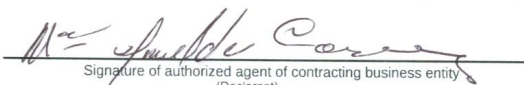


CERTIFICATE OF INTERESTED PARTIES		FORM 1295	
		1 of 1	
<small>Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.</small>		OFFICE USE ONLY CERTIFICATION OF FILING	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Danaby Rentals Edinburg, TX United States	Certificate Number: 2021-706021		
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 Filed: 01/13/2021		
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. A/I 79143 STORAG FACILITY			
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. <input checked="" type="checkbox"/>			
6 UNSWORN DECLARATION My name is <u>Maria Inelda Cuevas</u> and my date of birth is <u>07-06-1958</u> My address is <u>512 W Canton St B Edinburg TX 78539</u> <small>(street) (city) (state) (zip code) (country)</small> I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Edinburg TX</u> County, State of <u>TX</u> on the <u>13</u> day of <u>01</u> , 20 <u>21</u> . <small>(month) (year)</small> <div style="text-align: center; margin-top: 10px;">  Signature of authorized agent of contracting business entity <small>(Declarant)</small> </div>			

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.
 Danaby Rentals
 Edinburg, TX United States

Certificate Number:
 2021-706021

Date Filed:
 01/13/2021

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:
 01/13/2021

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.
 A/I 79143
 STORAG FACILITY

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)