

**COMPTROLLER OF PUBLIC ACCOUNTS**

**Unclaimed Property Division**

P.O. Box 12046 Austin, TX 78711 - 2046  
(512)463-3040 or 1-800-321-2274



Claim Number:  
**10366227**

02/02/2012

WEST ORANGE COVE CISD  
Attention: JAMES COLBERT - SUPERINTENDENT  
PO BOX 1107  
ORANGE TX 77631-

Dear JAMES COLBERT - SUPERINTENDENT:

The Texas Comptroller of Public Accounts is pleased to provide information regarding properties which may belong to you. Enclosed you will find a property listing and a claim form. Please take the following steps to submit your claim:

- \* Review the property listing. Our database was searched for properties listed in the exact entity name(s) and any variations that you included in your correspondence. Review each property carefully. If you determine it belongs to you, initial the "INITIAL TO CLAIM [ ]" box at the far right of the form.
- \* Complete the claim form and ensure the Indemnity Agreement on the claim form is signed. Your signature protects the Comptroller against future claims on these funds and payments made to you in error based on your initials on the properties selected. This also allows us to process your claim with minimal documentation.
- \* Provide proof of authority to act (e.g. a Certificate of Incumbency or a notarized affidavit signed by a financial officer, giving you authority to act).

If you have questions regarding this claim, please call us at (800) 321-2274 or direct in Austin at (512) 936-6255.

Unclaimed Property Research and Correspondence Section  
Unclaimed Property Division

S U S A N  
C O M B S

TEXAS COMPTROLLER of PUBLIC ACCOUNTS

KAREN BARKER  
PROGRAM SPECIALIST PHONE 512-463-3609  
UNCLAIMED PROPERTY TOLL FREE 1-800-531-5441 EXT 3-3609  
FAX 512-475-0863  
KAREN.BARKER@CPA.STATE.TX.US

WWW.WINDOW.STATE.TX.US • LBJ STATE OFFICE BUILDING  
111 E. 17TH STREET • AUSTIN, TX 78711-1440

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Claim Number:  
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**WEST ORANGE COVE CISD**  
**Attention: JAMES COLBERT - SUPERINTENDENT**  
**PO BOX 1107**

**ORANGE TX 77631-**

Attached is a list of remitted properties in the custody of the State Comptroller's Office as unclaimed funds. Properties on the detail listing are those in either your exact name, similar name or possible subsidiary(s). Please review this list and indicate EACH property you claim by initialing the "INITIAL TO CLAIM [ ]" box.

**Claim Summary :**

Claim Number - 10366227  
Total Number of Properties - 006  
Value of Property Listed - ~~\$1,288.73~~ 3086.41

***If you have any questions or need further information, please contact the Unclaimed Property Claims Section toll free nationwide at 1-800-321-2274 or our local number in Austin 512-463-3040.***

**Please Note: All properties on the attached list are subject to final verification by the State Comptroller's Office after a formal claim is submitted.**

**UNCLAIMED MONEY FUND  
CORPORATE CLAIM FORM FOR  
MULTIPLE PROPERTY**

Mail to: **COMPTROLLER OF PUBLIC ACCOUNTS**  
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Submit COMPLETED claim form with the attached multiple property listing to this office. You must be 18 or older to claim property.



Claim Number:  
**10366227**

Failure to provide your IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM will result in our returning it to you.

**WEST ORANGE COVE CISD**  
PO BOX 1107  
ORANGE, TX 77631-

<b>BUSINESS NAME:</b> <u>West Orange - Cove CISD</u>		<b>FEDERAL TAX ID</b> <u>74-600137</u>
<b>ADDRESS:</b> <u>505 15th Street</u>	<b>DAY TIME PHONE NUMBER</b> <u>409-882-5444</u>	
<b>CITY:</b> <u>Orange</u>	<b>STATE:</b> <u>TX</u>	<b>ZIP CODE:</b> <u>77631</u>

YOU MUST ATTACH CORPORATE RESOLUTION OR AUTHORIZATION OF THE PARTNERSHIP ESTABLISHING YOUR AUTHORITY TO ACT FOR THE ABOVE NAMED BUSINESS.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **DAY TIME PHONE NUMBER** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

Are you the **OWNER** \_\_\_\_\_, **PARTNER** \_\_\_\_\_, **OR OFFICER** \_\_\_\_\_?

**INDEMNITY AGREEMENT**

For Value received, \_\_\_\_\_, agrees to indemnify and hold harmless the Comptroller of Public Accounts from and against any and all liability, loss, or damages it may suffer as a result of claims, demands, costs, or judgements against it arising out of the issuance of a state warrant as payment in full for property on the UNCLAIMED PROPERTY-MULTIPLE PROPERTY LISTING attached hereto and incorporated herein by this reference. In the issuance of the above described warrant the Comptroller of Public Accounts is relying on this Indemnity Agreement and the attached Corporate Resolution or Authorization of the Partnership, granting the individual whose signature appears below authority to act on behalf of the Owner in making this claim. This Indemnity Agreement is subject to and governed by the laws of the State of Texas and is performable in its entirety in Travis County, Texas.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Claimant Signature) (Title or Representative Capacity)

\_\_\_\_\_  
(Name of Business, Corporation, or Partnership)

Total payment should be made within 90 days from receipt of your completed claim form. If someone informs or assists you in claiming these funds, State Law limits the fees they may charge you to no more than 10% of the amount of the claim.

A law passed by the Texas Legislature requires a small handling fee for certain claims. There will be NO FEE if your claim is not paid. The amount of the fee is 1.5% for all claims in excess of \$100. If a fee is assessed, it will be deducted from your claimed amount at the time of payment. Payment should be received within 90 days from receipt of your completed claim form and proof of ownership.

<b>CLAIM NUMBER:</b> 10366227	<i>(For Internal Use Only)</i>	<b>Amount Claimed</b> \$ 3,086.41
<b>ISSUE:</b> _____		
<b>By:</b> _____	<b>By:</b> _____	
<b>Date:</b> _____	<b>Date:</b> _____	

**UNCLAIMED MONEY FUND  
CORPORATE CLAIM FORM FOR  
MULTIPLE PROPERTY**

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Claim Number: 10366227 Claimant Name: WEST ORANGE COVE CISD

Property No: **1** Treasury Listed Owner: WEST ORANGE COVE CIS  
Last Known Address: 3109 N 16TH ST ORANGE TX 77630-0000  
Property ID: 410216800 001 08 R 01 MS11 000059 Social Security/TIPD: 000-00-0000  
Reporting Institution: DELUXE CORP  
Institution Address: 3680 VICTORIA ST N ST PAUL MN 55164-0000  
Property Category: REFUND OR REBATE DUE  
Property Description: MCBE 740582 REFUNDS REBATES DUE  
Additional Owner: NONE  
Last Active Date: 03/10/2005 Amount: 327.00

INITIAL TO CLAIM [ ]

Property No: **2** Treasury Listed Owner: WEST ORANGE COVE CONSOL ISD  
Last Known Address: PO BOX 1107 ORANGE TX 77631-1107  
Property ID: 941081436 001 09 R 01 CK13 000230 Social Security/TIPD: 000 00-0000  
Reporting Institution: HEWLETT PACKARD CO  
Institution Address: 5400 LEGACY DR PLANO TX 75024-0000  
Property Category: VENDOR CHECK  
Property Description: 000000010000021114822013079180  
Additional Owner: NONE  
Last Active Date: 05/26/2005 Amount: 260.00

INITIAL TO CLAIM [ ]

Property No: **3** Treasury Listed Owner: WEST ORANGE COVE CONSOLID  
Last Known Address: 2909 AVLNUE G BAY CITY TX 77414-6617  
Property ID: 223372889 003 08 R 01 MS05 000892 Social Security/TIPD: 000-00-0000  
Reporting Institution: VERIZON WIRELESS  
Institution Address: %CELLCO PARTNERSHIP FOLSOM CA 95630-4716  
Property Category: CUSTOMER OVERPAYMENT  
Property Description: 78214 CUSTOMER OVERPAYMENTS  
Additional Owner: NONE  
Last Active Date: 07/14/2004 Amount: 110.83

INITIAL TO CLAIM [ ]

Property No: **4** Treasury Listed Owner: WEST ORANGE STARK HIGH S  
Last Known Address: 114 NEWTON ORANGE TX 77630-0000  
Property ID: 580503352 005 07 R 01 CK13 003459 Social Security/TIPD: 000-00-0000  
Reporting Institution: COCA COLA REFRESHMENTS USA INC  
Institution Address:  
Property Category: VENDOR CHECK  
Property Description: 865 2441593  
Additional Owner: NONE  
Last Active Date: 01/20/2004 Amount: 174.90

INITIAL TO CLAIM [ ]

**UNCLAIMED MONEY FUND  
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**Claim Number:** 10366227      **Claimant Name:** WEST ORANGE COVE CISD

*Property No:* **5**      *Treasury Listed Owner:* WEST ORANGE ISD  
*Last Known Address:* HCMC PO BOX 12789 HOUSTON TX 77226-0000  
*Property ID:* 746001118 001 02 R 01 MS11 000420      *Social Security/TIPD:* 000-00-0000  
*Reporting Institution:* UT MD ANDERSON CANCER CTR  
*Institution Address:* 7007 BEKNER AVE HOUSTON TX 77030-3907  
*Property Category:* REFUND OR REBATE DUE  
*Property Description:* CHECK #3071180 VEN ID#7273  
*Additional Owner:* NONE  
*Last Active Date:* 05/17/1999      *Amount:* 229.00      INITIAL TO CLAIM [   ]

*Property No:* **6**      *Treasury Listed Owner:* WEST ORANGE COVE ISD  
*Last Known Address:* PO BOX 1107 ORANGE TX 77630 0000  
*Property ID:* 592606737 001 06 R 01 MS09 000025      *Social Security/TIPD:* 000-00-0000  
*Reporting Institution:* LANIER WORLDWIDE INC  
*Institution Address:* 2300 PARKLAKE DR NE ATLANTA GA 30345-2905  
*Property Category:* ACCOUNTS RECHIVABLE CREDIT BALANCE  
*Property Description:* 403378  
*Additional Owner:* NONE  
*Last Active Date:* 06/16/2003      *Amount:* 187.00      INITIAL TO CLAIM [   ]

*Property No:* **7**      *Treasury Listed Owner:* WEST ORANGE COVE ISD  
*Last Known Address:* C/O AITIN TERESA FRANKLIN ORANGE TX 77631-0000  
*Property ID:* 580663085 001 11 R 01 IN05 003376      *Social Security/TIPD:* 746-00-1837  
*Reporting Institution:* AMERICAN FAMILY LIFE ASSURANCE CO  
*Institution Address:* 1932 WYNNION ROAD COLUMBUS GA 31999-0000  
*Property Category:* PREMIUM REFUND ON INDIVIDUAL POLICY  
*Property Description:* 000000020799000891500004958347 L PREMIUM REFUNDS ON INDIVIDUAL POLICIES  
*Additional Owner:* NONE  
*Last Active Date:* 02/15/2008      *Amount:* 43.10      INITIAL TO CLAIM [   ]

*Property No:* **8**      *Treasury Listed Owner:* WEST ORANGE MIDDLE SCHOOL  
*Last Known Address:*  
*Property ID:* 741199481 001 09 R 02 CK01 000024      *Social Security/TIPD:* 000-00-0000  
*Reporting Institution:* ORANGE SAVINGS BANK SSB  
*Institution Address:* PO BOX 730 ORANGE TX 77631-0730  
*Property Category:* CASHIER'S CHECK  
*Property Description:* WO- MIDDLE SCHOOL 50369  
*Additional Owner:* NONE  
*Last Active Date:* 00/00/0000      *Amount:* 1710.63      INITIAL TO CLAIM [   ]

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**Claim Number: 10366227      Claimant Name: WEST ORANGE COVE CISD**

Property No: **9**      Treasury Listed Owner: ANDERSON ELEM SCH  
Last Known Address:  
Property ID: 560292920 002 07 R 01 CK13 000003      Social Security/TIPD: 000-00-0000  
Reporting Institution: LANCE INC  
Institution Address: PO BOX 32368 CHARLOTTE NC 28232-0000  
Property Category: VENDOR CHECK  
Property Description: 43808 623748  
Additional Owner: NONE  
Last Active Date: 07/01/2003      Amount: 41.80      INITIAL TO CLAIM [      ]

Property No: **10**      Treasury Listed Owner: WEST ORANGE COVE CISD  
Last Known Address: C/O CLIFF COLE FRED TX 77616-0359  
Property ID: 223372889 003 10 R 01 MS05 009593      Social Security/TIPD: 000-00-0000  
Reporting Institution: VERIZON WIRELESS  
Institution Address: %CELLCO PARTNERSHIP FOLSOM CA 95630-4716  
Property Category: CUSTOMER OVERPAYMENT  
Property Description: 5015581 CUSTOMER OVERPAYMENTS  
Additional Owner: NONE  
Last Active Date: 04/05/2007      Amount: 2.15      INITIAL TO CLAIM [      ]

Total number of properties: 10      Total amount claimed: 3,086.41