

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**

Certificate Number:
 2018-304990

Date Filed:
 01/23/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

The Warren Group Architects, Inc.
 McAllen, TX United States

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, Texas

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.

C17-184-06-27
 Amendment #2 (Design and Construction of Memorial Park Phase I)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Warren, Laura	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Laura Nassri Warren, and my date of birth is October 19, 1968.

My address is 1801 S. 2nd Street Suite 330, McAllen, TX, 78503, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 23rd day of January, 2018.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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 McAllen, TX United States

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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, Texas

Date Acknowledged:
 01/29/2018

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 C17-184-06-27
 Amendment #2 (Design and Construction of Memorial Park Phase I)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Warren, Laura	Mcallen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)