

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.
RicoH USA, Inc.
McAllen, TX United States

Certificate Number:
2017-164637

Date Filed:
02/09/2017

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

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.

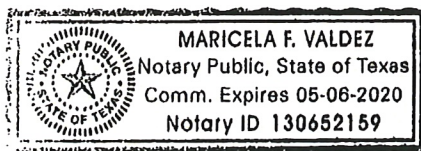
Req #314694
Lease and Service of Ricoh MP5054SP for Recording

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RicoH USA, Inc.	McAllen, 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.



Andrew Colino
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Colino, this the 9th day of February 2017, to certify which, witness my hand and seal of office.

Maricela F. Valdez
Signature of officer administering oath

Maricela F. Valdez
Printed name of officer administering oath

Notary
Title of officer administering oath

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			Controlling	Intermediary
	Ricoh USA, Inc.	McAllen, 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