

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.
 CrowderGulf, LLC.
 Mobile , AL United States

Certificate Number:
 2022-874881

Date Filed:
 04/18/2022

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.
 22-0251-MGF
 Disaster Recovery Services; Debris Clearance, Removal & Other Miscellaneous Related Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ramsay , Lyman M.	Mobile, AL United States	X	
	Ramsay-Naile , Ashley	Mobile , AL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ashley Ramsay-Naile, and my date of birth is 08-29-66.

My address is 5629 Commerce Blvd E, Mobile, AL, 36619, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Mobile County, State of Alabama, on the 18th day of April, 2022.
(month) (year)

Ashley Ramsay-Naile
 Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Ramsay , Lyman M.	Mobile, AL United States	X	
	Ramsay-Naile , Ashley	Mobile , AL 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)