

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:
2020-686715

Date Filed:
11/05/2020

Date Acknowledged:

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

R E Friedrichs Company
Pharr, 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 TAX OFFICE

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.

423360
TTU1DX 12V DC STANDARD THRU-GLASS 2-WAY ELECTRONIC COMMUNICATOR

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.

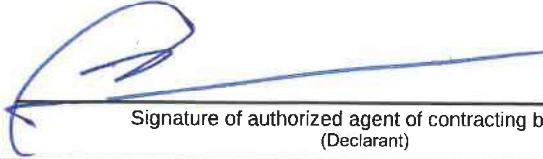
6 UNSWORN DECLARATION

My name is Austin Connor Friedrichs, and my date of birth is 07-19-1991

My address is 4721 Broadway Circle, McAllen, Texas, 78502, 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 5th day of November, 2020
(month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)

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1 of 1

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CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
R E Friedrichs Company
Pharr, TX United States

Certificate Number:
2020-686715

Date Filed:
11/05/2020

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

Date Acknowledged:
11/18/2020

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.
423360
TTU1DX 12V DC STANDARD THRU-GLASS 2-WAY ELECTRONIC COMMUNICATOR

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)