

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

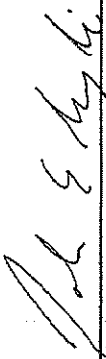
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Geoplant Golden, CO United States	Certificate Number: 2020-643628	Date Filed: 07/13/2020
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 Emergency Management Department	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 416027
 Disaster Management Software

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Sernanko, Ben	Falls Church, VA United States	X	
Maylie, John	Golden, CO United States	X	

5 Check only if there is NO interested Party.

6 UNSWORN DECLARATION
 My name is John Maylie and my date of birth is 12/14/1969
 My address is 2831 Summerfield VA (street) (state) (zip code) (country)
22042 (zip code) USA (country)

I declare under penalty of perjury that the foregoing is true and correct.
 Executed in Fairfax County, State of Virginia, on the 13 day of July, 2020 (month) (year)

 Signature of authorized agent of contracting business entity (Declarant)

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 CERTIFICATION OF FILING**

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Geopliant
 Golden, CO United States

Certificate Number:
 2020-643628

Date Filed:
 07/13/2020

Date Acknowledged:
 07/14/2020

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County of Hidalgo Emergency Management Department

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			Controlling	Intermediary
	Semanko, Ben	Falls Church, VA United States	X	
	Maylie, John	Golden, CO 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)