



51-3-7 372100

[Handwritten signature]

CTA. CONTABLE	FACTURA	PROVEEDOR	CONCEPTO	IMPORTE
	0008224283	PLAZA DE COBRO PTE 1 REYNOSA	PUENTE	\$26.00 PESOS



WHATABURGER

Restaurant 566
824 S. International Blvd
Hidalgo, TX 78557
(956)843-9261
General Manager - Pena, Moises
1-800-6Burger

3/11/2016 7:17:08 AM
Order 206111 Cashier: Blanca D

1 #20 TAO W/BACON & CHZ-ML	4.39
*****	0.00
HB	0.00
ML-COFFEE MEDIUM 16	0.00
SubTotal	4.39
Tax	0.36
Total	4.75
Cash	5.00
Change	0.25

Table Tent # 30
Order 206111

Dine In

Thank you for visiting!

Tell Us About your
experience and receive a
FREE WHATABURGER
with Purchase of a Medium Fry
and Medium Drink
on your next visit

Cashier use Quick Key #31.
FRMDFSMI

CTA. CONTABLE	FACTURA		IMPORTE
		WHATABURGER	DESAYUNO EN PHARR TX
			\$4.75 USD



WHATABURGER

Restaurant 566
824 S. International Blvd
Hidalgo, TX 78557
(956)843-9261
General Manager - Pena, Moises
1-800-6Burger

3/11/2016 7:18:15 AM
Order 206113 Cashier: Blanca D

1 #20 TAQ W/POTATO & CHZ-ML	4.39
*****	0.00
HB	0.00
ML-COFFEE MEDIUM 16	0.00
SubTotal	4.39
Tax	0.36
Total	4.75
Cash	5.00
Change	0.25

Table Tent # 45
Order 206113

Dine In

Thank you for visiting!

Tell Us About your
experience and receive a

FREE WHATABURGER

with Purchase of a Meal on Fri

CTA. CONTABLE	FACTURA	PROVEEDOR	CONCEPTO	IMPORTE
		WHATABURGER	DESAYUNO EN PHARR TX	\$4.75 USD

Luby's
 Pharr (264)
 1900 West Expressway 83
 Pharr, TX 78577
 956-761-7717

Check # :12918

Jessica R
 11 Mar 2016 02:36:36 PM CST

 1 Roast Beef Lu Ann 7.99
 1 \$.99 Salad Upgrade 0.99
 1 .99 Veggie Add On 0.99
 1 Carrot Salad 1.99
 1 Fountain Soda 2.29
 Tray #1 Subtotal 14.25

1 Carved Turkey Lu Ann 7.99
 1 .99 Veggie Add On 0.99
 1 Carrot Salad 1.99
 1 Mashed Potato w/Brown Gravy 1.99
 1 Fountain Soda 2.29
 Tray #2 Subtotal 15.25

 Subtotal 29.50
 Sales Tax 2.43

Please pay this amount
Total 31.93

51-3-7376-100

Dine In

 Customer Information:

CTA. CONTABLE	FACTURA	

Your Opinion Matters!
 Take our quick survey and
 you will be entered to win

LUBY'S

COMIDA

IMPORTE
\$31.93 USD

7-ELEVEN, 36514
1600 S. 23RD ST.
MCALLEN, TX 78506

5-1-2-6-261-1-00

03/11/2016 3:17:47 PM
Register: 2 Trans #: 9314 Op ID: 2
Your cashier: SECOND

*** PREPAID RECEIPT ***

Regular CA PUMP# 3 \$10.00 99

Subtotal = \$10.00
Tax = \$0.00

Total = \$10.00
Change Due = \$0.00
Cash \$10.00

OH THANK HEAVEN FOR
7-ELEVEN

CTA. CONTABLE	FACTURA	PROVEEDOR	CONCEPTO	IMPORTE
		7-ELEVEN	GASOLINA	\$10.00 USD

51-3-2-22-100
McAllen-Hidalgo International Bridge
Lane 6 Collector 2037
3/11/2016 3:40:17 PM
Class 1, 2 axls
Paid 3.50 US Cash
THANK YOU / GRACIAS
13600110284422424

CTA. CONTABLE	FACTURA	PROVEEDOR	CONCEPTO	IMPORTE
	13600110284422 424	MCALLEN- HIDALGO INTERNATIONAL BRIDGE	PUENTE	\$3.50 USD



AUTOCAMBIO REYNOSA
 AUTOCAMBIO REYNOSA #5
 521 S. INT. BLVD
 HIDALGO, TX

**CERTIFICATE NUMBER
 CRA-0060204**

Favor de reportar a la policia y a
 1-866-329-6734 ó (512)861-0992
 NO COVERAGE PROVIDED IN MEXICO
 NO COVERAGE FOR COMMERCIAL
 VEHICLES
 HACER REFERENCIA AL NUMERO
 DE CERTIFICADO QUE APARECE EN

issued to NorthBoundmga

3/11/2016
 08:18:20

Trans.#003474531

/2016 Time: 08:17:10 AM 12:01 A.M. Standard Time at your Mailing Address Shown Below.

Venta
 PESOS \$106.20
 TIPO: \$17.70
 DOLARES: \$6.00

BC
SE5410

Producer Number: 1001

Subproducer Number: 4491
 (ESPERANZA MATRIZ)

Para Tipos de Cambio
 Marque 843-7022
 www.ccreynosa.com

PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE. WE

THIS POLICY.

AUTOS

here a charge is shown in the premium column below. Each of these coverages will autos.

5-1-3-7-376-1-00
 GRACIAS LO ATENDIO:
 ANA CRISTINA PORTILO
 CAJA # 2

	LIMIT - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	TOTAL PREMIUM
	SEE REVERSE SIDE FOR CONDITIONS	\$ 0.00 US dils.
Bodily Injury	\$ 30.000 US dils each person/\$ 60.000 US each accident	\$ 6.00 US dils.
Property Damage	\$ 25.000 US dils each accident	N/A
Combined Liability	\$ XXXXXX each accident	N/A
PERSONAL INJURY PROTECTION	\$ N/A each person	REJECTED
UNINSURED/UNDERINSURED MOTORISTS		REJECTED
Bodily Injury	\$ N/A each person/\$	
Property Damage	\$ N/A each accident	
Combined Liability	\$ N/A each accident	
TOTAL PREMIUM		\$ 6.00 US dils.

ITEM THREE

SCHEDULE OF COVERED AUTO INSURED

Covered Auto No.	DESCRIPTION: Year, Model, Trade Name, Body Type, Serial Number(s) Vehicle Identification Number (VIN)
1	2001 CHRYSLER TOWN COUNTRY 2C8GP54L11R356443 Lic. Plates 133TPS5 State TAMAULIPAS

IMPORTANT: Full Name of Additional Drivers Required

	FIRST	MIDDLE	LAST	DATE OF BIRTH	DRIVERS LICENSE#	OCCUPATION
APPLICANT	ARIZMENDI	OBREGON	EMILIO	7/15/1964	315085009	
DRIVER #2						

UNINSURED / UNDERINSURED MOTORISTS COVERAGE

[X] I REJECT [] I ACCEPT Bodily injury and Property Damage Uninsured/Underinsured Motorists Coverage on this policy and on each renewal thereafter.
 [X] I REJECT [] I ACCEPT Bodily injury Uninsured/Underinsured Motorists Coverage ONLY and REJECT Property Damage Uninsured/Underinsured Motorist

CTA. CONTABLE	FACTURA	PROVEEDOR	CONCEPTO	IMPORTE
	003474531/ CRA-0060204	AUTOCAMBIO REYNOSA #5	SEGURO	\$6.00 USD