

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. Four paws animal hospital Edinburg, TX United States	Certificate Number: 2021-734855
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County Sheriff's Office	Date Filed: 04/06/2021
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.

2021-029
 veterinary services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Four Paws Animal Hospital	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Justin Corelli, and my date of birth is 6-8-73.

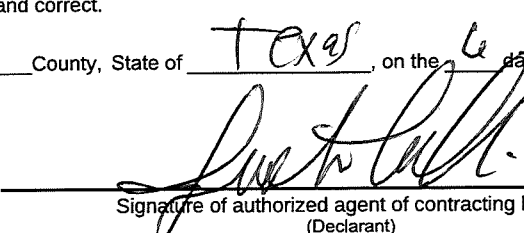
My address is 214 Conquest Blvd, Edinburg, TX, 78539, Hidalgo.

(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 6 day of 4, 2021.

(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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Certificate Number:
2021-734855

Date Filed:
04/06/2021

Date Acknowledged:
04/07/2021

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Four paws animal hospital
Edinburg, TX United States

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2021-029
veterinary services

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			Controlling	Intermediary
	Four Paws Animal Hospital	Edinburg, 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)