

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:
2021-753641

Date Filed:
05/18/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
GOERO International, LLC dba ERO Architects
McAllen, TX 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

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.
C-20-182-06-09
Project #21-0476-JDC A/E Add'l Prof. Serv/MEP

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ochoa, Eli	McAllen, TX United States	X	
	Godinez, Brian	McAllen, TX United States	X	
	Cantu, Octavio	McAllen, TX United States	X	
	Garcia, Gerardo	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Eli R. Ochoa, and my date of birth is 11.17.56.

My address is P.O. Box 720428, McAllen, TX, 78504, 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 18th day of May, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Garcia, Gerardo	McAllen, 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)