

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.

Commercial Kitchen Parts & Service
McAllen, TX United States

Certificate Number:
2018-304815

Date Filed:
01/23/2018

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 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-17-037-02-21
Kitchen Equipment and Appliances Maintenance & 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.

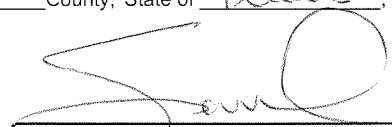
6 UNSWORN DECLARATION

My name is Sarah C. Contreras, and my date of birth is 06/04/1974.

My address is 8522 Morning Grove (street), Converse (city), TX (state), 78109 (zip code), USA (country).

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

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


Signature of authorized agent of contracting business entity (Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2018-304815

Date Filed:
01/23/2018

Date Acknowledged:
01/24/2018

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Commercial Kitchen Parts & Service
McAllen, TX United States

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Hidalgo County

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C-17-037-02-21
Kitchen Equipment and Appliances Maintenance & 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 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)