

AI-67252

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: 2018-416830

Date Filed: 10/19/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business. National CineMedia LLC Centennial, CO 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 Health Department

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. Requisition# 381003 In Theater Advertising-NCM does not collect sales tax

Table with 4 columns: Name of Interested Party, City, State, Country (place of business), and Nature of interest (Controlling/Intermediary). Row 1: Hidalgo Health Department, Hidalgo, TX United States, Controlling (X).

5 Check only if there is NO Interested Party. [ ]

6 UNSWORN DECLARATION

My name is Mark Chandler, and my date of birth is N/A

My address is 6300 Syracuse Way, Suite 300, Centennial, CO, 80111, USA

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

Executed in Arapahoe County, State of Colorado on the 19th day of October, 2018

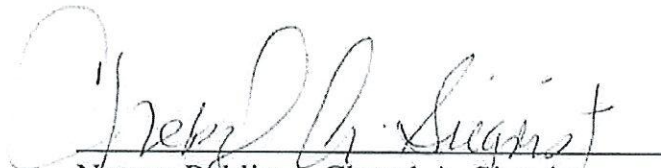
Signature of authorized agent of contracting business entity (Declarant)

STATE OF COLORADO )  
 )ss.  
COUNTY OF ARAPAHOE )

Before me on this 19th day of October, 2018 personally appeared Mark Chandler of National CineMedia, LLC.

WITNESS my hand and official seal.

(SEAL)



Notary Public: Cheryl A. Siegrist

My commission expires: 10/23/19

CHERYL A SIEGRIST  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 19874186003  
MY COMMISSION EXPIRES 10/23/2019

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Certificate Number:  
2018-416830

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National CineMedia LLC  
Centennial, CO 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 Health Department

**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.**

Requisition# 381003  
In Theater Advertising-NCM does not collect sales tax

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hidalgo Health Department	Hidalgo, TX 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)