

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.
 Texas Cordia Constrction, LLC
 Edinburg, TX United States

Certificate Number:
 2021-802469

Date Filed:
 09/15/2021

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

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.
 C-19-274-04-07
 Change Order No. 2 - Mile 6 W Road Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Heredia, Isaac	Edinburg, TX United States	X	
	Corbitt, PE, Yara	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

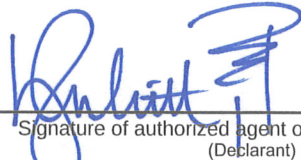
6 UNSWORN DECLARATION

My name is Yara M. Corbitt, PE, CEO, and my date of birth is 11/09/1979.

My address is 3149-A Center Pointe Drive, Edinburg, TX, 78539, 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 15 day of September, 2021.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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Certificate Number:
2021-802469

Date Filed:
09/15/2021

Date Acknowledged:
09/16/2021

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Texas Cordia Constrction, LLC
Edinburg, TX United States

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	Heredia, Isaac	Edinburg, TX United States	X	
	Corbitt, PE, Yara	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)