

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:
2019-461210

Date Filed:
03/07/2019

Date Acknowledged:

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

thyssenkrupp Elevator Corporation
Corpus Christi, 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.

County of Hidalgo

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.

389524
ELEVATOR SERVICE & REPAIRS

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | LAZNOVSKY, GREGORY | LOS FRESNOS, TX United States | | X |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is GREGORY LAZNOVSKY, and my date of birth is July 11th, 1957.

My address is 32674 STATE HWY 100, LOS FRESNOS, TX, 78566, CAMERON
(street) (city) (state) (zip code) (country)

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

Executed in Cameron County, State of TX, on the 7th day of March, 2019.
(month) (year)



Rosa G. Sanchez
Signature of authorized agent of contracting business entity
(Declarant)

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|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | LAZNOVSKY, GREGORY | LOS FRESNOS, TX United States | | X |
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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)