

# 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:  
2021-759768

Date Filed:  
06/01/2021

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

HDR Architecture, Inc.  
Dallas, 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-16-141-10-31  
Architectural Services for the Design and Construction of a New Hidalgo Co Courthouse. Amendment 14: Mechanical Screen

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wignall, Douglas S.	Omaha, NE United States	X	
	Anderson, Chad W.	Dallas, TX United States	X	
	Keen, Eric L.	Omaha, NE United States	X	
	Vandevier, Thomas E.	Los Angeles, CA United States	X	
	HDR, Inc.	Omaha, NE United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Chad Anderson, and my date of birth is 1/22/1976.

My address is 8750 N. Central Expressway, Suite 100, Dallas, TX, 75231, US.  
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the 7 day of May, 20 21.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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	HDR, Inc.	Omaha, NE 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)