



Sandra Regalado <sandra.regalado@co.hidalgo.tx.us>

**(no subject)**

1 message

**Victor Garza** <victor.garza@da.co.hidalgo.tx.us> Wed, Nov 4, 2020 at 1:26 PM  
To: patricio avila <patricio.avila@co.hidalgo.tx.us>, Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>, Sandra Regalado <sandra.regalado@co.hidalgo.tx.us>, Tony Barco <antonio.barco@co.hidalgo.tx.us>, Robert Vina <robert.vina@da.co.hidalgo.tx.us>

Mr. Avila,

Our office has reviewed the professional services agreement, work authorization, and Form 1295 between the UCP and SAMES, and at this time our office approves as to the form of the agreement.

Please let me know if you have any questions or concerns.

Respectfully,

**Victor M. Garza**  
*Assistant District Attorney*  
Civil Division  
**Office of the Criminal District Attorney**  
Hidalgo County, Texas  
100 East Cano Street  
Edinburg, Texas 78539

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# 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.

SAMES, Inc.  
 McAllen, TX United States

Certificate Number:  
 2020-679974

Date Filed:  
 10/19/2020

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

Hidalgo County Urban County Program

Date Acknowledged:  
 10/20/2020

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.

5020-75-0311-5000-5500-SR  
 Professional Engineering Services for San Juan Street Improvements Project

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 \_\_\_\_\_, 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 Samuel D. Maldonado, and my date of birth is 08/02/1975.

My address is 200 S. 10th St. Suite 1500, McAllen, TX, 78501, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 19 day of October, 20 20.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)