

# 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.**  
Cardinal Tracking, Inc.  
Lewisville, TX United States

Certificate Number:  
2022-879783

Date Filed:  
04/28/2022

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
HIDALGO COUNTY HIDTA TASK FORCE

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.**

SO75735  
LAW ENFORCEMENT REPORTING WRITING SYSTEM

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cardinal Tracking, Inc.	Lewisville, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Laura Mason, and my date of birth is 11-7-1961.

My address is 5331 Buffalo St, Midlothian, TX, 76065, USA  
(street) (city) (state) (zip code) (country)

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

Executed in Denton County, State of Texas, on the 3 day of August, 2022  
(month) (year)

Laura Mason  
Signature of authorized agent of contracting business entity  
(Declarant)

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Certificate Number:  
2022-879783

Date Filed:  
04/28/2022

Date Acknowledged:  
08/03/2022

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Cardinal Tracking, Inc.  
Lewisville, TX United States

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HIDALGO COUNTY HIDTA TASK FORCE

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cardinal Tracking, Inc.	Lewisville, 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)