

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.

Ricoh USA, Inc.
Malvern, PA United States

Certificate Number:
2018-423538

Date Filed:
11/07/2018

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

County of Hidalgo

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.

Req #382463
Lease and Service of Ricoh MPC4504EX for JP4PL2

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ricoh Americas Holdings, Inc.	West Caldwell, NJ United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Karl Lamb, and my date of birth is 11/18/65.

My address is 20728 Kearney Hill Rd, Pflugerville, TX, 78660, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 8th day of October, 2018.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 CERTIFICATION OF FILING**

Certificate Number:
 2018-423538

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Date Acknowledged:
 11/09/2018

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 Ricoh USA, Inc.
 Malvern, PA United States

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 County of Hidalgo

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			Controlling	Intermediary
	Ricoh Americas Holdings, Inc.	West Caldwell, NJ 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)