

# 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.

Terracon Consultants, Inc.  
Pharr, TX United States

Certificate Number:  
2021-830778

Date Filed:  
12/08/2021

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.

P88217300  
Environmental Services for Hidalgo County Courthouse Buildings

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Anderson, Tim	Tempe, AZ United States	X	
	O'Grady, Mike	Olathe, KS United States	X	
	Donald, Vic	Baton Rouge, LA United States	X	
	Pavlicek, Bob	Olathe, KS United States	X	
	Moussallem, Maroun	Denver, CO United States	X	
	Packer, Gayle	Olathe, KS United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Jorge A. Flores, P.G., and my date of birth is 10/20/1972.

My address is 1506 Mid Cities Dr., Pharr, TX, 78577, 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 8th day of December, 2021.  
(month) (year)

*Jorge Flores*

Signature of authorized agent of contracting business entity  
(Declarant)

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	Packer, Gayle	Olathe, KS 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)