

NAVARRO COUNTY COMMISSIONER'S COURT

A SPECIAL MEETING OF THE NAVARRO COUNTY COMMISSIONER'S COURT WAS HELD ON MONDAY, 23RD DAY OF JUNE, 2008 AT 10:00 A.M., IN THE NAVARRO COUNTY COURTHOUSE, CORSICANA, TEXAS. PRESIDING JUDGE H.M. DAVENPORT, COMMISSIONER'S PRESENT KIT HERRINGTON FAITH HOLT, WILLIAM BALDWIN, AND JAMES OLSEN.

1. 10:00 A.M. MOTION TO CONVENE BY BALDWIN SEC BY OLSEN
ALL VOTED AYE
2. PRAYER BY COMMISSIONER HOLT
3. PLEDGE OF ALLEGIANCE
4. PUBLIC COMMENTS- NO COMMENTS

CONSENT AGENDA

- ITEMS 5-9 MOTION TO APPROVE BY BALDWIN SEC BY HERRINGTON
ALL VOTED AYE
5. MOTION TO APPROVE THE MINUTES FROM THE PREVIOUS
MEETING OF JUNE 9, 2008
 6. MOTION TO APPROVE AND PAY BILLS AS SUBMITTED BY THE
COUNTY AUDITOR
 7. MOTION TO APPROVE SERVICE AGREEMENT WITH WEBEX FOR THE
NORTH TEXAS H.I.D.T.A **TO WIT PG 919-922**
 8. MOTION TO APPROVE SERVICE AGREEMENT WITH NEOPOST FOR
THE NORTH TEXAS H.I.D.T.A **TO WIT PG 923-925**
 9. MOTION TO APPROVE SERVICE AGREEMENT WITH LEXIS NEXIS FOR
THE NORTH TEXAS H.I.D.T.A **TO WIT PG 926-927**
 10. MOTION TO APPROVE TREASURER'S REPORT FROM RUBY COKER
TO WIT PG 928

REGULAR AGENDA ITEMS

11. PUBLIC HEARING FOR PETITION FOR CREATION OF SOUTHPORT
FRESH WATER SUPPLY DISTRICT OF NAVARRO COUNTY

BRUCE HOWARD SPOKE IN FAVOR OF CREATION OF SOUTHPORT FRESH WATER SUPPLY DISTRICT OF NAVARRO COUNTY

MOTION TO TABLE PETITION FOR CREATION OF SOUTHPORT FRESH WATER SUPPLY DISTRICT OF NAVARR COUNTY BY HERRINGTON SEC BY HOLT ALL VOTED AYE

12. MOTION TO ADJOURN BY HOLT SEC BY OLSEN ALL VOTED AYE

THESE MINUTES ARE HEREBY APPROVED THIS 14 DAY OF JUNE 2008.

JUDGE HM DAVENPORT [Signature]

COMR.PCT.1 KIT HERRINGTON [Signature]

COMR.PCT.2 FAITH HOLT [Signature]

COMR.PCT.3 WILLIAM BALDWIN [Signature]

COMR.PCT.4 JAMES OLSEN [Signature]

I, SHERRY DOWD, NAVARRO COUNTY CLERK, ATTEST THAT THE FOREGOING IS A TRUE AND ACCURATE ACCOUNTING OF THE COMMISSIONERS COURT'S AUTHORIZED PROCEEDING FOR JUNE 23RD, 2008.

SIGNED 14 DAY OF JULY 2008.

[Signature] SHERRY DOWD COUNTY CLERK





Contact: Joseph Consola Title:CSR
E-mail: Joseph.Consola@webex.com Tel: 408-566-5643 Fax:
Order Form ID #: 132041

WebEx will honor this offer for WebEx Services only if Subscriber executes and returns this Agreement to WebEx by 06:00 PM CENTRAL TIME on 06/13/2008

WebEx Service

Term

Table with 2 columns: Term description, Value. Rows: 'Initial Term' months (12), Subsequent 'Renewal Term(s)' months (12)

(Order will automatically renew unless written notice of termination is sent 30 days prior to the commencement of the next renewal term in accordance with the WebEx Terms and Conditions or WebEx Services Agreement.)

Anticipated Availability Date for New or Change Service: (Typically within 7 Days from WebEx's acceptance of a valid Order.)

Billing Currency USD

One-time

(Invoiced on the first day that the General Site or service modification is available for use)

Table with 5 columns: Description, Unit, Rate, Qty, Total Amount. Rows: Setup - Meeting Center, Primary Language English, SSL Setup

Monthly Recurring Charge

(Unless prepaid, invoiced monthly in advance throughout the term of this order.)

Table with 5 columns: Description, Unit, Rate, Qty, Total Amount. Rows: WebEx Data Services (Meeting Center Pro Named Hosts 15), WebEx Integrated Audio (Integrated VoIP Bundle), Other Services (NBR Storage 1GB, NBR Committed Storage 1GB, SSL Maintenance)

Per Use Fees**(Invoiced monthly in arrears of actual usage. Op-assist teleconferencing is only available with production services.)*

Description	Unit	Rate	Qty	Total Amount
Additional Attendees	Attendee	15.00	N/A	N/A
WebEx Integrated Audio <i>(Per use fees in this section are calculated per unit per connection.)</i>				
US+Canada Toll Call in	Mins	0.05	N/A	N/A

* Per Use Fees are subject to change. Subscriber will be charged the rate in effect at the time the service is used

Additional Order Items**General Items**

Additional Meeting Participants: Number of participants in any single session CAN exceed the "Maximum number of participants per session" at a rate of \$15.00 per Participant in Excess of "Maximum", per instance. (Invoiced monthly in arrears for actual usage.)

Special Offers and Discounts

Installation and Set-up Fee: Includes Secure Socket Layer (SSL) Encryption with maintenance and 1 GB of storage. Two Premium Event Assists included with Event Center set-up. One TCCS included with Training Center set-up.

NBR Service and Fees: (Committed fees are invoiced monthly in advance throughout the term of this order.) Standard uncommitted domestic and international callback telephony rates will apply to third-party teleconferences recorded using NBR. (MC, TC, EC, \$C Min Requirement WBS 25 Platform, SC Min Requirement WBS26 Platform)

NBR Subscriber is entitled to 1 GB of storage at no cost.

Recording capabilities will be disabled upon reaching storage capacity. Additional storage may be purchased by contacting a WebEx sales representative.

Special Payment Terms

*WebEx invoicing for Services begins on the first day that the General Site or service modification is available for use by Subscriber and monthly thereafter. Monthly Committed Telephony Fees are invoiced monthly in advance throughout the term of this order. Committed Minutes that are not utilized by Subscriber during the month for which they were committed may not be carried forward into the next month. Additional Service and Telephony usage, as well as any other Per Use Fees accrued, are invoiced monthly in arrears for actual use. **Payment for Service is due net thirty(30) days from the date of WebEx's invoice.***

Per Use Fees, as well as any Overage or additional attendee charges, are invoiced monthly in arrears for actual use.

Flat Rate VOIP: Invoiced monthly in advance, Named Host Model only, includes up to 25,000 VOIP Minutes per month per Host. Usage in excess of 25,000 VOIP minutes will be invoiced at standard list price.

Service Description and Terms**Service and Support Information can be found at:**

Information on Support Services for WebEx Subscribers may be found at:
<http://support.webex.com/support/support-services.html>

A description of WebEx Services may be found at: <http://contractdocuments.webex.com/WBS.html>

Named Host Description and Terms

A Named Host is any host who may host an unlimited number of meetings ("Meeting(s)") using the Service; provided that a Named Host may only host the above-listed maximum number of simultaneous Meetings at any given time. Each Meeting must be hosted by a Named Host and may include no more than the above-listed

maximum number of meeting participants, including the Named Host.

Named Host accounts are individualized and may not be shared or used by anyone other than the one employee to whom the Named User account is assigned. The identification of Named Hosts must be unique to an individual and may not be of a generic nature. Subscriber shall identify those employees assigned to Named Host accounts on the "Manage Hosts" list (the "List"). The List will be maintained by the Subscriber's Site Administrator, who will update the List so that it is current at all times. A Named Host account may not be transferred to another Subscriber employee except upon (a) termination of the Named Host's employment with Subscriber, or (b) in all other instances, WebEx's prior written approval. WebEx will have the right to invoice Subscriber for any additional Named Host accounts issued by Subscriber.

Subscriber may change the committed number of Named Hosts accounts only upon submission and acceptance of an additional Order Form.

WebEx will have the right, upon reasonable notice, to audit Subscriber's records (including but not limited to the List) during normal business hours to ensure Subscriber's compliance with the above requirements. WebEx will pay the cost of the audit unless it is found that Subscriber is misusing the Service by, for example, exceeding the number of allowable Meeting participants, assigning more Named Host accounts than Subscriber has subscribed to, sharing a Named Host account among multiple employees, having a Named Host hold more than the specified maximum number of simultaneous Meetings at the same time, or providing a Named Host account to a non-employee.

Subscriber Information

WebEx's creation of a website for Subscriber to access the WebEx Services shall constitute WebEx's acceptance of Subscriber's duly authorized offer to purchase WebEx Services in accordance with the following Terms and Conditions.

If Subscriber has a signed Services Agreement with Service Provider, such agreement will govern Subscriber's use of Services ordered on this Order Form.

If Subscriber does not have a signed Services Agreement with Service Provider, use of the Services by Subscriber is governed by the WebEx Terms and Conditions can be found at:
<http://contractdocuments.webex.com/webextermsconditions>

Subscriber

Account Name: **Navarro County -NTHIDTA**

Parent Company (If different than above named subscriber)

Signature



Billing Information

Name: H.M. Davenport

Billing Contact Name: Steven Brandt

Title: County Judge

Billing Contact Title: Financial Manager

Date:

6-23-08

P.O./P.R.#(If Required):

Address: Navarro County Auditor's Office
300 West Third Avenue, Suite 210
Corsicana, TX 75110

Billing Address:
Navarro County Auditor's Office
300 West Third Avenue, Suite 210
Corsicana, TX 75110 US

Phone: 903-659-3039

Billing Phone: 972-915-9508

Email:

Billing Email: steven.brandt@nthidta.org

Ship-to Address:
Navarro County Auditor's Office - NTHIDTA
8404 Esters Blvd., Suite 100
Irving TX 75063, US

922

WebEx Communications, Inc. 3979 Freedom Circle, Santa Clara, CA 95054

WebEx Billing Contact Number
(408)-435-7000
Federal ID # 77-0548319

Remittance Address:
WebEx Communications, Inc.
PO Box 49216
San Jose CA, 95161-49216

neopost

AGREEMENT

DOCUMENT NO: 4- 1392019

neopost

Date:

Contract #'s:

Lease #:

EQUIPMENT ADDRESS Contact: Chris Lunger

North Texas HIDTA
Address: 8404 Esters Rd Suite 100
City: Irving County: Dallas State: TX Zip: 75063
Telephone: 972-915-9502

INVOICE ADDRESS Contact: Chris Lunger

North Texas HIDTA
Address: 300 W 3rd Ave
City: Corsicana County: TX State: TX Zip: 75110
Telephone: 972-915-9502

Customer # _____
Customer Status: New Existing

POSTAGE-ON-CALL - DEPOSITOR MONTHLY STATEMENT ADDRESS Customer #: _____

Street Address: 8404 Esters Rd Suite #100
City: Irving County: DALLAS State: TX Zip Code: 75063

If connecting to an existing Postage-on-Call® Account
 Remote Setting All Inclusive Fixed Reset Amount: \$ _____
 Reset Charge: \$ _____
 Government Agency Code #: _____
 (If government remote setting)
 Optional Master Account Summary Statement Customer # for Master Statement Address: _____
 Postage Deposit Make Check Payable to "Postage-On-Call®" Check # _____ Amount \$ _____

TAX EXEMPT: Renewal Start Date: _____

PAYMENT SCHEDULE Rental Lease

INITIAL TERM: (in terms of months) 12
 FREQUENCY: Monthly Quarterly Annual
 Semi-Annual Annual

Equipment:	\$	Use Tax:	\$
Meter:	\$	Maintenance:	\$
Advance Payment:	\$	RCP:	\$
Down Payment:	\$	Other:	\$
Security Deposit:	\$	TOTAL PAYMENT	\$
P.O. #:			

FOR NO DEPOSIT POSTAGE-ON-CALL® — Attach Voided or Check Copy

TRANSIT ROUTING: _____ : _____
 BANK ACCOUNT #: _____

Meter, Maintenance, RCP and Software Advantage billed Annually (or Semi-Annually for Meter ONLY) and Meter Renter AGREES to a Measured Service Rate as per Terms and Conditions, if not Bundled in Neopost Lease Payment.
 Meter Billing: Semi-Annual Annual Mid-rate Multiple Year Meter Contract (IF PAID IN ADVANCE): _____ Years

FOR ALL METERS: Post Office Name: _____ City: _____ Zip: _____ Customer License # (if existing): _____

Model # Services	Description	Quantity	Unit Price	Extended Price	Annual Meter	Annual Maintenance	Other Contract
	<u>All Inclusive postage meter</u>	<u>1</u>	<u>40.00</u>	<u>40.00</u>			

CYCLE COUNT #: _____

PAYMENT TERMS: NET 30 DAYS

PURCHASE ORDER(S): Meter P.O. #: _____

Equipment P.O. #: _____ Maint P.O. #: _____ Other P.O. #: _____ No P.O. Required: (Initials) > _____

PREPAYMENTS FOR PURCHASE OF EQUIPMENT

<input type="checkbox"/> Equipment	\$ _____	<input type="checkbox"/> Meter	\$ _____
<input type="checkbox"/> Maintenance	\$ _____	<input type="checkbox"/> RCP	\$ _____
		<input type="checkbox"/> Software Adv.	\$ _____

SELLING INFORMATION: Office #: _____ Selling Location: _____ Selling Rep/#: _____ Selling Manager/#: _____

924



USPS Technology Upgrade Rental Addendum

2000 E Randol Mill Rd Ste 610, Arlington Texas, 76011 P: 817-226-4646 F: 817-226-4647

Date 6/5/2006

Your Business Information



Business Name North Texas HIDTA Navarro County/NT HIDTA

Billing Address 300 W. 3rd Ave

City Corsicana State TX Zip+4 75110

Equipment Location (if different than billing address)
8404 Esters Rd #100

City Irving State TX Zip+4 75063

Contact Name Chris

Phone 972-915-9502 E-Mail _____

Same Price Guarantee

# of Months	Monthly Amount
60	\$ 96.00

This is a exchange and upgrade required to keep your postage meter USPS compliant with Digital Technology

Equipment Maintenance is covered under the Rental Program

Your Business Needs

Quantity	Model Number	Equipment Description
1	IJ45AFG	Automatic Mail Machine
1		Electronic 5 lb Scale
		Special Notes:
		Cancel and Supercedes existing agreement



Technology Protection Plan

Your Acknowledgment Of The Free Equipment Upgrade

This document consists of an Office Equipment Rental Agreement ("Agreement") with Alternative Mailing & Shipping Systems, which includes full coverage service on the provided equipment. Your signature constitutes an offer to enter into the Rental Addendum ("Addendum"). Your signature also acknowledges that you have read and agree to all applicable conditions and are authorized to sign the agreement on behalf of your company. Terms of your existing Rental Agreement will apply to this amended Rental Agreement. The number of months on this Addendum constitutes the "Duration of Agreement" as defined on the original Office Equipment Rental Agreement.



Approval Signature [Signature] Date 6-23-08
 Print Name A.M. DAVENPORT, JR Title County Judge
 Customers P.O.# _____

United States Postal Service Application or Update for a License to Lease and Use Postage Meters

(Prepare and submit original signed form to the post office where metered mail will be deposited)

<input checked="" type="checkbox"/> New Post Office Where Metered Mail Will be Deposited (Complete items at right) State <u>Irving</u> <u>TEXAS</u> ZIP Code <u>75063</u>	<input type="checkbox"/> Update Finance Number (As it appears on license certificate) (Complete items at right) Existing License Number (As it appears on license certificate)
A. Applicant	
1. Company Name (As it appears on license certificate for update) <u>Navajo County HIDTA North Texas</u>	2. Applicant Telephone Number <u>(972) 915-9502</u>
	3. Applicant FAX Number <u>(972) 915-9503</u>
4. Mailing Address (No., street, suite no. or P.O. box no.) <u>8404 Esters Rd #100</u>	5. Physical Street Address (No., Street, Suite No. - Only if different from item 4 - DO NOT show a post office box number)
6. City, State, ZIP + 4 <u>Irving TX 75063</u>	7. City, State, ZIP + 4
8. Applicant Business Tax Identification Number, Employer Identification Number, or Social Security Number	<input type="checkbox"/> Tax ID # <input type="checkbox"/> EIN <input type="checkbox"/> SSN (Check one)
9. Corporate Business Agent (if applicable)	
10. Dun and Bradstreet Number	11. Federal Agency Code/Cost Code (For US official penalty indicia license)

B. Business Profile

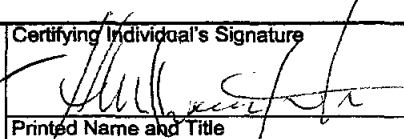
1. Company's Primary Business Function

2. Anticipated Annual Metered Postage (For all meters set or licensed at this licensing post office) <input checked="" type="checkbox"/> \$1 - \$2,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$2,001 - \$25,000 <input type="checkbox"/> More than \$100,000	7. Does Your Business Currently Hold any Other USPS Meter Licenses at This or any Other Post Office? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES List License Number and Finance Number of Licensing Post Office. <table style="width:100%;"> <tr> <td style="width:50%;">License Number</td> <td style="width:50%;">Finance Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>License Number</td> <td>Finance Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	License Number	Finance Number	_____	_____	License Number	Finance Number	_____	_____
License Number	Finance Number								
_____	_____								
License Number	Finance Number								
_____	_____								
3. Annual Percentage of Metered Mail (Must total 100%) Letters <u>80</u> % Flats <u>10</u> % Parcels <u>10</u> %									
4. Does Your Business Anticipate Mailing Metered Mail at Discounted Rates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Have You or Your Business Ever Had a Meter License Revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, provide specific details (Including dates and licensing post office.)								
5. Does Your Business Have an Authorization to Use Permit Imprints at This or any Other Post Office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
6. Does Your Business Prepare and/or Mail for Other (Third) Parties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									

C. Certification

This application must be signed and submitted to the US Postal Service by a corporate officer or a person within the business with the authority to sign checks.

I hereby certify that all information furnished on this form is accurate and truthful.

Certifying Individual's Signature 	Date <u>6-23-05</u>
Printed Name and Title <u>H.M. Davenport County Judge</u>	Telephone Number <u>()</u>

D. Privacy Act Notice

The collection of this information is authorized by 39 USC 401 and 404. This information will be used to administer postage meter activities. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the US Postal Service is a party or has an interest; to a government agency in order to obtain information relevant to a Postal Service decision concerning employment, security clearances, contracts, licenses, grants, permits, or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the Postal Service to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of Postal Service finances; to a labor organization as required by the National Labor Relations Act; and to disclose to any member of the public the identity and address of user and identity of agent. Completion of this form is voluntary; however, if this information is not provided, you may not receive meter services.



**RISK & INFORMATION ANALYTICS GROUP APPLICATION ADDITIONAL FORM
LAW ENFORCEMENT**

The LexisNexis Risk & Information Analytics Group Application and Agreement (the "Agreement") is amended by this LexisNexis Risk & Information Analytics Group Application Additional Form.

- Add an additional billing account
- New Permissible Purpose Selection
- Add/Change Service

Part 1: (This section must be filled out entirely.)

SECTION A: AGENCY INFORMATION ("AGENCY or Customer")

Agency Name Navarro County - North Texas HIDTA Master Account # 1312574
 Physical Address 8404 Esters Blvd.
 City Irving State Texas Zip 75063
 Telephone 972-915-9552 Agency Web Address don.harris@nthidta.org

Product IP Address

216	109	164	167
-----	-----	-----	-----

Product IP Address Range From

216	109	164	160
-----	-----	-----	-----

 To

216	109	164	175
-----	-----	-----	-----

SECTION B: CUSTOMER ADMINISTRATOR CONTACT INFORMATION

Last Name Harris First Name Don Middle Initial _____
 Title Watch Center Commander Telephone 972-915-9552
 Email Address don.harris@nthidta.org
 *Computer IP Address _____

*For verification purposes, each Customer Administrator must provide one of the three of the following pieces of identified information.

1. First five digits of your Social Security number 464 - 11
2. Full date of birth _____
3. Complete Home Address _____

ADDITIONAL CUSTOMER ADMINISTRATOR CONTACT INFORMATION (Optional)

Last Name _____ First Name _____ Middle Initial _____
 Title _____ Telephone _____
 Email Address _____
 *Computer IP Address _____

*For verification purposes, each Customer Administrator must provide one of the three of the following pieces of identified information.

1. First five digits of your Social Security number _____ - _____
2. Full date of birth _____
3. Complete Home Address _____

Part 2: CREDIT CARD INFORMATION (if you choose to be billed on a credit card, fill out this portion and proceed to Part 4. **If you choose to be billed directly, skip this portion and proceed to Part 3).** LN accepts MasterCard, Visa, and American Express. For security and authentication purposes, LN requires the account holder to provide the address to which the credit card company mails the monthly statement.

Cardholder Name N/A
 Card Number _____ Expiration (MM/YY) _____
 Credit Card Statement Address _____
 City _____ State _____ Zip _____
 Card Type: Master Card Visa American Express

By choosing to have a credit card billed directly by LN, I hereby authorize the members of LN that are providing services to the Agency under this Agreement to bill this credit card for the charges incurred for use of the LN Services. Additionally, I hereby agree that if the credit card company refuses to pay charges incurred for my use of the LN Services I shall be personally responsible for the payment of such charges.

Part 3: DIRECT BILLING INFORMATION (If you choose to be billed directly, fill out this portion and proceed to Part 4.) By submitting this direct billing application, Agency certifies that the individual whose name appears below is authorized to apply for credit

on behalf of the Agency named in this Agreement. Agency certifies that the information provided relating to this credit application is true and complete. Agency hereby grants permission to LN to verify the credit information provided herein.

BILLING CONTACT

Last Name Brandt First Name Steven Title Financial Manager - NT HIDTA
Telephone 972-915-9508 Email Address steven.brandt@nthidta.org
Billing Address 8404 Esters Blvd. Suite 100
City Irving State Texas Zip 75063

Part 4: ADDITIONAL BILLING INFORMATION

Require a P.O. Number on Invoice? No Yes If Yes, provide P.O. Number _____
Sales Tax Exempt No Yes If Yes, provide proof of exemption _____

Part 5: AVAILABLE LN SERVICES

SECTION A: PUBLIC RECORDS PRODUCTS

Accurant	Accurant for LE	InstantID
Accurant for Collections	Accurant for LE Plus	InstantID CIP
Accurant for Government	Accurant for Legal	InstantID Q&A
Accurant for Government Plus	Anti-Money Laundering Solutions	LN Vendor Screening
Accurant for Health Care	ChargebackDefender	RecoverScore
Accurant for Insurance	Collections Solutions	Risk Management Solutions
Accurant for Insurance Plus	FraudDefender	RiskWise Solutions

SECTION B: PUBLIC RECORDS BATCH PRODUCTS

LN Batch _____ NCOA (Must submit PAF)

Accurant Batch

SECTION C: CONSUMER REPORT PRODUCTS

The LN Services described in these Sections C and D constitute Consumer Reports as defined in the Agreement. If Customer selects these Consumer Report services Customer certifies that it will only obtain a Consumer Report for a permissible purpose as defined by the FCRA and similar laws.

Banko Collections Solutions	LexisNexis® Applicant Screening	Specialty Screening
Express Screening **	OneScore	RiskView

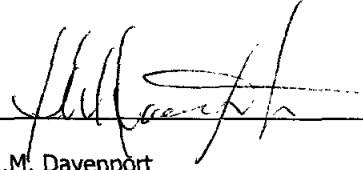
** A non-refundable \$25.00 Account Setup Fee shall be assessed to all Express Screening accounts.

SECTION D: CONSUMER REPORT BATCH PRODUCTS

Banko Batch

AUTHORIZATION AND ACCEPTANCE OF TERMS

I **HEREBY CERTIFY** that I am authorized to execute this LN Agreement for Government Agencies on behalf of the agency listed above, and that the statements I have provided in this Agreement are true and correct. Further, I hereby certify that the Agency agrees to the terms and conditions set forth in this Agreement.

APPLICANT
Signature 
Print Name H.M. Davenport
Title County Judge
Dated 6-23-08 (mm/dd/yy)

AFFIDAVIT SUBMITTED BY
RUBY COKER
NAVARRO COUNTY TREASURER

STATE OF TEXAS

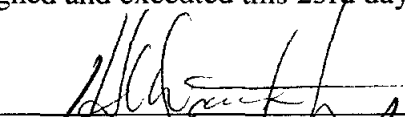
COUNTY OF NAVARRO

Before me, the undersigned authority, on this day personally appeared the following named persons, and after being duly sworn, deposes and says: Honorable H. M. Davenport, Jr., County Judge, Honorable Kit Herrington, Commissioner Pct. #1, Honorable Faith Holt, Commissioner Pct. #2, Honorable William Baldwin, Commissioner Pct. #3, and Honorable James Olsen, Commissioner Pct. 4.

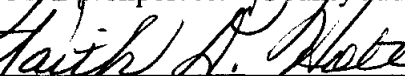
I, Ruby Coker, the Navarro County Treasurer, on this 23rd day of June, 2008 present to the Navarro County Commissioners Court the Monthly Financial Report for the month ending on May 31, 2008 for the court to review and approve. According to the report, Navarro County had cash on hand in the amount of \$1,230,014.08. Also, other assets totaling \$9,703,517.47 are being held by the Treasurer's office. The total interest for all accounts for the month of May, 2008 was \$20,782.18. The total disbursements for the month of May, 2008 were \$2,624,909.52. This report is in compliance with section 114.026 of the Local Government Code, so therefore we hereby execute this affidavit for publication.

With this signed affidavit, We the Commissioners Court, state that the requirements of Subsection (C) have been met with the examination of this report.

Signed and executed this 23rd day of June, 2008.




H. M. Davenport Jr. - County Judge



Faith Holt - Commissioner Pct 2



James Olsen - Commissioner Pct 4

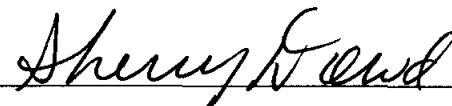


Kit Herrington - Commissioner Pct 1



William Baldwin - Commissioner Pct 3

SWORN AND SUBSCRIBED TO BEFORE ME, this 23rd day of June, 2008 by H. M. Davenport, Jr., Kit Herrington, Faith Holt, William Baldwin, and James Olsen, in their official capacities as the members of the Navarro County Commissioners Court.



Sherry Dowd - Navarro County Clerk

