



JOE A. GONZALEZ
COUNTY COMMISSIONER (JAG) PCT. 2

SANDRA SANTOS
ADMINISTRATIVE ASSISTANT

NUECES COUNTY COURTHOUSE
901 LEOPARD STREET, SUITE 303.07
CORPUS CHRISTI, TX 78401-3689
(361) 888-0296 • FAX: (361) 888-0239

November 21, 2012

VIA CERTIFIED MAIL #7005 0390 0005 2898 0420
(Return Receipt Requested)

Francis L. Youngblood
King Isles Inc.
1641 Goldston Road
Corpus Christi, Texas 78409

RE: ROSE ACRES WATER & WASTEWATER IMPROVEMENTS
Final Pay Estimate

Dear Mr. Youngblood,

Nueces County is in receipt of Final Pay Estimate #15, for the above mentioned project, in the amount of \$40,747.15. The payment will be reviewed at the next Commissioners Court meeting on November 27, 2012.

It was reported that the contracted work was not completed in regards to open cut driveways. Once utilities were installed, one driveway (3164 FM 763) was not restored to existing or better conditions. Nueces County completed the work at its own expense in the amount of \$3,400.00. The Commissioners Court will consider whether to deduct the final payment by that amount at the above-referenced meeting.

Should you have any questions or objections, please contact our office as soon as possible. I look forward to hearing from you.

Sincerely,

A handwritten signature in blue ink that reads "Joe A. Gonzalez".

Joe A. Gonzalez
Nueces County Commissioner Precinct 2



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CERTIFIED MAIL™



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Corpus Christi, Texas 78409

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Total Postage: Francis L. Youngblood
 Sent To: King Isles Inc.
 Street, Apt. No., or PO Box No.: 1641 Goldston Road
 City, State, ZIP: Corpus Christi, Texas 78409

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Francis L. Youngblood
 King Isles Inc.
 1641 Goldston Road
 Corpus Christi, Texas 78409

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
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4. Restricted Delivery? (*Extra Fee*) Yes

2. Article Number (Transfer from service label) 7005 0390 0005 2898 0420