

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:
 2020-687863

Date Filed:
 11/09/2020

Date Acknowledged:

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

ProSound, Inc. dba MOOD
 Harlingen, 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.

#00423870

Purchase and installation of Door Hardware such as Automatic Door Operators and Access Control among various Hidalgo County Bldgs.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Cavazos, Sharon	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Dr. Sharon Cavazos, and my date of birth is 12/10/62.

My address is 26850 Park Lane (street), Harlingen (city), TX (state), 78552 (zip code), USA (country).

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

Executed in Cameron County, State of Texas, on the 9th day of Nov, 2020.
 (month) (year)

[Signature]
 Signature of authorized agent of contracting business entity
 (Declarant)

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 Harlingen, TX United States

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

Date Acknowledged:
 11/13/2020

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 #00423870
 Purchase and installation of Door Hardware such as Automatic Door Operators and Access Control among various Hidalgo County Bldgs.

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			Controlling	Intermediary
	Cavazos, Sharon	Harlingen, 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)