

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.
Texas Cordia Construction, LLC
Edinburg, TX United States

Certificate Number:
2017-272937

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

Date Filed:
10/17/2017

Date Acknowledged:

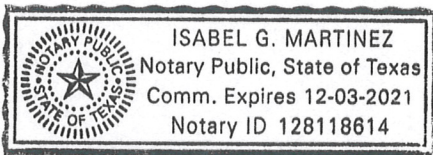
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
C-16-281-11-15
Yuma Ave Extension Project Change Order No. 4

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Heredia, Isaac	Edinburg, TX United States	X	
	Corbitt, Yara	Edinburg, 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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Yara M. Corbitt, PE, CEO, this the 17 day of October, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Isabel G. Martinez
Printed name of officer administering oath

Senior Administrative Assistant
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.

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