

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.

Morganti Texas, Inc.
Houston, TX United States

Certificate Number:
2020-671435

Date Filed:
09/24/2020

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, Texas

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.

RFP/Q No 2017-292-A-2-13-R/P
Change Order 55, modifications to Jury Box and Judges Bench Per CPR 32

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rushaidat, Thamer	Danbury, CT United States	X	
	Kummer, Paul	Missouri City, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Paul Kummer, and my date of birth is 01/28/1978.

My address is 2506 River Rose (street), Missouri City TX (city), TX (state), 77459 (zip code), USA (country)

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

Executed in Alameda County County, State of TX, on the 28 day of September, 20 20.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2020-671435

Date Filed:
09/24/2020

Date Acknowledged:
09/29/2020

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Morganti Texas, Inc.
Houston, TX United States

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	Rushaidat, Thamer	Danbury, CT United States	X	
	Kummer, Paul	Missouri City, 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)