

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:
 2018-340020

Date Filed:
 04/16/2018

Date Acknowledged:

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

Alvarado Architects & Associates, Inc.
 Donna, 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.

Hidalgo County

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-17-308
 Architectural Services for Precinct 1 Sunset Park Operations Facility

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Alvarado, Jr., Erasmo | Donna, TX United States | X | |
| | Alvarado, III, Erasmo Eli | Donna, TX United States | X | |
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5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Erasmo Eli Alvarado III, and my date of birth is February 02, 1976.

My address is 307 South Main Street, Donna, Texas, 78537, 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 16 day of April, 20 18.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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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)