

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:
 2021-822449

Date Filed:
 11/10/2021

Date Acknowledged:

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

The Caprock Group LLC, dba Texas Wilson
 SAN ANTONIO, 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.

RFB NO. 2020-503-HAG FURNITURE
 TW-CO-003 – Storage Double Handling Fees - Aug-Oct

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	LUNA, MICHAEL	SAN ANTONIO, TX United States	X	

5 Check only if there is NO Interested Party.

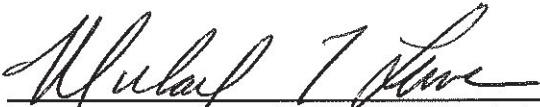
6 UNSWORN DECLARATION

My name is MICHAEL T. LUNA, and my date of birth is 5/14/1962

My address is 12406 WINDING BRANCH SAN ANTONIO, TX 78230 BEXAR
(street) (city) (state) (zip code) (country)

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

Executed in BEXAR County, State of TEXAS, on the 10 day of NOV., 2021.
(month) (year)


 Signature of authorized agent of contracting business entity (Declarant)

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 The Caprock Group LLC, dba Texas Wilson
 SAN ANTONIO, TX United States

Certificate Number:
 2021-822449

Date Filed:
 11/10/2021

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:
 03/31/2022

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 RFB NO. 2020-503-HAG FURNITURE
 TW-CO-003 – Storage Double Handling Fees - Aug-Oct

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			Controlling	Intermediary
	LUNA, MICHAEL	SAN ANTONIO, 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)