

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:
 2020-606485

Date Filed:
 04/09/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 The GEO Group, Inc.
 Boca Raton, FL United States

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

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-20-035-ABV
 Placement, Housing, Detention Supervision of Hidalgo County Inmates for the Hidalgo County Sheriff's Office.

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.

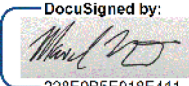
6 UNSWORN DECLARATION

My name is Marcel Maier, and my date of birth is 3/23/1967.

My address is 4955 Technology Way, Boca Raton, FL, 33431, US.
(street) (city) (state) (zip code) (country)

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

Executed in Palm Beach County, State of Florida, on the 9 day of April, 2020.
(month) (year)

DocuSigned by:

 228E9B5E018E411...
 Executive Vice President - Tax
 Signature of authorized agent of contracting business entity (Declarant)

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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.
 The County of Hidalgo, Texas

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 04/16/2020

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			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)