH VIRGINIA, SUITE 1
PORT LAVACA, TEXAS 77979
TELEPHONE (361) 552-5050
FAX (361) 552-5522

January 12, 2016

Mr. Logan Campbell
2475 W. 2nd Ave. #36
Denver, Colorado 80205

VIA EMAIL

Re: Cause No. 1-17327; Estate of James R Maib, Deceased

Dear Logan:

Enclosed please find an Independent Executor's Affidavit of Notice Pursuant to Texas Estates Code Chapter 308 Subchapter A and Inventory, Appraisement and List of Claims, for you to sign, have notarized and return the originals to my attention for filing. Please call should you have any questions.

Sincerely,



Howard R. Marek

HRM/cmm
Enclosures

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE COUNTY COURT OF
	§	
OF	§	VICTORIA COUNTY, TEXAS
	§	
JAMES R. MAIB	§	- SITTING IN PROBATE

INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

Date of Death: August 6, 2015

The following is a full, true and complete Inventory and Appraisement of all personal property and of all real property situated in the State of Texas, together with a List of Claims due and owing on this Estate which have come to the possession or knowledge of the undersigned.

INVENTORY AND APPRAISEMENT

Real Property (See Schedule A)	\$8,730.00
Stocks and Bonds (See Schedule B)	\$ -0-
Mortgages, Notes and Cash (See Schedule C)	\$ -0-
Insurance on Decedent's Life Payable to Estate (See Schedule D)	\$ -0-
Jointly Owned Property (See Schedule E)	\$ -0-
Miscellaneous Property (See Schedule F)	\$ -0-
Total	\$8,730.00

All property is the separate property of the Deceased.

LIST OF CLAIMS

There are no claims due or owing to the Estate other than those shown on the foregoing Inventory and Appraisement.

The foregoing Inventory, Appraisement and List of Claims should be approved and ordered entered of record.

Respectfully submitted,

MAREK, GRIFFIN & KNAUPP
P.O. Box 2329
Victoria, Texas 77902
Telephone: (361) 573-5500
Facsimile: (361) 570-2184

By: _____
HOWARD R. MAREK
State Bar No. 12975600
ATTORNEYS FOR LOGAN CAMPBELL

THE STATE OF TEXAS §
 §
COUNTY OF VICTORIA §

I, LOGAN CAMPBELL, Independent Executor of the Estate of JAMES R. MAIB, Deceased, state upon oath that the foregoing Inventory, Appraisement and List of Claims is a true and complete statement of all the property and claims of the Estate that have come to my knowledge.

WITNESS MY HAND, this _____ day of January, 2016.

LOGAN CAMPBELL

SUBSCRIBED AND SWORN TO BEFORE ME by the said LOGAN CAMPBELL, on this _____ day of January, 2016.

NOTARY PUBLIC, STATE OF TEXAS

SCHEDULE A
REAL PROPERTY

0.864 acres in the Juan Rene and Sons 1-14 League, A-102, Victoria County, Texas.	\$8,730.00
--	------------

SCHEDULE B
STOCKS AND BONDS

None

SCHEDULE C

MORTGAGES, NOTES AND CASH

None

SCHEDULE D

INSURANCE ON DECEDENT'S LIFE
PAYABLE TO ESTATE

None

SCHEDULE E

JOINTLY OWNED PROPERTY

None

SCHEDULE F

MISCELLANEOUS PROPERTY

None

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE COUNTY COURT OF
	§	
OF	§	VICTORIA COUNTY, TEXAS
	§	
JAMES R. MAIB	§	- SITTING IN PROBATE

ORDER APPROVING
INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

The foregoing Inventory, Appraisement and List of Claims of the above Estate having been filed and presented and the Court having considered and examined the same and being satisfied that it should be approved, and there having been no objections made thereto, it is in all respects **APPROVED** and **ORDERED** entered of record.

SIGNED AND ENTERED on the _____ day of January, 2016.

JUDGE PRESIDING

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
JAMES R. MAIB, DECEASED	§	VICTORIA COUNTY, TEXAS

INDEPENDENT EXECUTOR'S AFFIDAVIT OF NOTICE
PURSUANT TO TEXAS ESTATES CODE CHAPTER 308 SUBCHAPTER A

STATE OF TEXAS §
 §
COUNTY OF Victoria §

BEFORE ME, the undersigned authority, personally appeared LOGAN CAMPBELL, independent executor of the Estate of JAMES R. MAIB, Deceased, who, after being duly sworn by me, did upon oath swear, state and affirm as follows:

1. **Introduction.** I am the independent executor of the Estate of JAMES R. MAIB, Deceased. JAMES R. MAIB (the "Decedent") died August 6, 2015. Decedent's will dated March 7, 2012 was admitted to probate and I qualified as independent executor of the Decedent's estate on January 7, 2016. This affidavit is being given to comply with the requirements of Chapter 308, Subchapter A of the Texas Estates Code.

2. **Description of Decedent's Family and Beneficiaries.** The Decedent was unmarried at the time of death.

3. **Notices Not Required to Be Given.** I did not give notice to the following persons at the following addresses because I was not required to do so by Chapter 308, Subchapter A of the Texas Estates Code:

A. **Persons Waiving Notice.** The following persons with the following addresses signed and filed a waiver meeting the requirements of Chapter 308, Subchapter A of the Texas Estates Code.

SUZAN LINDE

B. **Persons Who Appeared in Probate Proceeding.** The following persons appeared in this proceeding prior to the probate of the will:

LOGAN CAMPBELL

4. I believe that I have complied with the requirements imposed on me by Texas law.

LOGAN CAMPBELL, Executor

SWORN TO AND SUBSCRIBED BEFORE ME on this ____ day of January, 2016.

NOTARY PUBLIC, STATE OF TEXAS

=====

LETTERS TESTAMENTARY

=====

No. 1-17327

**State of Texas
County of Victoria**

**In The County Court at Law #1
Victoria County, Texas**

I, THE UNDERSIGNED CLERK OF THE COUNTY COURT OF VICTORIA COUNTY, TEXAS, DO HEREBY CERTIFY THAT ON JANUARY 07, 2016, LOGAN CAMPBELL WAS DULY GRANTED BY SAID COURT LETTERS TESTAMENTARY, IN THE MATTER OF THE ESTATE OF: JAMES R. MAIB, DECEASED, AND THAT HE QUALIFIED AS INDEPENDENT EXECUTOR OF SAID ESTATE ON JANUARY 07, 2016, AS THE LAW REQUIRES, AND THAT SAID APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

ISSUED THIS 30TH DAY OF JUNE, 2016

GIVEN UNDER MY HAND AND SEAL OF OFFICE AT VICTORIA, TEXAS, THIS
30TH DAY OF JUNE, 2016.



HEIDI EASLEY, COUNTY CLERK
VICTORIA COUNTY, TEXAS

BY: _____

Amber Fingers
Amber Fingers, DEPUTY

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE § IN THE COUNTY COURT OF
 §
OF § VICTORIA COUNTY, TEXAS
 §
JAMES R. MAIB § - SITTING IN PROBATE

INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

Date of Death: August 6, 2015

The following is a full, true and complete Inventory and Appraisement of all personal property and of all real property situated in the State of Texas, together with a List of Claims due and owing on this Estate which have come to the possession or knowledge of the undersigned.

INVENTORY AND APPRAISEMENT

Real Property (See Schedule A)	\$8,730.00
Stocks and Bonds (See Schedule B)	\$ -0-
Mortgages, Notes and Cash (See Schedule C)	\$ -0-
Insurance on Decedent's Life Payable to Estate (See Schedule D)	\$ -0-
Jointly Owned Property (See Schedule E)	\$ -0-
Miscellaneous Property (See Schedule F)	\$ <u>-0-</u>
Total	\$8,730.00

All property is the separate property of the Deceased.

LIST OF CLAIMS

There are no claims due or owing to the Estate other than those shown on the foregoing Inventory and Appraisement.

The foregoing Inventory, Appraisement and List of Claims should be approved and ordered entered of record.

Respectfully submitted,

MAREK, GRIFFIN & KNAUPP
P.O. Box 2329
Victoria, Texas 77902
Telephone: (361) 573-5500
Facsimile: (361) 570-2184

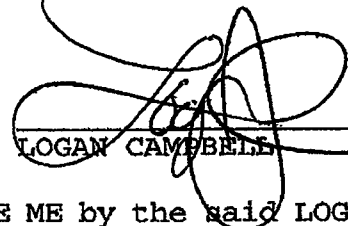
By: 

HOWARD R. MAREK
State Bar No. 12975600
ATTORNEYS FOR LOGAN CAMPBELL

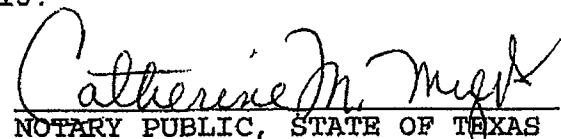
THE STATE OF TEXAS §
COUNTY OF VICTORIA §

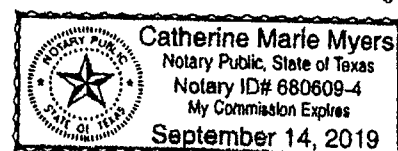
I, LOGAN CAMPBELL, Independent Executor of the Estate of JAMES R. MAIB, Deceased, state upon oath that the foregoing Inventory, Appraisement and List of Claims is a true and complete statement of all the property and claims of the Estate that have come to my knowledge.

WITNESS MY HAND, this 28TH day of January, 2016.


LOGAN CAMPBELL

SUBSCRIBED AND SWORN TO BEFORE ME by the said LOGAN CAMPBELL, on this 28th day of January, 2016.


NOTARY PUBLIC, STATE OF TEXAS



SCHEDULE A
REAL PROPERTY

0.864 acres in the Juan Rene and Sons
1-14 League, A-102, Victoria County, Texas.

\$8,730.00

SCHEDULE B

STOCKS AND BONDS

None

SCHEDULE C

MORTGAGES, NOTES AND CASH

None

SCHEDULE D

INSURANCE ON DECEDENT'S LIFE
PAYABLE TO ESTATE

None

SCHEDULE E

JOINTLY OWNED PROPERTY

None

SCHEDULE F

MISCELLANEOUS PROPERTY

None

Received 2/10/2016 2:59:24 PM
Heidi Easley
County Clerk
Victoria County, Texas
By: Stefanie Tumlinson

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE § IN THE COUNTY COURT OF
 §
OF § VICTORIA COUNTY, TEXAS
 §
JAMES R. MAIB § - SITTING IN PROBATE

ORDER APPROVING
INVENTORY, APPRAISEMENT AND LIST OF CLAIMS

The foregoing Inventory, Appraisement and List of Claims of the above Estate having been filed and presented and the Court having considered and examined the same and being satisfied that it should be approved, and there having been no objections made thereto, it is in all respects **APPROVED** and **ORDERED** entered of record.

SIGNED AND ENTERED on the 12 day of ~~January~~ February, 2016.

Signed: 2/12/2016 03:05 PM

THH

JUDGE PRESIDING

Filed February 12, 2016 3:10 p.m.
Heidi Easley
County Clerk
Victoria County, Texas
By: Wade, Becky

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
JAMES R. MAIB, DECEASED	§	VICTORIA COUNTY, TEXAS

**APPLICATION FOR PROBATE OF WILL AND
ISSUANCE OF LETTERS TESTAMENTARY**

TO THE HONORABLE JUDGE OF SAID COURT:

LOGAN CAMPBELL ("Applicant") furnishes the following information to the Court for the probate of the written Will of JAMES R. MAIB ("Decedent") and for issuance of Letters Testamentary.

1. Applicant is an individual interested in this Estate, domiciled in and residing in Denver County, Colorado. The last three digits of the social security number of LOGAN CAMPBELL are 220. The last three digits of the driver's license number of LOGAN CAMPBELL are 116.

2. Decedent died on August 6, 2015, in Victoria, Victoria County, Texas, at the age of 59 years.

3. This Court has jurisdiction and venue because Decedent was domiciled and had a fixed place of residence in this county on the date of death.

4. Decedent owned real and personal property described generally as land and personal effects of a probable value in excess of \$5,000.00.

5. Decedent left a valid written Will ("Will") dated March 7, 2012, which was never revoked and is filed herewith.

6. The subscribing witnesses to said Will are ANITA GALICIA and KARINA GARCIA, both of whom are residents of the City of Victoria, Victoria County, Texas. The Will was made self proved in the manner prescribed by law.

7. No child or children were born to or adopted by Decedent after the date of the Will.

8. No marriage of Decedent was dissolved after the date of the Will.

9. A necessity exists for the administration of this estate.

10. Decedent's Will named MARK FARRELL as Independent Executor, but he is unwilling to serve as Executor and his affidavit to such effect is attached. Decedent did not name an alternate executor. His sister, SUZAN LINDE, is a beneficiary of the Will, but has also refused to serve and her affidavit is also attached. LOGAN CAMPBELL, Applicant, is the nephew of the Decedent, and is the other primary beneficiary of the Will. Applicant is a resident of the City of Denver, Denver County, Colorado, applies to serve without bond or other security as Independent Executor, in which capacity Applicant would not be disqualified by law from serving as such or from accepting Letters Testamentary, and Applicant would be entitled to such Letters.

11. No State, governmental agency of the State, or charitable organization is named by the Will as a devisee.

WHEREFORE, Applicant prays that citation issue as required by law to all persons interested in this Estate; that the Will be admitted to probate; that Letters Testamentary be issued to Applicant; and that all other orders be entered as the Court may deem proper.

Respectfully submitted,



LOGAN CAMPBELL, Applicant

MAREK, GRIFFIN & KNAUPP
P.O. Box 2329
Victoria, Texas 77902
(361) 573-5500
(361) 570-2184

By: 

Howard R. Marek, SBA#12975600

Attorneys for Applicant


AFFIDAVIT

THE STATE OF TEXAS §
 § KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF VICTORIA §

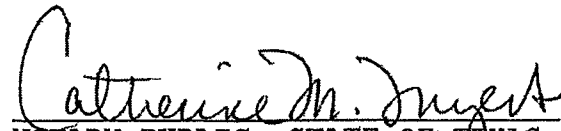
BEFORE ME, the undersigned authority, personally appeared MARK FARRELL, who, upon oath, deposed and stated that the following statements are within my personal knowledge and are true and correct:

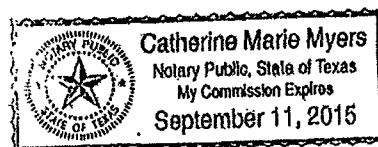
I have been appointed executor of the Last Will and Testament of JAMES R. MAIB, deceased. I am unwilling to perform the duties of executor under the will. Therefore, I ask that the Decedent's nephew, LOGAN CAMPBELL be appointed as executor. LOGAN CAMPBELL has agreed to serve and to perform all duties as executor under the will of JAMES R. MAIB'S.

FURTHER AFFIANT SAITH NOT.


MARK FARRELL

SUBSCRIBED AND SWORN TO BEFORE ME on the 11th day of September, 2015, by MARK FARRELL, to certify which witness my hand and official seal.


NOTARY PUBLIC, STATE OF TEXAS



AFFIDAVIT


THE STATE OF TEXAS §
 § KNOW ALL MEN BY THESE PRESENTS;
COUNTY OF VICTORIA. §

BEFORE ME, the undersigned authority, personally appeared
SUZAN LINDE, who, upon oath, deposed and stated that the following
statements are within my personal knowledge and are true and
correct:

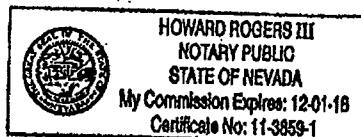
I am the sister of JAMES R. MAIB and a beneficiary named in
the Last Will and Testament. I am unwilling to perform the duties
of executor under the will. Therefore, I ask that the Decedent's
nephew, LOGAN CAMPBELL be appointed as executor. LOGAN CAMPBELL
has agreed to serve and to perform all duties as executor under the
will of JAMES R. MAIB'S.

FURTHER AFFIANT SAITH NOT.

**State of Nevada
County of Clark**


SUZAN LINDE

SUBSCRIBED AND SWORN TO BEFORE ME on the 20th day of
August, 2015, by SUZAN LINDE, to certify which witness my hand and
official seal.




NOTARY PUBLIC, STATE OF ~~TEXAS~~
Nevada.

1-17327

LAST WILL AND TESTAMENT

OF

JAMES R. MAIB

THE STATE OF TEXAS §
 § KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF VICTORIA §

THAT I, JAMES R. MAIB, of said County and State, do hereby
revoke all Wills and Testaments and instruments of a testamentary
character at any time heretofore made by me, and do make, publish
and declare my Last Will and Testament to be as follows:

ARTICLE I.

I do hereby nominate, constitute and appoint MARK FARRELL, to
be the sole and Independent Executor of this my Last Will, and I do
provide that no action shall be had in the County Court in relation
to the settlement of my estate other than the probating and
recording of my Will and the return of an Inventory and
Appraisement and List of Claims of my estate in accordance with
law.

I give to my Executor herein appointed full power to sell real
or personal property, at public or private sale, for cash or
credit, on such terms and conditions as my Executor may deem
sufficient; to continue to carry on any business I am engaged in at
the time of my death or to change such business at will; to invest
and reinvest in such property or securities as my Executor shall
deem expedient; to borrow money and to pledge or mortgage any
property of my estate as security therefor; to exercise any and all
rights and powers necessary or proper in my Executor's sole
discretion to carry on any business of my estate; to compromise and
settle any and all claims in favor of or against my estate; and to
distribute the whole or any part of my estate in kind by undivided
shares or otherwise in my Executor's absolute discretion. The
judgment of my Executor shall be conclusive as to the value of any
property included in any division of my estate, and it shall not be


JAMES R. MAIB, Testator

necessary to employ any appraisers or to apply to any court whatsoever for any order ratifying or approving any such division.

ARTICLE II.

I direct my Executor to pay, as soon after my death as may be practicable, all my just debts and claims against my estate, the expenses of my last illness and funeral expenses, all Federal Estate Taxes and State Inheritance Taxes, if any, which may be owing by reason of my death, and also all expenses of every character with reference to the probate of this Will and the settlement of my estate.

ARTICLE III.

I give my gold and silver cross, and all fishing equipment, to MARK FARRELL.

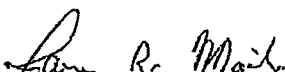
I give all of the small tools that are in Storage Unit 106, and my personal hand tools, to PARKWAY CHURCH.

I give to WINSTON BOYD the remodel trailer (BO KNOWS REMODEL) with all contents, including all ladders and scaffold, all building supplies, cutting torch, and loading ramps.

ARTICLE IV.

After the payment of my debts, taxes, and expenses as provided in Article II hereof, and satisfaction of the special bequests set forth in Article III, I do give, devise and bequeath all the rest and residue of my estate of which I may die seized and possessed, whether real, personal or mixed properties, and wheresoever situated, unto my sister, SUZAN LINDE and her son, LOGAN CAMPBELL, share and share alike, or to the survivor of them, in fee simple and forever.

I have made a handwritten side letter distributing certain sentimental or personal items of my property to specific friends or family members. This handwritten letter shall be incorporated into my Will for all purposes and may be treated as a codicil to my Will.

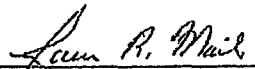

JAMES R. MAIB, Testator

ARTICLE V.

The share of said property to which LOGAN CAMPBELL is entitled shall pass in trust (with SUZAN LINDE as Trustee) for the use and benefit of said beneficiary or beneficiaries, to be held, managed, controlled and finally distributed by my said Trustee under the following authority, terms and provisions, viz:

1. A separate account shall be kept by the Trustee of each of the separate trusts created by this trust instrument, but joint investments or joint interests in investments may be assigned to said separate trusts, each trust being credited with an undivided interest in all joint investments in the portion which is assigned to it or in the proportion which the contribution to such investment bears to the whole.
2. Such trusteeship shall continue as to each beneficiary until he or she shall have attained the full age of 40 years, at which time this trust shall terminate as to such beneficiary and my Trustee shall forthwith convey and deliver unto such beneficiary the then remaining corpus of his or her trust estate, for his or her separate use and benefit, free and clear of any trust. In distributing all or any portion of such trust estate to such beneficiary thereof, my Trustee may convey and deliver unto such beneficiary any assets of such trust estate, or undivided interests in any of such assets, so long as such beneficiary receives the fair value of his or her trust estate; and the exact properties to be distributed to such beneficiary may be determined by my Trustee in said Trustee's sole discretion. My Trustee may sell any assets of such trust as said Trustee may see fit in order to make distribution in cash.

In the event that any beneficiary or beneficiaries of any trust should die prior to the termination of such


JAMES R. MAIB, Testator

trust as hereinabove provided, leaving issue surviving him or her, then such issue shall take per stirpes the trust estate their deceased parent would have taken had such parent then been surviving, share and share alike, subject to the terms of this trust.


3. With regard to each trust created by this Article, the Trustee, in the Trustee's absolute and uncontrolled discretion, may distribute to the beneficiary of such trust or any descendant of such beneficiary all or any part of the trust income and principal as the Trustee deems desirable; provided, that, as a minimum, the Trustee shall distribute such amounts of the trust income and principal as shall be necessary, when added to the funds reasonably available to each such distributee from all other sources known to the Trustee, to provide for the health, support, maintenance and education of each such distributee, taking into consideration the age, education and station in life of each such distributee. Any net income not so expended or distributed in any one year shall be accumulated and added to the corpus of such trust estate.
4. Prior to the actual receipt of such property by any beneficiary, no property (income or principal) distributable under any trust created by this trust instrument shall be subject to anticipation or assignment by any beneficiary or to attachment by or to the interference or the control of any creditor or assignee of any beneficiary, or be taken or reached by any legal or equitable process in satisfaction of any debt or liability of any beneficiary, and any attempt to transfer or encumber any interest in such property by any beneficiary hereunder prior to distribution shall be absolutely and wholly void.


JAMES R. MAIB, Testator

5. With regard to each trust created hereunder, the Trustee shall be entitled to receive reasonable compensation for services as Trustee hereunder, such compensation not to exceed that ordinarily and customarily charged by trust companies or trust departments in banks in Victoria County, Texas, for the same or similar services, and, in addition, said Trustee shall be reimbursed for all expenses of every nature incurred by said Trustee in the administration of each trust estate, all of which may be retained by my Trustee out of any funds of each such trust estate coming into said Trustee's hands. In addition to and without limiting the other powers, rights and authority granted to the Trustee hereunder, such Trustee shall have and possess all or any of the powers, rights and authority which may be exercised by any Trustee under the terms of the Texas Trust Code and all amendments thereto. Furthermore, no bond or other security shall ever be required of my said Trustee for the performance of the duties of Trustee.
6. Maximum Duration of Trusts -- "Perpetuities" Clause. Every trust created by my Last Will must vest not later than twenty-one years after the date of death of the survivor of my children or their issue who are living on the date of my death. If a trust has not vested within the period provided, it will terminate as of the maximum vesting date, and upon termination of the trust pursuant to this provision, the Trustees shall distribute the trust estate to those who are then current beneficiaries of such trust.

ARTICLE VI.

I do hereby provide that no bond or other security shall be required of any Executor appointed in this Will, whether as the original Executor or as a successor, for the faithful performance


JAMES R. MAIB, Testator

of the duties of such office. Any Executor appointed in this Will, whether as original Executor or as a successor, shall be reimbursed for all expenses incurred by said Executor in connection with the administration of my Estate, and any such Executor may pay out of my Estate fees and compensation owing to accountants, attorneys or other agent who may be employed by any such Executor in connection with my Estate.

ARTICLE VII.

As used in this will, whenever the context so indicates, the masculine, feminine, or neuter gender, and the singular or plural number, shall be deemed to include the others.

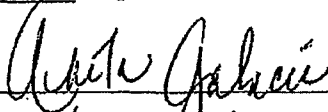
IN TESTIMONY WHEREOF, I have hereunto set my hand this 7th day of March, 2012, in the presence of the undersigned attesting witnesses, who attest the same as witnesses at my request, and to each of whom I have published and declared the foregoing to be my Last Will and Testament.



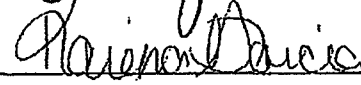
JAMES R. MAIB, TESTATOR

The foregoing instrument was now subscribed by the Testator, JAMES R. MAIB, in our presence, and we, at his request, and in his presence and in the presence of each other, do now subscribe our names hereto as attesting witnesses after having heard said Testator publish and declare to us, and to each of us, that the foregoing instrument is JAMES R. MAIB's Last Will and Testament.

WITNESS OUR HANDS, this 7th day of March, 2012.



WITNESS



WITNESS



JAMES R. MAIB, Testator

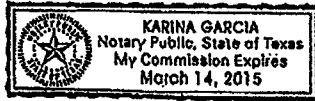
THE STATE OF TEXAS §
COUNTY OF VICTORIA §

BEFORE ME, the undersigned authority, on this day personally appeared JAMES R. MAIB, Ante Galera and Quien Dacia, known to me to be the Testator and the witnesses, respectively, whose names are subscribed to the foregoing instrument in their respective capacities, and all of said persons being by me duly sworn, the said JAMES R. MAIB, Testator, declared to me and to the said witnesses in my presence that said instrument is his Last Will and Testament and that he had willingly made and executed it as his free act and deed for the purposes therein expressed; and the said witnesses, each on oath, severally stated to me in the presence and hearing of the said Testator that the said Testator had declared to them that said instrument is his Last Will and Testament and that he executed the same as such and wanted each of them to sign it as a witness; and upon their oaths, the said witnesses severally stated further that they did sign the same as witnesses in the presence of the said Testator and at his request, and that he was at that time nineteen years of age or over and was of sound mind, and that each of said witnesses was then at least fourteen years of age.

James R. Maib
JAMES R. MAIB, TESTATOR
Ante Galera
WITNESS
Quien Dacia
WITNESS

James R. Maib
JAMES R. MAIB, Testator

SUBSCRIBED AND SWORN TO BEFORE ME by the said JAMES R. MAIB,
Testator, and subscribed and sworn to before me by the said
[Signature] and [Signature], witnesses,
on this 17th day of March, 2012.



[Signature]
NOTARY PUBLIC, STATE OF TEXAS

[Signature]
JAMES R. MAIB, Testator

TRANSFER OF LIMITED LIABILITY COMPANY MEMBERSHIP INTEREST

This **TRANSFER OF LIMITED LIABILITY COMPANY MEMBERSHIP INTEREST** (the "Agreement") is made and entered into this 7th day of August, by and between the Undersigned, (the "Grantor") and SHADY OAKS TRUST, (the "Grantee").

WHEREAS, Grantor is the owner of a membership interest in CMR-CONSTRUCTION, MAINTENANCE AND REPAIR, LLC (the "LLC"); and

WHEREAS, the JAMES R. MAIB, JR. TRUST has terminated and the trustee desires to transfer to Grantee, all of Grantor's membership interest pursuant to the terms and conditions set forth below;

ARTICLE ONE

1.01 Transfer of Membership Interest. Subject to the terms and conditions of this Agreement, Grantor transfers and assigns to Grantee all of Grantor's membership interest in the LLC (the "Membership Interest"). Grantor shall execute and deliver such other documents and instruments, and shall take such other actions as Buyer may reasonably request in order to vest fully in Buyer and perfect its title to (a) all right, title and interest in and to said membership interest; and (b) any and all other right, title, interest, claim or demand of any kind which Grantor may have in, to or upon any of the properties, assets or business of the LLC.

IN WITNESS WHEREOF, each of the parties hereto has caused this Agreement to be duly executed on the day and year indicated below.

GRANTOR:

JAMES R. MAIB, JR. TRUST

By: 

THOMAS BECK, Trustee

GRANTEE:

SHADYOAKS TRUST

By: 

LOGAN CAMPBELL, Trustee

cathy\maib, jim\cmr-construction maintenance and repair llc\transfer of llc membership interest

CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
JAMES R. MAIB, DECEASED	§	VICTORIA COUNTY, TEXAS

**INDEPENDENT EXECUTOR'S AFFIDAVIT OF NOTICE
PURSUANT TO TEXAS ESTATES CODE CHAPTER 308 SUBCHAPTER A**

STATE OF TEXAS §
 §
COUNTY OF Victoria §

BEFORE ME, the undersigned authority, personally appeared LOGAN CAMPBELL, independent executor of the Estate of JAMES R. MAIB, Deceased, who, after being duly sworn by me, did upon oath swear, state and affirm as follows:

1. **Introduction.** I am the independent executor of the Estate of JAMES R. MAIB, Deceased. JAMES R. MAIB (the "Decedent") died August 6, 2015. Decedent's will dated March 7, 2012 was admitted to probate and I qualified as independent executor of the Decedent's estate on January 7, 2016. This affidavit is being given to comply with the requirements of Chapter 308, Subchapter A of the Texas Estates Code.

2. **Description of Decedent's Family and Beneficiaries.** The Decedent was unmarried at the time of death.

3. **Notices Not Required to Be Given.** I did not give notice to the following persons at the following addresses because I was not required to do so by Chapter 308, Subchapter A of the Texas Estates Code:

A. **Persons Waiving Notice.** The following persons with the following addresses signed and filed a waiver meeting the requirements of Chapter 308, Subchapter A of the Texas Estates Code.

SUZAN LINDE

B. **Persons Who Appeared in Probate Proceeding.** The following persons appeared in this proceeding prior to the probate of the will:

LOGAN CAMPBELL

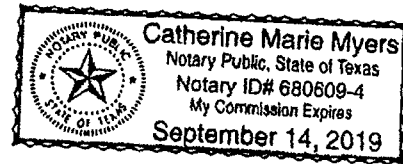
4. I believe that I have complied with the requirements imposed on me by Texas law.



LOGAN CAMPBELL, Executor

SWORN TO AND SUBSCRIBED BEFORE ME on this 28th day of January, 2016.

Catherine M. Myers
NOTARY PUBLIC, STATE OF TEXAS



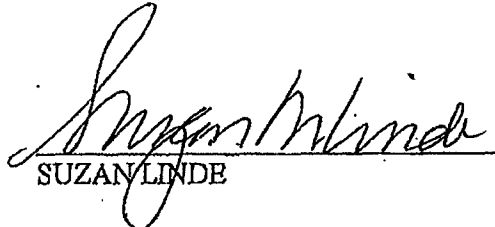
CAUSE NO. 1-17327

IN THE MATTER OF THE ESTATE	§	IN THE PROBATE COURT
	§	
OF	§	OF
	§	
JAMES R. MAIB, DECEASED	§	Victoria COUNTY, TEXAS

WAIVER

TO THE HONORABLE JUDGE OF SAID COURT:

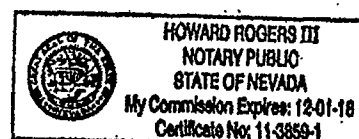
The undersigned, being a beneficiary named in the Last Will and Testament of JAMES R. MAIB, Deceased, hereby waives notice of the filing of the Application for Letters of Testamentary by the Applicant, LOGAN CAMPBELL, and consents to said application and agrees that the application may be heard without further notice to the undersigned. The undersigned further agrees upon the advisability of having LOGAN CAMPBELL serve as an independent executor with no action being had in court in relation to the settlement of the estate other than the return of an inventory, appraisement, and list of claims. The undersigned further requests that the Probate Court not require Applicant, LOGAN CAMPBELL to be required to post bond to serve as the Executor of the Estate of JAMES R. MAIB.


SUZAN LINDE

Nevada
STATE OF ~~TEXAS~~ §
Clark §
COUNTY OF ~~VICTORIA~~ §

This instrument was acknowledged before me on this 20 day of Aug, 2015,
by SUZAN LINDE.


NOTARY PUBLIC, STATE OF ~~TEXAS~~



cathy'maib, jim'maib, jim estate/suzan walver

WRITTEN CONSENT OF THE MEMBERS AND MANAGERS
OF
CMR-CONSTRUCTION, MAINTENANCE AND REPAIR, L.L.C.

Pursuant to the provisions of Section 101.359 of the Texas Business Organizations Code, the undersigned, being all of the Members of CMR-CONSTRUCTION, MAINTENANCE AND REPAIR, L.L.C., a Texas Limited Liability Company (the Company), do hereby adopt the following resolutions in lieu of holding a special meeting of Members and Managers:

RESOLVED, that the below-listed persons be, and they hereby are, elected as the Managers until the next annual meeting of the Members or until their successors shall be elected and qualified, unless they shall sooner resign or be removed, in accordance with the Regulations of the Company:

SUZAN LINDE
LOGAN CAMPBELL

RESOLVED, that the below-listed persons be, and they hereby are, elected as the Officers of the Limited Liability Company, to serve as such Officers until the next annual meeting of the Members and Managers of the Company or until their successors shall be elected and qualified, unless they shall sooner resign or be removed, in accordance with the Regulations of the Company:

LOGAN CAMPBELL - President
SUZAN LINDE - Vice President, Secretary/Treasurer

DATED: August 7, 2015.

SOLE MEMBER:

SHADY OAKS TRUST

By: 
LOGAN CAMPBELL, Trustee

MANAGERS:


LOGAN CAMPBELL


SUZAN LINDE



Office of the Secretary of State

CERTIFICATE OF FILING OF

JRM Water L.L.C.
800248492

[formerly: CMR-CONSTRUCTION, MAINTENANCE AND REPAIR, L.L.C.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 07/12/2016

Effective: 07/12/2016



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos
Secretary of State