

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:
2021-781118

Date Filed:
07/20/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CrowderGulf, LLC.
Mobile , AL 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-21-0078c-07-27
Disaster Recovery Services; Debris Clearance, Removal & Other Miscellaneous Related Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ramsay, Lyman M.	Mobile , AL United States	X	
	Ramsay-Naile , Ashley	Mobile , AL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ashley Ramsay-Naile, and my date of birth is 08-29-66.

My address is 5629 Commerce Blvd E, Mobile, AL, 36619, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Mobile County, State of Alabama, on the 20th day of July, 20 21.
(month) (year)

Ashley Ramsay-Naile
Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Ramsay, Lyman M.	Mobile , AL United States	X	
	Ramsay-Naile , Ashley	Mobile , AL 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)