

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.

Sybatech Inc dba Codepal
Springfield, IL United States

Certificate Number:
2018-327742

Date Filed:
03/20/2018

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

Hidalgo County TX

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.

AI-63936
Codepal Software, Analysis, Support, Training

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Lee, Robert	Springfield, IL United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Robert E. Lee Jr, and my date of birth is 2/16/54.

My address is 2709 Johnathon Place, Springfield, IL, 62711, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Sangamon County, State of Illinois, on the 20 day of March, 20 18.
(month) (year)

Robert E. Lee Jr.
Signature of authorized agent of contracting business entity
(Declarant)

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