

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.
 Ergon Asphalt & Emulsions, Inc.
 Austin, TX United States

Certificate Number:
 2020-688985

Date Filed:
 11/12/2020

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

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.
 RFB No. 2020-352-JAG
 SS-1 Emulsified Asphalt and Delivery Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is DAVID STROUD, and my date of birth is JANUARY 14, 1955.

My address is 11612 RM 2244, BUILDING 1, SUITE 250, AUSTIN, TEXAS 78738, USA
(street) (city) (state) (zip code) (country)

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

Executed in TRAVIS County, State of TEXAS, on the 18th day of NOVEMBER, 20 20.
(month) (year)

David Stroud

 Signature of authorized agent of contracting business entity
 (Declarant)

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Ergon Asphalt & Emulsions, Inc.
Austin, TX United States

Certificate Number:
2020-688985

Date Filed:
11/12/2020

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

Date Acknowledged:
11/24/2020

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RFB No. 2020-352-JAG
SS-1 Emulsified Asphalt and Delivery Services

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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)