

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:
2020-679487

Date Filed:
10/16/2020

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:
10/16/2020

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.
202531
Hand Sanitizer

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 _____, 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)

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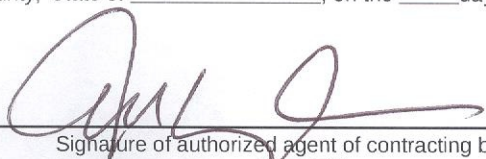
6 UNSWORN DECLARATION

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

My address is 2741 Swantner St., Corpus Christi, Texas 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 16 day of Oct, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)