

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.
RELX, Inc.
Miamisburg, OH United States

Certificate Number:
2018-298150

Date Filed:
01/03/2018

Date Acknowledged:

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

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.
129D6F
LexisNexis Investigative Portal

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Aldenderfer, Andrew	Miamisburg, OH United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Josh Roslan, and my date of birth is 5-1-1990.

My address is 9443 Springboro Pike, Miamisburg, OH, 45372, Montgomery
(street) (city) (state) (zip code) (country)

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

Executed in Montgomery County, State of Ohio, on the 1 day of 3, 2018.
(month) (year)

Josh Roslan
Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2018-298150

Date Filed:
01/03/2018

Date Acknowledged:
01/26/2018

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RELX, Inc.
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Aldenderfer, Andrew	Miamisburg, OH 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)