

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.

RSP Business Solutions
McAllen, TX United States

Certificate Number:
2020-595015

Date Filed:
03/03/2020

Date Acknowledged:

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

Hidalgo County Office of the Criminal District Attorney Ricardo Rodriguez, Jr.

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.

Requisition no. 406849
Website design and development and website maintenance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Alafa, Sylvia Yvette	McAllen, TX United States		X
	Leal, Irma Linda	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

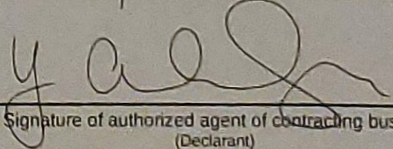
6 UNSWORN DECLARATION

My name is S. Yvette Alafa and my date of birth is 3/13/85

My address is 3827 N. 10th St, Ste 201 McAllen TX 78501
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of TX, on the 20 day of March, 2020
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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 03/20/2020

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	Alafa, Sylvia Yvette	McAllen, TX United States		X
	Leal, Irma Linda	McAllen, TX 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)