

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Gulf Data Products
Harlingen, TX United States

Certificate Number:
2016-21659

Date Filed:
03/03/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

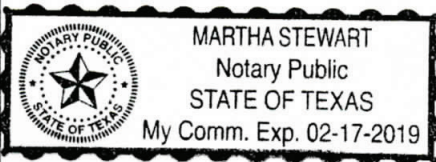
2015-029--5-06-SMA
General Printing Services and Related Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Kevin Kanipe	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

Kevin Kanipe

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Kevin Kanipe, this the 4 day of March, 2016, to certify which, witness my hand and seal of office.

Martha Stewart MARtha Stewart New Accts Supervisor
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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			Controlling	Intermediary
	Kevin, Kanipe	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath