

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.
DRC Emergency Services, LLC
Galveston, TX United States

Certificate Number:
2022-891200

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 Filed:
05/25/2022

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-21-0078b-07-27
22-0250 Disaster Recovery Services Co. No. C-21-0078b-07-27

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

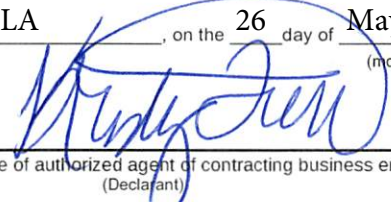
6 UNSWORN DECLARATION

My name is Kristy Fuentes, and my date of birth is 5/31/76.

My address is 111 Veterans Memorial Blvd., Suite 401 Metairie LA 70005 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Jefferson Parish County, State of LA, on the 26 day of May, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2022-891200

Date Filed:
05/25/2022

Date Acknowledged:
06/02/2022

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DRC Emergency Services, LLC
Galveston, TX United States

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			Controlling	Intermediary

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)