

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.
 Exton, PA United States

Certificate Number:
 2020-582786

Date Filed:
 01/30/2020

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 # 409366
 Lease and Service of 12 Ricoh MP5055SP's for Hidalgo County Health Dept.

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 13640 Briarwick Dr, Ste 120, Austin, TX, 78729, 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 30th day of January, 2020.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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 Exton, PA United States

Certificate Number:
 2020-582786

Date Filed:
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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:
 02/20/2020

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 Req # 409366
 Lease and Service of 12 Ricoh MP5055SP's for Hidalgo County Health Dept.

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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)