

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.

Galls, LLC
 Lexington, KY United States

Certificate Number:
 2016-114575

Date Filed:
 09/21/2016

Date Acknowledged:
 09/21/2016

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

Hidalgo County

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 services, goods, or other property to be provided under the contract.

306308
 sheriff's department contract

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

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

**STEPHANIE CAIN SULLIVAN
NOTARY PUBLIC
STATE AT LARGE, KENTUCKY
COMM. # 512100
MY COMMISSION EXPIRES MAY 22, 2018**



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rob Hauswald, this the 21st day of September, 2016, to certify which, witness my hand and seal of office.

Stephanie Cain Sullivan Stephanie Cain Sullivan Project Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath