

Control Number: 51192



Item Number: 1

Addendum StartPage: 0

Application Summary

Transferor: Lula Mae Heiligmann - Whispering Oaks Water Works
(selling entity)

FILED 11/13

CCN No.s: 12446

2020 AUG 19 AM 11:49

☒ Sale ☐ Transfer ☐ Merger ☐ Consolidation ☒ Lease/Rental

Transferee: MiBroMa 3 LLC
(acquiring entity)

CCN No.s:

☒ Water ☐ Sewer ☐ All CCN ☐ Portion CCN ☐ Facilities transfer

County(ies): Gillespie

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Please mark the items included in this filing

- ☒ Contract, Lease, Purchase, or Sale Agreement
- ☒ Tariff including Rate Schedule
- ☒ List of Customer Deposits
- ☒ Partnership Agreement
- ☐ Articles of Incorporation and By-Laws (WSC)
- ☐ Certificate of Account Status
- ☐ Financial Audit
- ☐ Application Attachment A & B
- ☒ Disclosure of Affiliated Interests
- ☐ Capital Improvement Plan
- ☒ List of Assets to be Transferred
- ☐ Developer Contribution Contracts or Agreements
- ☐ Enforcement Action Correspondence
- ☐ TCEQ Compliance Correspondence
- ☐ TCEQ Engineering Approvals
- ☒ Purchased Water Supply or Treatment Agreement
- ☒ Detailed (large scale) Map
- ☒ General Location (small scale) Map
- ☐ Digital Mapping Data
- ☒ Signed & Notarized Oath

- Part A: Question 1
- Part B: Question 4
- Part B: Question 5
- Part C: Question 7
- Part C: Question 7
- Part C: Question 7
- Part C: Question 10
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- Part D: 11.B
- Part D: 11.D
- Part E: Question 18 (Part D: Q12)
- Part F: Question 22
- Part F: Question 24
- Part F: Question 26
- Part G: Question 29
- Part G: Question 29
- Part G: Question 29
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Part A: General Information

1. Describe the proposed transaction, including the effect on all CCNs involved, and provide details on the existing or expected land use in the area affected by the proposed transaction. Attach all supporting documentation, such as a contract, a lease, or proposed purchase agreements:

Lula Mae Heiligmann - Whispering Oaks Water Works (CCN# 12446) would like to sale Whispering Oaks Water Works to Mrs. Severina Arreola and Mr. Bonifacio Arreola of MiBroMa 3, LLC.

2. The proposed transaction will require (check all applicable):

For **Transferee** (Purchaser) CCN:

- ☐ Obtaining a NEW CCN for Purchaser
☐ Transfer all CCN into Purchaser's CCN (Merger)
☐ Transfer Portion of CCN into Purchaser's CCN
☒ Transfer all CCN to Purchaser and retain Seller CCN
☐ Uncertificated area added to Purchaser's CCN

For **Transferor** (Seller) CCN:

- ☐ Cancellation of Seller's CCN
☐ Transfer of a Portion of Seller's CCN to Purchaser
☐ Only Transfer of Facilities, No CCN or Customers
☐ Only Transfer of Customers, No CCN or Facilities
☐ Only Transfer CCN Area, No Customers or Facilities

Part B: Transferor Information

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

3. A. Name: Lula Mae Heiligmann - Whispering Oaks Water Works

(individual, corporation, or other legal entity)

☒ Individual ☐ Corporation ☐ WSC ☐ Other: _____

- B. Mailing Address: PO Box 62

Center Point, TX 78010

Phone: 8306347237

Email: carrie@carrieschmerbeck.com

- 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, accountant, or other title.

Name: Carrie M Schmerbeck

Title: Daughter

Mailing Address: 279 Heights Trl., Kerrville, TX 78028

Phone: 8307393084

Email: carrie@carrieschmerbeck.com

4. *See
Att #4* If the utility to be transferred is an Investor Owned Utility (IOU), for the most recent rate change, attach a copy of the current tariff and complete A through B:

- A. Effective date for most recent rates: 07/01/2020

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

☐ No

☒ Yes

Application or Docket Number: _____

If the transferor is a Water Supply or Sewer Service Corporation, provide a copy of the current tariff.

5. For the customers that will be transferred following the approval of the proposed transaction, check all that apply:

☐ There are no customers that will be transferred

☒ # of customers without deposits held by the transferor 69

☐ # of customers with deposits held by the transferor* 0

*Attach a list of all customers affected by the proposed transaction that have deposits held, and include a customer indicator (name or account number), date of each deposit, amount of each deposit, and any unpaid interest on each deposit.

Part C: Transferee Information

Questions 6 through 10 apply only to the *transferee* (purchaser or proposed service provider)

6. A. Name: MiBroMa 3 LLC

(individual, corporation, or other legal entity)
☐ Individual ☐ Corporation ☐ WSC ☒ Other: LLC

B. Mailing Address: 240 Stoney Hill, Center Point, TX 78010

Phone: 8303773191 Email: bnapaint11@gmail.com

C. Contact Person. Provide information about the person to be contacted regarding this application. Indicate if this person is the owner, operator, engineer, attorney, accountant, or other title.

Name: Bonifacio Arreola Jr Title: Manager

Address: 240 Stoney Hills, Center Point, TX 78010

Phone: 8303773191 Email: bnapaint11@gmail.com

D. If the transferee is someone other than a municipality, is the transferee current on the Regulatory Assessment Fees (RAF) with the Texas Commission on Environmental Quality (TCEQ)?

☐ No ☒ Yes ☐ N/A

E. If the transferee is an IOU, is the transferee current on the Annual Report filings with the Commission?

☐ No ☒ Yes ☐ N/A

7. The legal status of the transferee is:

☐ Individual or sole proprietorship
☐ Partnership or limited partnership (*attach* Partnership agreement)

☒ Corporation
Charter number (as recorded with the Texas Secretary of State): DBA MIBROMA3

☐ Non-profit, member-owned, member controlled Cooperative Corporation [Article 1434(a) Water Supply or Sewer Service Corporation, incorporated under TWC Chapter 67]

Charter number (as recorded with the Texas Secretary of State): _____

☐ Articles of Incorporation and By-Laws established (*attach*)

☐ Municipally-owned utility

☐ District (MUD, SUD, WCID, FWSD, etc.)

- ☐ County
- ☐ Affected County (a county to which Subchapter B, Chapter 232, Local Government Code, applies)
- ☐ Other (please explain): _____

8. If the transferee operates under any d/b/a, provide the name below:

Name: MiBroMa 3 LLC

9. If the transferee's legal status is anything other than an individual, provide the following information regarding the officers, members, or partners of the legal entity applying for the transfer:

Name: Severina Arreola
Position: Managing Member Ownership % (if applicable): _____
Address: 240 Stoney Hills, Center Point, TX 78010
Phone: 8303773191 Email: sarreola2018@gmail.com

Name: Bonifacio Arreola Jr
Position: Manager of Systems-Operations Ownership % (if applicable): _____
Address: 240 Stoney Hills, Center Point, TX 78010
Phone: 8303773191 Email: bnapaint11@gmail.com

Name: _____
Position: _____ Ownership % (if applicable): _____
Address: _____
Phone: _____ Email: _____

Name: _____
Position: _____ Ownership % (if applicable): _____
Address: _____
Phone: _____ Email: _____

10. **Financial Information**

See 4th #10
The transferee Applicant must provide accounting information typically included within a balance sheet, income statement, and statement of cash flows. If the Applicant is an existing retail public utility, this must include historical financial information and projected financial information. However, projected financial information is only required if the Applicant proposes new service connections and new investment in plant, or if requested by Staff. If the Applicant is a new market entrant and does not have its own historical balance sheet, income statement, and statement of cash flows information, then the Applicant should establish a five-year projection taking the historical information of the transferor Applicant into consideration when establishing the projections.

Historical Financial Information may be shown by providing any combination of the following that includes necessary information found in a balance sheet, income statement, and statement of cash flows:

1. Completed Appendix A;
2. Documentation that includes all of the information required in Appendix A in a concise format; or
3. Audited financial statements issued within 18 months of the application filing date. This may be provided electronically by providing a uniform resource locator (URL) or a link to a website portal.

Projected Financial Information may be shown by providing any of the following:

1. Completed Appendix B;
2. Documentation that includes all of the information required in Appendix B in a concise format;
3. A detailed budget or capital improvement plan, which indicates sources and uses of funds required, including improvements to the system being transferred; or
4. A recent budget and capital improvements plan that includes information needed for analysis of the operations test (16 Tex. Admin. Code § 24.11(c)(3)) for the system being transferred and any operations combined with the system. This may be provided electronically by providing a uniform resource locator (URL) or a link to a website portal.

Part D: Proposed Transaction Details

11. A. Proposed Purchase Price: \$ 50000

If the transferee Applicant is an investor owned utility (IOU) provide answers to B through D.

B. Transferee has a copy of an inventory list of assets to be transferred (*attach*):

☐ No ☒ Yes ☐ N/A

Total Original Cost of Plant in Service: \$ 95000

Accumulated Depreciation: \$ 50000

Net Book Value: \$ 45000

C. **Customer contributions in aid of construction (CIAC):** Have the customers been billed for any surcharges approved by the Commission or TCEQ to fund any assets currently used and useful in providing utility service? Identify which assets were funded, or are being funded, by surcharges on the list of assets.

☒ No ☐ Yes

Total Customer CIAC: \$ 0

Accumulated Amortization: \$ 0

D. **Developer CIAC:** Did the transferor receive any developer contributions to pay for the assets proposed to be transferred in this application? If so, identify which assets were funded by developer contributions on the list of assets and provide any applicable developer agreements.

☒ No ☐ Yes

Total developer CIAC: \$ 0

Accumulated Amortization: \$ 0

12. A. Are any improvements or construction required to meet the minimum requirements of the TCEQ or Commission and to ensure continuous and adequate service to the requested area to be transferred plus any area currently certificated to the transferee Applicant? Attach supporting documentation and any necessary TCEQ approvals, if applicable.

☒ No ☐ Yes

see
#12

B. If yes, describe the source and availability of funds and provide an estimated timeline for the construction of any planned or required improvements:

NA

13. Provide any other information concerning the nature of the transaction you believe should be given consideration:

None

14. Complete the following proposed entries (listed below) as shown in the books of the Transferee (purchaser) after the acquisition. Debits (positive numbers) should equal credits (negative numbers) so that all line items added together equal zero. Additional entries may be made; the following are suggested only, and not intended to pose descriptive limitations:

Utility Plant in Service:	\$	50000
Accumulated Depreciation of Plant:	\$	0
Cash:	\$	120000
Notes Payable:	\$	0
Mortgage Payable:	\$	0
(Proposed) Acquisition Adjustment*:	\$	50000

Other (NARUC account name & No.): _____

Other (NARUC account name & No.): _____

* Acquisition Adjustments will be subject to review under 16 TAC § 24.41(d) and (e)

15. A. Explain any proposed billing change (NOTE: If the acquiring entity is an IOU, the IOU may not change the rates charged to the customers through this STM application. Rates can only be changed through the approval of a rate change application.)

no change in rates

B. If transferee is an IOU, state whether or not the transferee intends to file with the Commission, or an applicable municipal regulatory authority, an application to change rates for some or all of its customers as a result of the transaction within the next twelve months. If so, provide details below:

Maintenance will be required, as system is older, to continue to provide potable water. Future updating of system including electronic meters.

Part E: CCN Obtain or Amend Criteria Considerations

16. Describe, in detail, the anticipated impact or changes in the quality of retail public utility service in the requested area as a result of the proposed transaction:

None anticipated.

17. Describe the transferee's experience and qualifications in providing continuous and adequate service. This should include, but is not limited to: other CCN numbers, water and wastewater systems details, and any corresponding compliance history for all operations.

MiBroMa 3 intends to hire Benjamin Rhys Eicholz (WG0015237), to test/operate system. Bonifacio Arreola Jr has a Painting Company and a Real Estate Company as well. Ive Manged up to 20 employees. I have contacts for any/all trades in construction including Plumber/Well Repair. I have been in Business for 15years. I have owned over 20 properties. I at one point Owned and Operated a Bar.

18. Has the transferee been under an enforcement action by the Commission, TCEQ, Texas Department of Health (TDH), the Office of the Attorney General (OAG), or the Environmental Protection Agency (EPA) in the past five (5) years for non-compliance with rules, orders, or state statutes? Attach copies of any correspondence with the applicable regulatory agency(ies)



No



Yes

19. Explain how the environmental integrity or the land will be impacted or disrupted as a result of the proposed transaction:

None anticipated.

20. How will the proposed transaction serve the public interest?

Improved water quality & service by updating systems in near future.

21. List all neighboring water or sewer utilities, cities, districts (including ground water conservation districts), counties, or other political subdivisions (including river authorities) providing the same service within two (2) miles from the outer boundary of the requested area affected by the proposed transaction:

Fredericksburg Water District
Kendall County Water District
City of Kerrville Utility Dept

see
Attach
#21

Part F: TCEQ Public Water System or Sewer (Wastewater) Information

**Complete Part F for EACH Public Water or Sewer system to be transferred subject to approval of the transaction.
Attach a separate sheet with this information if you need more space for additional systems being transferred.**

22. A. For Public Water System (PWS):

TCEQ PWS Identification Number: 0880006 (7 digit ID)

Name of PWS: Whispering Oaks Water Works

Date of last TCEQ compliance inspection: June 2019 (attach TCEQ letter)

Subdivisions served: Whispering Oaks

B. For Sewer service:

TCEQ Water Quality (WQ) Discharge Permit Number: WQ - (8 digit ID)

Name of Wastewater Facility: na

Name of Permittee: na

Date of last TCEQ compliance inspection: _____ (attach TCEQ letter)

Subdivisions served: na

Date of application to transfer permit submitted to TCEQ: _____

23. List the number of existing connections, by meter/connection type, to be affected by the proposed transaction:

Water				Sewer	
0	Non-metered	0	2"		Residential
69	5/8" or 3/4"	0	3"	0	Commercial
0	1"	0	4"	0	Industrial
0	1 1/2"	0	Other	0	Other
Total Water Connections:			69	Total Sewer Connections:	

24. A. Are any improvements required to meet TCEQ or Commission standards?

☒ No ☐ Yes

B. Provide details on each required major capital improvement necessary to correct deficiencies to meet the TCEQ or Commission standards (attach any engineering reports or TCEQ approval letters):

Description of the Capital Improvement:	Estimated Completion Date:	Estimated Cost:
none		

C. Is there a moratorium on new connections?

☒ No ☐ Yes:

25. Does the system being transferred operate within the corporate boundaries of a municipality?

☒ No ☐ Yes: _____ (name of municipality)

If yes, indicate the number of customers within the municipal boundary.

Water: _____ Sewer: _____

26. A. Does the system being transferred purchase water or sewer treatment capacity from another source?

☒ No ☐ Yes: If yes, attach a copy of purchase agreement or contract.

Capacity is purchased from: _____

Water: _____

Sewer: _____

B. Is the PWS required to purchase water to meet capacity requirements or drinking water standards?

☒ No ☐ Yes

C. What is the amount of water supply or sewer treatment purchased, per the agreement or contract? What is the percent of overall demand supplied by purchased water or sewer treatment (if any)?

	Amount in Gallons	Percent of demand
Water:	18000	75
Sewer:	0	0

D. Will the purchase agreement or contract be transferred to the Transferee?

☒ No ☐ Yes:

27. Does the PWS or sewer treatment plant have adequate capacity to meet the current and projected demands in the requested area?

☐ No ☒ Yes:

28. List the name, class, and TCEQ license number of the operator that will be responsible for the operations of the water or sewer utility service:

Name (as it appears on license)	Class	License No.	Water or Sewer
Ben Eiholz	C	WG 0015237	W water

Part G: Mapping & Affidavits

ALL applications require mapping information to be filed in conjunction with the STM application.

Read question 29 A and B to determine what information is required for your application.

29. A. For applications requesting to transfer an entire CCN, without a CCN boundary adjustment, provide the following mapping information with each of the seven (7) copies of the application:

1. A general location (small scale) map identifying the requested area in reference to the nearest county boundary, city, or town. The following guidance should be adhered to:
 - i. If the application requests to transfer certificated service areas for both water and sewer, separate maps must be provided for each.
 - ii. A hand drawn map, graphic, or diagram of the requested area is not considered an acceptable mapping document.

- iii. To maintain the integrity of the scale and quality of the map, copies must be exact duplicates of the original map. Therefore, copies of maps cannot be reduced or enlarged from the original map, or in black and white if the original map is in color.
-
- 2. A detailed (large scale) map identifying the requested area in reference to verifiable man-made and natural landmarks such as roads, rivers, and railroads. The Applicant should adhere to the following guidance:
 - i. The map must be clearly labeled and the outer boundary of the requested area should be marked in reference to the verifiable man-made or natural landmarks. These verifiable man-made or natural landmarks must be labeled and marked on the map as well.
 - ii. If the application requests an amendment for both water and sewer certificated service area, separate maps need to be provided for each.
 - iii. To maintain the integrity of the scale and quality of the map, copies must be exact duplicates of the original map. Therefore, copies of maps cannot be reduced or enlarged from the original map, or in black and white if the original map is in color.
 - iv. The outer boundary of the requested area should not be covered by any labels, roads, city limits or extraterritorial jurisdiction (ETJ) boundaries.
- B.** For applications that are requesting to include area not currently within a CCN, or for applications that require a CCN amendment (any change in a CCN boundary), such as the transfer of only a portion of a certificated service area, provide the following mapping information with each of the seven (7) copies of the application:
- 1. A general location (small scale) map identifying the requested area with enough detail to locate the requested area in reference to the nearest county boundary, city, or town. Please refer to the mapping guidance in part A 1 (above).
 - 2. A detailed (large scale) map identifying the requested area with enough detail to accurately locate the requested area in reference to verifiable man-made or natural landmarks such as roads, rivers, or railroads. Please refer to the mapping guidance in part A 2 (above).
 - 3. One of the following identifying the requested area:
 - i. A metes and bounds survey sealed or embossed by either a licensed state land surveyor or a registered professional land surveyor. Please refer to the mapping guidance in part A 2 (above);
 - ii. A recorded plat. If the plat does not provide sufficient detail, Staff may request additional mapping information. Please refer to the mapping guidance in part A 2 (above); or
 - iii. Digital mapping data in a shapefile (SHP) format georeferenced in either NAD 83 Texas State Plane Coordinate System (US Feet) or in NAD 83 Texas Statewide Mapping System (Meters). The digital mapping data shall include a single, continuous polygon record. The following guidance should be adhered to:
 - a. The digital mapping data must correspond to the same requested area as shown on the general location and detailed maps. The requested area must be clearly labeled as either the water or sewer requested area.
 - b. A shapefile should include six files (.dbf, .shp, .shx, .sbx, .sbn, and the projection (.prj) file).
 - c. The digital mapping data shall be filed on a data disk (CD or USB drive), clearly labeled, and filed with Central Records. Seven (7) copies of the digital mapping data is also required.

Part H: Notice Information

The following information will be used to generate the proposed notice for the application.

DO NOT provide notice of the application until it is found sufficient and the Applicants are ordered to provide notice.

30. Complete the following using verifiable man-made or natural landmarks such as roads, rivers, or railroads to describe the requested area (to be stated in the notice documents). Measurements should be approximated from the outermost boundary of the requested area:

The total acreage of the requested area is approximately: 10

Number of customer connections in the requested area: 69

Affected subdivision : whispering oaks

The closest city or town: fredericksburg

Approximate mileage to closest city or town center: 7

Direction to closest city or town: north

The requested area is generally bounded on the North by: fredericksburg

on the East by: Cain city rd

on the South by: comfort

on the West by: morris ranch rd

31. *See Attch #31* A copy of the proposed map will be available at: courthouse
-

32. What effect will the proposed transaction have on an average bill to be charged to the affected customers? Take into consideration the average consumption of the requested area, as well as any other factors that would increase or decrease a customer's monthly bill.

☐ All of the customers will be charged the same rates they were charged before the transaction.

☐ All of the customers will be charged different rates than they were charged before the transaction.

☒ higher monthly bill ☐ lower monthly bill

☐ Some customers will be charged different rates than they were charged before
(i.e. inside city limit customers)

☐ higher monthly bill ☐ lower monthly bill

Appendix A: Historical Financial Information (Balance Sheet and Income Schedule)

(Audited financial statements may be substituted for this schedule – see Item 17 of the instructions)

HISTORICAL BALANCE SHEETS (ENTER DATE OF YEAR END)	CURRENT(A) (0120- 063020)	A-1 YEAR (- - 2019)	A-2 YEAR (- - 2018)	A-3 YEAR (- -)	A-4 YEAR (- -)	A-5 YEAR (- -)
CURRENT ASSETS						
Cash	10650	20700	19200			
Accounts Receivable	0	0	0			
Inventories	0	0	0			
Other	0	0	0			
A. Total Current Assets	10650	20700	19200			
FIXED ASSETS						
Land	126870	128000				
Collection/Distribution System	0	0				
Buildings	20000	21000				
Equipment	50000	55000				
Other	0	0				
Less: Accum. Depreciation or Reserves	0	0				
B. Total Fixed Assets	178870	204000				
C. TOTAL Assets (A + B)	181906.55	230782.04				
CURRENT LIABILITIES						
Accounts Payable	0	0				
Notes Payable, Current	0	0				
Accrued Expenses	0	0				
Other	0	0				
D. Total Current Liabilities	0	0				
LONG TERM LIABILITIES						
Notes Payable, Long-term	0	0				
Other	0	0				
E. Total Long Term Liabilities	0	0				
F. TOTAL LIABILITIES (D + E)	0	0				
OWNER'S EQUITY						
Paid in Capital	0	0				
Retained Equity	0	0				
Other	0	0				
Current Period Profit or Loss	0	0				
G. TOTAL OWNER'S EQUITY	0	0				
TOTAL LIABILITIES+EQUITY (F + G) = C	0	0				
WORKING CAPITAL (A – D)	0	0				
CURRENT RATIO (A / D)	0	0				
DEBT TO EQUITY RATIO (E / G)	0	0				

DO NOT INCLUDE ATTACHMENTS A OR B IN FILED APPLICATION IF LEFT BLANK

HISTORICAL NET INCOME INFORMATION

(ENTER DATE OF YEAR END)	CURRENT(A) (06/30/20)	A-1 YEAR (12-31-19)	A-2 YEAR (12-31-2018)	A-3 YEAR (- -)	A-4 YEAR (- -)	A-5 YEAR (- -)
METER NUMBER						
Existing Number of Taps	69	64	64			
New Taps Per Year	3	3	0			
Total Meters at Year End	71	69	64			
METER REVENUE						
Revenue per Meter (use for projections)	300	300	300			
Expense per Meter (use for projections)	100	100	100			
Operating Revenue Per Meter	200	200	200			
GROSS WATER REVENUE						
Revenues- Base Rate & Gallonage Fees	300	300	300			
Other (Tap, reconnect, transfer fees, etc)	0	0	0			
Gross Income	300	300	300			
EXPENSES						
General & Administrative (see schedule)	15000	14500	11730			
Operating (see schedule)	3000	2650	3317			
Interest	0	0				
Other (list)	0	0				
NET INCOME	18000	17150	15047			

[illegible]

PROJECTED NET INCOME INFORMATION

(ENTER DATE OF YEAR END)	CURRENT(A) (- -)	A-1 YEAR (- -)	A-2 YEAR (- -)	A-3 YEAR (- -)	A-4 YEAR (- -)	A-5 YEAR (- -)
METER NUMBER						
Existing Number of Taps	71					
New Taps Per Year	0					
Total Meters at Year End	71					
METER REVENUE						
Revenue per Meter (use for projections)	300					
Expense per Meter (use for projections)	100					
Operating Revenue Per Meter	200	0				
GROSS WATER REVENUE						
Revenues- Base Rate & Gallonage Fees	300					
Other (Tap, reconnect, transfer fees, etc)	0					
Gross Income	300					
EXPENSES						
General & Administrative (see schedule)	15000					
Operating (see schedule)	3000					
Interest	0					
Other (list)	0					
NET INCOME	3300					

PROJECTED EXPENSE DETAIL	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTALS
GENERAL/ADMINISTRATIVE EXPENSES						
Salaries	36000					
Office	1000					
Computer	350					
Auto	600					
Insurance	1130					
Telephone	750					
Utilities	4500					
Depreciation	0					
Property Taxes	2500					
Professional Fees	2500					
Interest	0	0	0	0	0	0
Other						
Total	49330					
% Increase Per projected Year						
OPERATIONAL EXPENSES						
Salaries	36000					
Auto	600					
Utilities	4500					
Depreciation						
Repair & Maintenance	5000					
Supplies	1000					
Interest						
Other						
Total	47100					

Oath for Transferee (Acquiring Entity)

STATE OF

Texas

COUNTY OF

Kendall

I, Lula Mae Caldwell

being duly sworn, file this application for sale, transfer, merger, consolidation, acquisition, lease, or rental, as

LULA MAE COLDWELL
(owner, member of partnership, title as officer of corporation, or authorized representative)

I attest 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 been provided with a copy of the 16 TAC § 24.239 Commission rules. I am also authorized to agree and do agree to be bound by and comply with any outstanding enforcement 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.

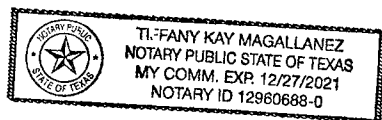
Lula Mae Caldwell
AFFIANT
(Utility's Authorized Representative)

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 BEFORE ME, a Notary Public in and for the State of Texas

this day the 14 of August, 2020

SEAL



Tiffany Kay Magallanez

**NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS**

Tiffany Kay Magallanez

PRINT OR TYPE NAME OF NOTARY

My commission expires:

12/27/2021

Oath for Transferor (Transferring Entity)

STATE OF Texas

COUNTY OF Kendall

I, Bonifacio Arce Garcia being duly sworn, file this application for sale, transfer, merger, consolidation, acquisition, lease, or mibromas rental, as Bonifacio Arce Garcia mibromas
(owner, member of partnership, title as officer of corporation, or authorized representative)

I attest 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.

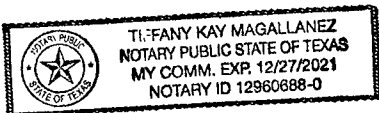
I further state that I have been provided with a copy of the 16 TAC § 24.239 Commission rules. I am also authorized to agree and do agree to be bound by and comply with any outstanding enforcement orders of the Texas Commission on Environmental Quality, the Public Utility Commission of Texas or the Attorney 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.

Bonifacio Arce Garcia
AFFIANT mibromas
(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 BEFORE ME, a Notary Public in and for the State of Texas
this day the 14 of August, 2020

SEAL



Tiffany Kay Magallanez
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS
Tiffany Kay Magallanez
PRINT OR TYPE NAME OF NOTARY

My commission expires: 12/27/2021

1000

4.

Whispering Oaks Water Works

po box 62
Center Point Tx 78010

Invoice 41

Date	Invoice #
8/11/2020	1141

Bill To
water rates

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Monthly rate	25.00	25.00
	additional usage \$.10/gal after 1000 gal	0.00	0.00
		Total	\$25.00

Date of this notice: 10-31-2019

Employer Identification Number:
84-3547867

Form: SS-4

Number of this notice: CP 575 G

MIBROMA3 LLC
SEVERINA I ARREOLA SOLE MBR
240 STONEY HILLS RD
CENTER POINT, TX 78010

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3547867. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MIBR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

LOVETTE DOBSON **17350 STATE HWY 249 #220 HOUSTON TX 77064**

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

LOVETTE DOBSON

Signature of Organizer

FILING OFFICE COPY

10.

10/32



P.O. Box 15284
Wilmington, DE 19850

MIBROMA3 LLC
240 STONEY HILLS RD
CENTER POINT, TX 78010-5533

Business Advantage
Relationship Rewards

Customer service information

☎ 1.888.BUSINESS (1 888.287.4637)

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Business Advantage Checking Preferred Rewards for Bus Platinum Honors

for June 1, 2020 to June 30, 2020

Account number: 4880 8899 0479

MIBROMA3 LLC

Account summary

Beginning balance on June 1, 2020	\$21,771.73
Deposits and other credits	190,752.69
Withdrawals and other debits	-16,327.23
Checks	-16,548.42
Service fees	-70.00
Ending balance on June 30, 2020	\$179,578.77

of deposits/credits: 4

of withdrawals/debits: 32

of items-previous cycle¹: 2

of days in cycle: 30

Average ledger balance: \$14,106.06

¹Includes checks paid, deposited items & other debits

BANK OF AMERICA BUSINESS ADVANTAGE

What's on your mind?

Business owners like you can join the Bank of America[®] Advisory Panel to help us understand what you like and don't like. Enter code **SBDD** at bankofamerica.com/AdvisoryPanel to learn more and join.

Inclusion on the Advisory Panel subject to qualifications

SSM-09-19-0761 D1 | ARG5T4RM

Whispering Oak Water Works

Inspection Report: NONE as there have been 0 Violations.(per Greg Grinnan wg0003747)


**Water
Services, Inc.**

A SouthWest Water Company

 Customer Service 866-654-7992
 Emergencies 866-654-7992
 Visit us online www.swwc.com/texas

 Account Number: 001000088369
 Invoice Number: 181002615497
 Billing Date: 07/27/2020
 Total Amount Due By: 08/12/2020

 Service Address
 171 MARILYN DR. N
 COMFORT TX 78013

Current Reading Based on Actual

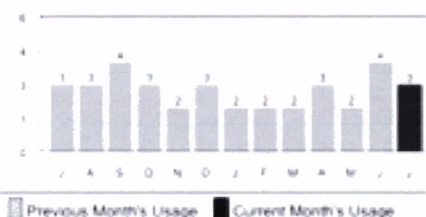
Page 1 of 2

Rate Type	Meter Read Dates From	To	Number Of Days	Meter Reading Previous	Current	Usage KGAL	Meter Number
5/8" - R	06/23/20	07/21/20	29	41.0	46.0	3.0	11355530

*KGal (1000 Gallons) Average Consumption = 2.8

Water Usage History - 13 Month Usage in KGal*

Total Monthly Usage


Message Center

In accordance with the TX Public Utilities advisement beginning June 13, 2020, accounts with past due balances are subject to late fees and disconnection of services. Please pay your bill by the due date or call to set up a payment extension or payment arrangement today.

See Reverse for Exciting News about our Customer Portal
Account Summary

 Previous Bill Amount \$39.52
 Payment Received 06/30/20 - Thank You \$39.52
 Returned Amount and Fee \$64.52
 (Payments after 5:00pm will NOT reflect on this invoice.)
Balance \$64.52
Current Billing and Other Basic Charges

 Late Fee Charged \$3.95
 Water Base \$33.14
 Water Usage \$4.11
 EAA Lease Pass Through \$0.15
 TX Comm Environ Quality \$0.37
Total Current Charges \$41.72
Total Amount Due By 08/12/20 \$106.24
Total Amount Due After 08/12/20 \$110.02

The "Due Date" listed on this bill applies to current charges only. Past due accounts are subject to service termination and will be sent to collections.

Please detach and return the bottom portion with your payment, or pay online at www.swwc.com/myaccount

WATER SERVICES

 SOUTHWEST WATER COMPANY
 P.O. Box 4657
 Houston, TX 77210-4657

 Account Number: 001000088369
 Total Amount Due By 08/12/20: \$106.24
 Total Amount Due After 08/12/20: \$110.02

 Please make check payable to
 WATER SERVICES

 Please check here and
 see reverse for address
 and phone corrections.

 Amount
 Enclosed

 CELESTE MARTINEZ
 171 MARILYN DR
 COMFORT TX 78013

 WATER SERVICES
 P.O. Box 4657
 Houston, TX 77210-4657

000000000000 03 00664 00001000088369 9 00 00010624 00011002 8

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**KENDALL COUNTY WATER CONTROL &
IMPROVEMENT DISTRICT NO. 1**

28 US HWY 87
P.O. BOX 745
COMFORT, TEXAS 78013
830-995-2227
Fax 830-995-4438

WATER AND SEWER RATES

Water Rates:

Usage	Single Family	All Others
0 - 2000	\$14.50	\$17.50
2001 – 10000	\$2.26 per 1000 gallons	
10001 – 20000	\$2.65 per 1000 gallons	
20001 – 30000	\$3.03 per 1000 gallons	
30001 – 40000	\$3.36 per 1000 gallons	
40001 – 50000	\$4.02 per 1000 gallons	
50001 – 75000	\$4.63 per 1000 gallons	
75001 – 100000	\$5.29 per 1000 gallons	
100001+	\$6.07 per 1000 gallons	

Customers outside the District boundaries pay a double minimum.

Sewer Rates:

Single Family:

\$13.50 for the first 2000 gallons (minimum) plus \$3.09 per 1000 gallons thereafter.

Consumption rate for sewer billing is determined by averaging the customer's water consumption for the three month period from November 20th through February 20th each year, and goes into effect for the April billing cycle. New customers will use the District wide average for single family dwellings until the next averaging period.

All Others:

\$17.50 for the first 2000 gallons (minimum) plus \$3.09 per 1000 gallons thereafter.

Consumption rate for sewer billing is the same as the water consumption for each given month.

**KENDALL COUNTY WATER CONTROL &
IMPROVEMENT DISTRICT NO. 1**

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28 US HWY 87
P.O. BOX 745
COMFORT, TEXAS 78013
830-995-2227
Fax 830-995-4438

Services and Fees:

Application for existing service:

By owner:	\$50.00
By tenant:	100.00

Application for new service:

Owner water	\$500.00 per tap \$500.00 per unit (after first unit for multiple family)
Owner sewer	\$500.00 per tap \$500.00 per unit (after first unit for multiple family)

Plus construction costs.

<u>Returned check fee:</u>	\$35.00
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<u>Service Transfer fee:</u>	\$30.00
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<u>Reconnect fee:</u>	\$75.00
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Adopted by the Board of Directors: November 12, 2015
Effective: January 1, 2016

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Residential Water Rates

Residential Water Rates - Effective 11/01/2019

Residential

Description	Rate Structure	
Monthly Minimums based on Meter Size	Usage	Rates
5/8" Meter		\$ 11.60
1" Meter		19.34
2" Meter		61.87
6" Meter		386.67
Tiered Rates per 1,000 gallon usage	1 to 6,000	\$ 2.45
	6,001 to 12,000	3.92
	12,001 to 18,000	6.37
	18,001 to 25,000	9.31
	25,001 to 50,000	10.42
	Over 50,000	14.09

Additional Information:

The size of the meter serving customers now determines the minimum monthly charge. Tiered Rate Structures have changed promoting water conservation.

Rates for all properties lying outside the City Limits shall continue to be double the inside rates, including minimums.

Note: Most Residential type customers are served by a 5/8 inch water meter. The average monthly consumption is approximately 6,200 gallons of water.

CITY OF KERRVILLE
Utility Billing Department
 701 Main Street
 Kerrville, Texas 78028
 Phone: 830-258-1504 Fax: 830-792-8309
 Office Hours: Monday – Friday - 8:00 am to 5:00 pm
 After hours, weekends, holidays - 830- 257-4668
www.kerrvilletx.gov

Effective: October 1, 2019:

Water Rates

Residential:

\$15.18 monthly account maintenance fee *plus*
 0-1000 gallons @ \$0.00 per 1,000 gallons
 1001-6,000 gallons @ \$3.41 per 1,000 gallons
 6,001-15,000 gallons @ \$4.42 per 1,000 gallons
 15,001-25,000 gallons @ \$5.53 per 1,000 gallons
 25,001-50,000 gallons @ \$6.91 per 1,000 gallons
 50,001 and up gallons @ \$8.63 per 1,000 gallons

Commercial:

\$13.00 monthly account maintenance fee *plus*
 0-25,000 gallons @ \$3.71 per 1,000 gallons
 25,001-50,000 gallons @ \$4.44 per 1,000 gallons
 50,001 and up gallons @ \$5.32 per 1,000 gallons

Irrigation:

\$13.00 monthly account maintenance fee *plus*
 0-15,000 gallons @ \$4.74 per 1,000 gallons
 15,001-25,000 gallons @ \$6.16 per 1,000 gallons
 25,001 and up gallons @ \$8.28 per 1,000 gallons

Sewer Rates

Residential:

\$14.27 monthly maintenance fee *plus*
 \$0.00 first 1,000 gallons
 \$5.55 for each 1,000 gallons
 (averaged for December, January, February)
 or
 \$30.92 flat rate without consumption history
 (based on 4,000 gallon average)

Commercial:

\$14.61 monthly account maintenance fee *plus*
 \$0-1000 gallons @ \$0.00 per 1,000 gallons
 \$5.91 per 1,000 gallons actual monthly water
 consumption

Outside Water and Sewer:

*Rates are 1 ½ times above rates for
 customers outside city limits.*

Garbage Rates and Information

Residential – curbside pickup
 \$21.99 (19.94 base, 1.65 sales tax, 0.40 environmental fee)
 Includes: weekly – household curbside pick-up
 Every other week – recycle curbside pick-up
 Monthly – yard waste curbside pick-up
 Quarterly – bulky waste opportunity
 Curbside pick-up during 2 quarters
 Landfill voucher during 2 quarters
 Extra Cart – trash or recycle, 65 or 95 gallon size
 \$5.86 (per cart charge - 5.41 base, 0.45 sales tax)

Recycling Center
 3315 Loop 534
 Monday - Friday
 7:30am to 4:50pm
 Saturday
 8:00am to 1:00pm

Special collections (large item pickup) 830-257-3831

Kerrville Landfill – 3315 Loop 534
 Monday through Friday ~ 7:30am–4:50pm – Saturday 8:00am–1:00pm
 Fee schedule on site or call 830-257-3831

Deposits

Residential - \$0.00 with acceptable credit score, \$100.00 with unacceptable credit score
 Commercial - \$100.00 or double estimated monthly bill, whichever is greater
 Deposits refunded after 12 continuous months without any past due payments.

New Account Fees

\$40.00 for each account regardless length of service history with City of Kerrville
 With E-Bill option - \$25.00 for each account
 With Auto-Pay and E-Bill option - \$20.00 for each account
 (Failure to remain on Auto-Pay for at least 12 months will result in \$15.00 fee)
 Late payment fees – 10% if balance is not paid by 5pm on due date

Other Fees

Returned Item Fee - \$30.00 (after two returned items – cash only)
 Service charge – \$30.00 - Accounts not paid in full by 5:00pm in Utility Billing office by final payment date
 After business hours service charge - \$50.00 to establish or reinstate service.
 Meter Tampering Fee - \$50.00 Tampering with a meter, including turning water on or off, constitutes as
 criminal mischief

Terms

Bills are due and payable upon receipt. Accounts not paid in full within 15 days of billing date will be charged a 10% penalty. Accounts not paid in full within 25 days of billing date will be charged a \$30.00 service fee and will be subject to termination of service. Water service will be reactivated when the past due amount, including service fee, is paid in full.

Whispering Oaks Dr



Whispering Oaks Dr

Texas 78624



Directions



Save



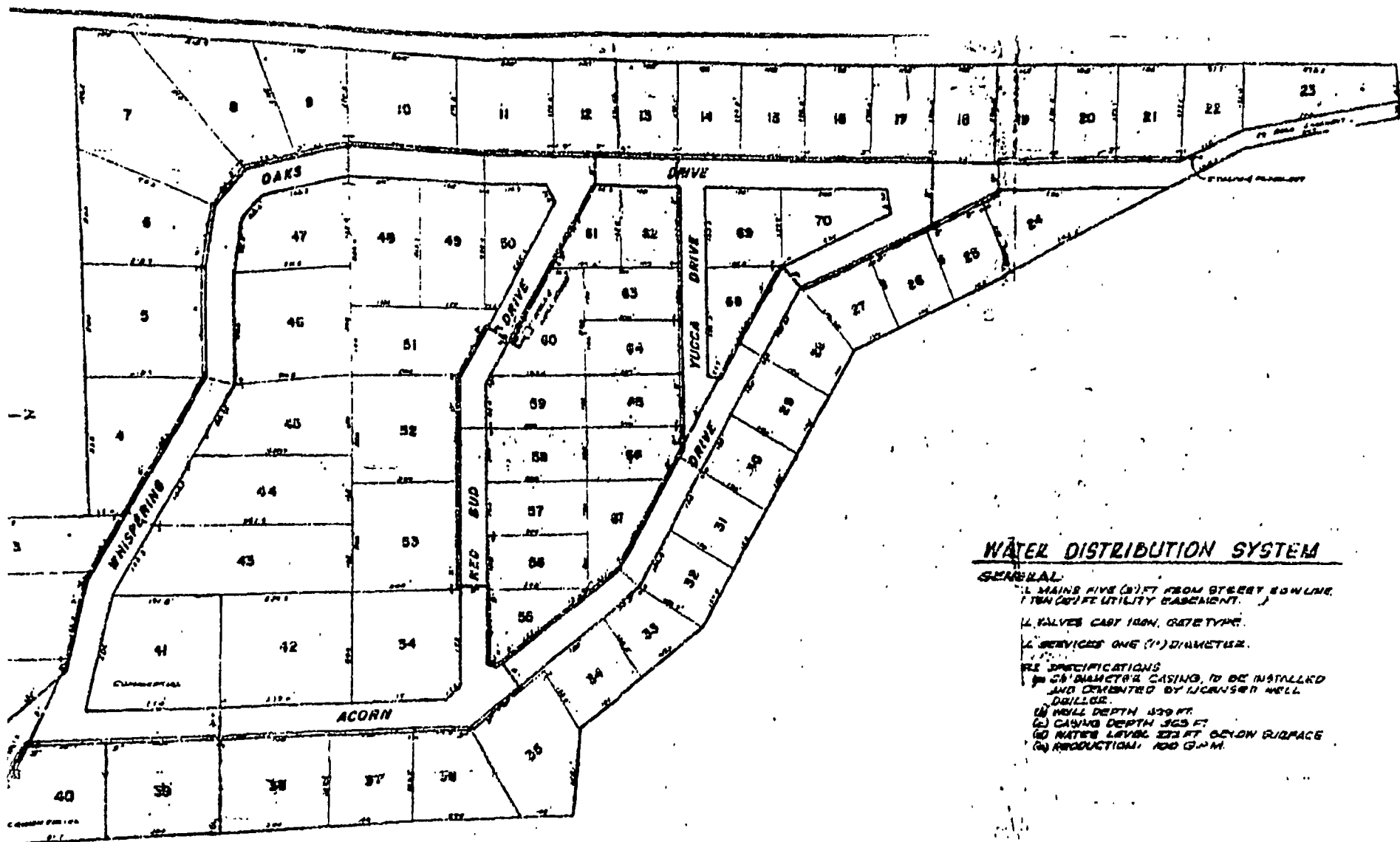
Nearby

Send to your
phone

Share

Photos

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WHISPERING OAKS

- ☐ CHLORINE RESIDUAL SAMPLE SITES
- ☐ BACTERIOLOGICAL SAMPLE SITES

WATER DISTRIBUTION SYSTEM

GENERAL

- 1. MAINS FIVE (5) FT FROM STREET ROWLINE, TEN (10) FT UTILITY EASEMENT.
- 2. VALVES CAST IRON, GATE TYPE.
- 3. SERVICES ONE (1") DIAMETER.
- 4. SPECIFICATIONS:
 - (a) 36" DIAMETER CASING TO BE INSTALLED AND CEMENTED BY LICENSED WELL DRILLER.
 - (b) WELL DEPTH 330 FT.
 - (c) CASING DEPTH 363 FT.
 - (d) WATER LEVEL 273 FT. O.C.W. SURFACE.
 - (e) PRODUCTION: 100 G.P.M.

LEGEND

- 36" DIAMETER MAIN
- 12" DIAMETER MAIN
- SERVICE



APPROVED
CITY OF PHOENIX
APPROVED FOR BACTERIOLOGICAL MONITORING IN 1969
APPROVED 2, 1978

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