

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:
2021-781752

Date Filed:
07/21/2021

Date Acknowledged:

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

Kofile Technologies, 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.

Req. #430606
Book Preservation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Williams, George	Dallas, TX United States	X	
	Mohn, Jonathan	Dallas, TX United States	X	
	Crosno, Michael	Dallas, TX United States	X	
	Inc., Kofile	Dallas, TX United States	X	
	Slonaker, Sharon	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

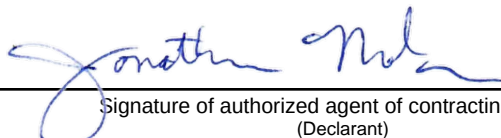
6 UNSWORN DECLARATION

My name is Jonathan Mohn, and my date of birth is 05-02-1966.

My address is 6300 Cedar Springs Road, Dallas, TX, 75235, USA.
(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 21 day of July, 2021.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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	Crosno, Michael	Dallas, TX United States	X	
	Inc., Kofile	Dallas, TX United States	X	
	Slonaker, Sharon	Dallas, 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)