

**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.	<b>OFFICE USE ONLY CERTIFICATION OF FILING</b>
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b> ITW Food Equipment Group LLC dba Hobart Service.com McAllen, TX United States	Certificate Number: 2017-278188  Date Filed: 10/31/2017
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b> Hidalgo County Sheriff'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.**

2018-002-10-11-FAZ  
 Kitchen Equipment & Appliances Maintenance and Repair Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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.



VICKI L LADE  
 NOTARY PUBLIC - OHIO  
 MY COMMISSION EXPIRES 08-17-2021  
 RECORDED IN MIAMI COUNTY

*[Signature]*  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said MATT EBERLE, this the 31<sup>ST</sup> day of OCT, 2017, to certify which, witness my hand and seal of office.

Vicki L Lade                      Vicki L Lade                      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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\_\_\_\_\_  
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