

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.
Lone Star National Bank
McAllen, TX United States

Certificate Number:
2017-169751

Date Filed:
02/21/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
The County of Hidalgo Texas and Hidalgo County Drainage District No. 1

Date Acknowledged:

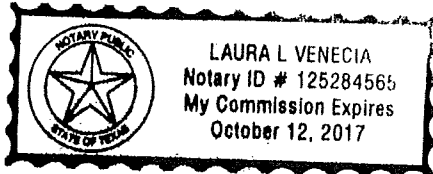
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
E-17-001- & E-17-001A
Depository Service Renewal/Extensions

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--|---------------------------------------|--------------|
| | | Controlling | Intermediary |
| Penoli, David M. | McAllen, TX United States | | X |
| Deanda, Jr., S. David | McAllen, TX United States | | X |
| Lone Star National Bancshares-Texas, Inc. | McAllen, TX United States | X | |
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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.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said individual, this the 21st day of February, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Laura Venecia
Printed name of officer administering oath

Banking Officer
Title of officer administering oath

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| | Penoli, David M. | McAllen, TX United States | | X |
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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