

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.
Canon Financial Services
Mt. Laurel, NJ United States

Certificate Number:
2020-614187

Date Filed:
05/01/2020

Date Acknowledged:
05/05/2020

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

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.

DIR-CPO4437
requisition #414226, IRC-5550 III ref# DQM8055 for Hidalgo County Wic requisition #414163 , Ir 6555 III ref# DQM8057 FOR Hidalgo County Wic . address 3105 west University Dr. Edinburg , Tx 7

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 _____, 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)

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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

on behalf of

My name is Joseph Violetti Canon Financial and my date of birth is _____

My address is 158 Gaither Drive Mt. Laurel N.J. 08054 US

(street) (city) (state) (zip code) (country)

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

Executed in Burlington County, State of NJ on the 5th day of May, 20 20

(month) (year)

 Signature of authorized agent of contracting business entity (Declarant)