

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:
2020-614094

Date Filed:
05/01/2020

Date Acknowledged:

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

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

Court Administration, Office of 93rd District Court, Hidalgo County
Requisition # 00413988 on DQM8163

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.

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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 Joseph Violetti (on behalf of Canon Financial Services, Inc.), and my date of birth is _____.

My address is 158 Gaither Drive, Mt. Laurel, NJ, 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, 2020.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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Certificate Number:
2020-614094

Date Filed:
05/01/2020

Date Acknowledged:
05/13/2020

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Canon Financial Services
Mt. Laurel, NJ United States

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Court Administration, Office of

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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)