

# 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.**  
 The Caprock Group LLC, dba Texas Wilson  
 SAN ANTONIO, TX United States

Certificate Number:  
 2020-685727

Date Filed:  
 11/03/2020

**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. 2020-503-HAG  
 FURNITURE

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Luna, Michael	SAN ANTONIO, TX United States	X	

5 Check only if there is NO Interested Party.

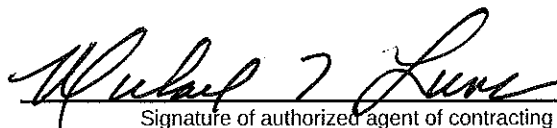
**6 UNSWORN DECLARATION**

My name is MICHAEL T. LUNA, and my date of birth is 5/14/1962.

My address is 12406 WINDING BRANCH, SAN ANTONIO, TX, 78230, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in BEXAR County, State of TEXAS, on the 11 day of NOVEMBER, 2020.  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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**OFFICE USE ONLY  
CERTIFICATION OF FILING**

**Certificate Number:**  
2020-685727

**Date Filed:**  
11/03/2020

**Date Acknowledged:**  
12/01/2020

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The Caprock Group LLC, dba Texas Wilson  
SAN ANTONIO, TX United States

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			Controlling	Intermediary
	Luna, Michael	SAN ANTONIO, 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)