

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:
2022-923749

Date Filed:
08/18/2022

Date Acknowledged:
08/18/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
KEEFE COMMISSARY NETWORK, LLC
St. Louis, MO 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.
22-0493
Lobby/Intake Kiosks & Deposit Release Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Keefe Group, LLC	St. Louis, MO 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)

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:
2022-923749

Date Filed:
08/18/2022

Date Acknowledged:

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

KEEFE COMMISSARY NETWORK, LLC
St. Louis, MO 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.

22-0493
Lobby/Intake Kiosks & Deposit Release Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Keefe Group, LLC	St. Louis, MO United States	X	

5 Check only if there is NO Interested Party.

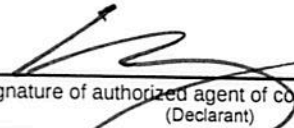
6 UNSWORN DECLARATION

My name is Kevin Myers, and my date of birth is 9/2/72

My address is 3101 MARQUIS DR. (street), GARLAND TX (city), TX (state), 75042 (zip code), USA (country)

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

Executed in Dallas County, State of TX, on the 16 day of Aug, 2022
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)