

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:
2022-927119

Date Filed:
08/26/2022

Date Acknowledged:

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

Kalifa's Western Wear Inc
McAllen, 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.

Kalifa's Western Wear Inc

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.

22-0501-KMG
Hidalgo County WIC Program Lease Space

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

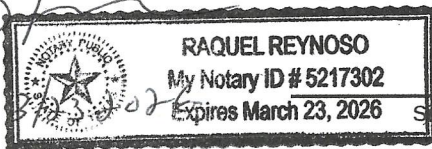
My name is ABDULA KALIFA, and my date of birth is Aug. 30, 1949.

My address is 209 S. 16th. ST. (street), McAllen (city), Texas (state), 78501 (zip code), U.S.A. (country).

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

Executed in August 27, 2022 Hidalgo County, State of TX, on the 27 day of August, 2022.
(month) (year)

Raquel Reynoso
8-27-2022
State of Texas



Abdula Kalifa
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:
 2022-927119

Date Filed:
 08/26/2022

Date Acknowledged:
 08/29/2022

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

Kalifa's Western Wear Inc
 McAllen, 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.

Kalifa's Western Wear Inc

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.

22-0501-KMG
 Hidalgo County WIC Program Lease Space

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 _____, 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)