

**CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295**

1 of 1

<p>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.</p>	<p><b>OFFICE USE ONLY CERTIFICATION OF FILING</b></p>
<p>1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Leadership Empowerment Group, LLC. MERCeDEDES, TX United States</p>	<p>Certificate Number: 2020-693225</p>
<p>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County</p>	<p>Date Filed: 11/25/2020</p>
	<p>Date Acknowledged:</p>

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.  
Peject#2020-657  
COVID Work Safe Plan Training

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 Dr. Barbara Baggerly-Hinajosa and my date of birth is 06/21/1968

My address is 1404 S. Missouri Mercedes TX 78570 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 25<sup>th</sup> day of Nov. 2020  
(month) (year)

Dr. Barbara Baggerly-Hinajosa  
Signature of authorized agent of controlling business entity (Declarant)

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**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Leadership Empowerment Group, LLC.  
 MERCedEDES, TX United States

**Certificate Number:**  
 2020-693225

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 Hidalgo County

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 COVID Work Safe Plan Training

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)