

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:
2021-818133

Date Filed:
10/28/2021

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
Amendment No. 18 - HCCH - Cafe Proposal (Phase 1)

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 28 day of October, 20 21.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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2021-818133

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Date Acknowledged:
11/01/2021

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	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 _____, 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)