

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:
2022-939638

Date Filed:
09/29/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Environmental Systems Research Institute, Inc.
Redlands, CA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
County of Hidalgo

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.
22-0610-KMG Saas GIS subscript
22-0610-KMG Saas GIS subscription

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---------------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Jack and Laura Dangermond Trust | Redlands, CA United States | X | |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Tamisa Greening, and my date of birth is N/A.

My address is 380 New York Street, Redlands, CA, 92373-8100, US.
(street) (city) (state) (zip code) (country)

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

Executed in San Bernardino County, State of California, on the 29th day of Sept., 2022.
(month) (year)

Tamisa Greening

Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
 2022-939638

Date Filed:
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Date Acknowledged:
 10/11/2022

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|---|---------------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Jack and Laura Dangermond Trust | Redlands, CA United States | X | |
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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)