

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.

PromoUniversal, LLC
Corpus Christi, TX United States

Certificate Number:
2020-653739

Date Filed:
08/05/2020

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

Hidalgo County Health and Human Services

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.

Requisition #: 418838
Disposable Lab Coats

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Anzaldua, Anthony	Corpus Christi, TX United States	X	

5 Check only if there is NO Interested Party.

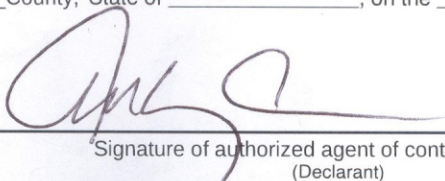
6 UNSWORN DECLARATION

My name is Anthony Anzaldua, and my date of birth is 10/13/1961.

My address is 2741 Swantner St., Corpus Christi, TX, 78404, Nueces.
(street) (city) (state) (zip code) (country)

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

Executed in Nueces County, State of Texas, on the 5 day of August, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 PromoUniversal, LLC
 Corpus Christi, TX United States

Certificate Number:
 2020-653739

Date Filed:
 08/05/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Health and Human Services

Date Acknowledged:
 08/07/2020

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			Controlling	Intermediary
	Anzaldua, Anthony	Corpus Christi, 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)