

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.
 Anrige Inc DbA A Clean Portoco
 Harlingen, TX United States

Certificate Number:
 2019-462163

Date Filed:
 03/11/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Anrige Inc DbA A Clean Portoco

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.
 E-18-126-04-03
 Lease and/or Service of Portable Toilets

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 Nancy Perez, and my date of birth is 2-10-54.

My address is P.O. Box 531607, Harlingen, Tx, 78553, USA.
(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 Texas, on the 11th day of March, 2019.
(month) (year)

Nancy Perez
 Signature of authorized agent of contracting business entity
 (Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2019-462163

Date Filed:
03/11/2019

Date Acknowledged:
03/15/2019

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Anrige Inc DbA A Clean Portoco
Harlingen, TX United States

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Lease and/or Service of Portable Toilets

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			Controlling	Intermediary

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)