

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:
2020-701252

Date Filed:
12/23/2020

Date Acknowledged:
01/11/2021

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Clarke Mosquito Control Products
St Charles, IL 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 Health & Human Services

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.
2020-544C
mosquito control products

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)

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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6 UNSWORN DECLARATION

My name is Karen Larson, and my date of birth is 10/5/1970.

My address is 2961 Kelly Dr. (Elgin), IL, 60124, Kane.
(street) (city) (state) (zip code) (country)

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

Executed in Kane County, State of Illinois, on the 23 day of Dec., 20 20.
(month) (year)

Karen Larson
Signature of authorized agent of contracting business entity
(Declarant)