



Hidalgo County Purchasing Department  
2812 S. Business Highway 281  
New Administration Building  
Edinburg, Texas 78539  
(956) 318-2626 / Fax: (956) 318-2629

March 07, 2016

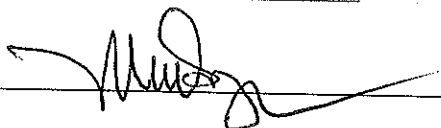
Marin Garza, M.D.  
P. O. Box 180  
Linn, Texas 78563

via email: [docswife722@aol.com](mailto:docswife722@aol.com)

**Re: Renewal/Extension for Contract - C-14-009-04-22 Hidalgo County – Sheriff's Office - "Professional Physician Services"**

Dear Dr. Garza;

Hidalgo County Purchasing Department will be requesting Commissioner's Court to consider the County's sole option to exercise the extension/renewal for the **(First 1<sup>st</sup> Year)** of the additional **Two (2) One (1) Year** periods as provided in the current contract (under the same rates terms and conditions). Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda/meeting of **March 22, 2016** for discussion, consideration and action, by signing below and returning to the Purchasing Department by no later than **Wednesday, March 09, 2016** (or sooner) via email to: [yolanda.velasquez@co.hidalgo.tx.us](mailto:yolanda.velasquez@co.hidalgo.tx.us) so as to meet the agenda request form deadlines.

By: \_\_\_\_\_  


Date: 3/10/16

***Additionally, we are requesting that your company provide an Updated Certificate of Insurance as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statements of Qualifications).***

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626 ext. 4881. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,



Yolanda Velasquez, Buyer III  
Hidalgo County Purchasing Department

cc: department

# 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.**

Marin Garza, MD  
 Linn, TX United States

**Certificate Number:**  
 2016-24958

**Date Filed:**  
 03/11/2016

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

County of Hidalgo Sheriff's Department

**Date Acknowledged:**  
 03/11/2016

**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.**

C-14-009-04-22  
 Medical Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|------------------------------------------|---------------------------------------|--------------|
|   |                          |                                          | Controlling                           | Intermediary |
|   |                          |                                          |                                       |              |
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**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

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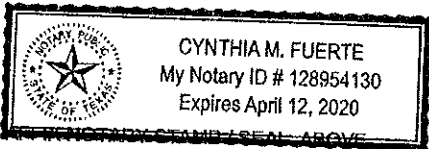
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I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*[Handwritten Signature]*

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 11 day of March, 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

*Cynthia M. Fuerte*  
Printed name of officer administering oath

*[Handwritten Title]*  
Title of officer administering oath