

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.
Malvern, PA United States

Certificate Number:
2017-264130

Date Filed:
09/21/2017

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 # 00358376
Lease and Service of Ricoh MPC4504 for HR

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



Karl Lamb
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karl Lamb, this the 22nd day of September, 2017, to certify which, witness my hand and seal of office.

Virgil Delgado Signature of officer administering oath
Virgil Delgado Printed name of officer administering oath
Notary Public Title of officer administering oath

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CERTIFICATION OF FILING**

Certificate Number:
2017-264130

Date Filed:
09/21/2017

Date Acknowledged:
09/25/2017

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Ricoh USA, Inc.
Malvern, PA United States

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	Ricoh USA, Inc.	Malvern, PA 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