

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.
 Dana Safety Supply Inc
 LaFeria, TX United States

Certificate Number:
 2018-401142

Date Filed:
 09/07/2018

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 Constable Pct. 1

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.
 Req# 370204
 Emergency vehicle equipment

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 Darrin K. Hope, and my date of birth is 12/14/76.

My address is 2188 Spicer Cv. Memphis TN 38134 US
(street) (city) (state) (zip code) (country)

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

Executed in Shelby County, State of TN, on the 7 day of Sept, 2018.
(month) (year)

Darrin K Hope
 Signature of authorized agent of contracting business entity (Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2018-401142

Date Filed:
 09/07/2018

Date Acknowledged:
 09/20/2018

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 Dana Safety Supply Inc
 LaFeria, TX United States

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 Hidalgo County Constable Pct. 1

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 Req# 370204
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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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)