

DOCKET NO. 51552

PETITION TO DISCONTINUE
SERVICE AND CANCEL ITS
CERTIFICATE OF CONVENIENCE
AND NECESSITY

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§
§
§

PUBLIC UTILITY COMMISSION

OF TEXAS

2021 JUN 14 PM 12:18
PUBLIC UTILITY COMMISSION
FILING CLERK

NOTICE OF APPEARANCE

COMES NOW, Gagan Khan of GK Law PLLC who files this Notice of Appearance as retained counsel of Applicant Mostapha Soliman in this matter. Applicant's wife and attorney in fact, Nawal Y. Shakhshir a/k/a Nawal Y. Soliman, has authorized our firm to act on Mostapha Soliman and Willowbrook Water System's behalf. A true and correct copy of the Power of Attorney for Mostapha Soliman granted to Nawal Y. Shakhshir a/k/a Nawal Y. Soliman is attached hereto as Exhibit "A". All correspondence is requested to be directed to the counsel's office.

Respectfully submitted,

GK Law PLLC

/s/ Gagan Khan

Gagan Khan

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**ATTORNEY FOR APPLICANT,
MOSTAPHA SOLIMAN**

CERTIFICATE OF SERVICE

I certify that a true copy of this document was served on all parties of record in this proceeding in accordance with § 22.74 of the Texas Administrative Code on the following on June 10, 2021.

Justin C. Akins
Justin.adkins@puc.texas.gov
1701 N. Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326
Tel: (512) 936-7289
Fax: (512) 936-7268

/s/Gagan Khan
Gagan Khan

Exhibit A

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, MOSTAFA A. SOLIMAN, 15628 Ginger Lane, Jersey Village, Texas 77040, appoint my wife, NAWAL Y. SHAKHSKIR (also known as "Nawal Y. Soliman"), 15628 Ginger Lane, Jersey Village, Texas 77040, as my agent (attorney-in-fact) to act for me in any lawful way with respect to all the following powers except for a power that I have crossed out below:

TO WITHHOLD A POWER, YOU **MUST CROSS OUT** EACH POWER WITHHELD.

real property transactions

tangible personal property transactions

stock and bond transactions

commodity and option transactions

banking and other financial institution
transactions

business operating transactions

insurance and annuity transactions

estate, trust, and other beneficiary
transactions

claims and litigation

personal and family maintenance

benefits from social security, Medicare,
Medicaid, or other governmental programs
or civil or military service

retirement plan transactions

tax matters

If no power listed above is crossed out, this document shall be construed and interpreted as a general power of attorney and my agent (attorney-in-fact) shall have the power and authority to perform or undertake any action I could perform or undertake if I were personally present.

SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

MAS I grant my agent (attorney-in-fact) the power to apply my property to make gifts, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

(A) This power of attorney is not affected by my subsequent disability or incapacity.

MAS (B) ~~This power of attorney becomes effective upon my disability or incapacity.~~

YOU SHOULD CHOOSE ALTERNATE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

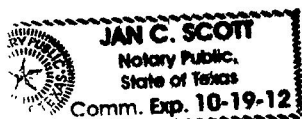
If the initial agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following person as successor to that agent: MAJDI AL-FAKHOURI (my wife's son).


Signed this 17 day of July, 2009.


MOSTAFA A. SOLIMAN

THE STATE OF TEXAS §
 §
COUNTY OF HARRIS §

July This document was acknowledged before me on this 17 day of July, 2009, by MOSTAFA A. SOLIMAN.





Notary Public in and for
the State of Texas

THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.