

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.

Justice Works, LLC
Centerville, UT United States

Certificate Number:
2017-161674

Date Filed:
02/02/2017

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

Hidalgo County Public Defender's Office

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

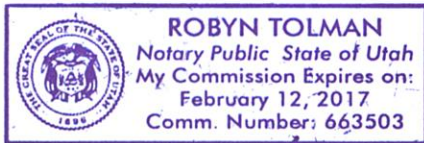
C-17-089-02-07
Custom legal case management software.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Odekirk, Michael	Centerville, UT United States	X	
	Richey, Keith	Centerville, UT United States	X	
	Kerr, Gordon	Centerville, UT United States	X	
	Richey, Carl	Centerville, UT 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.



Craig Richey
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Craig Richey, this the 2nd day of Feb., 2017, to certify which, witness my hand and seal of office.

Robyn Tolman
Signature of officer administering oath

Robyn Tolman
Printed name of officer administering oath

Notary
Title of officer administering oath

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 Centerville, UT United States

Certificate Number:
 2017-161674

Date Filed:
 02/02/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Higoalco County Public Defender's Office

Date Acknowledged:
 02/03/2017

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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