

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:
2020-661687

Date Filed:
08/27/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Pavement Markings, Inc
Donna, TX United States

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

Hidalgo County

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.

2020-033-09-02-HAG
STRIPING/MARKINGS OF COUNTY ROADS, COUNTY PARKING LOTS, & MISC COUNTY OWNED SITES

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.

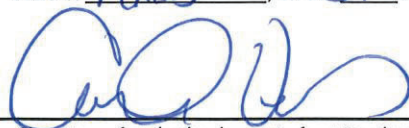
6 UNSWORN DECLARATION

My name is Assandra Villescas, and my date of birth is 01/23/1985.

My address is 2700 Xavier (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 31st day of August, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 CERTIFICATION OF FILING**

Certificate Number:
 2020-661687

Date Filed:
 08/27/2020

Date Acknowledged:
 09/06/2020

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 Pavement Markings, Inc
 Donna, TX United States

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 Hidalgo County

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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)