

# 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.  
RIO GRANDE HAULING LLC  
BROWNSVILLE, TX, TX United States

Certificate Number:  
2021-811714

Date Filed:  
10/12/2021

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Hidalgo County Pct1

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-20-618  
HAULING SERVICES FOR ALL ROAD MATERIAL

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hidalgo County Pct1	Hidalgo , TX United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Fabian de la Garza, and my date of birth is September 13<sup>th</sup>

My address is 1515 Sunshine Rd, Brownsville, TX, 77801, USA  
(street) (city) (state) (zip code) (country)

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

Brownsville County, State of TEXAS, on the 12 day of Oct, 2021.  
(month) (year)



Fabian de la Garza  
Signature of authorized agent of contracting business entity  
(Declarant)

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			Controlling	Intermediary
	Hidalgo County Pct1	Hidalgo , 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)