

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:
2020-585961

Date Filed:
02/07/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Target Specialty Products
Houston, 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.
Hidalgo County

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-20-004A
Renewal / Extension - Purchase of Mosquito Control Chemicals

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Myers, John	Reading, PA United States	X	
	Gelting, Bruce	Reading, PA United States	X	
	Ingall-Tombs, Stuart	Reading, PA United States	X	
	Helt, David	Santa Fe Springs, CA United	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is John Michael Nichols, and my date of birth is 12/12/1968.

My address is 1225 N. Post Oak Rd., Houston, TX, 77055, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 7th day of February, 2020.
(month) (year)

Mike Nichols

Signature of authorized agent of contracting business entity
(Declarant)

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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)