

# 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.**  
BIC Development Corp.  
Edinburg, TX United States

Certificate Number:  
2022-939197

Date Filed:  
09/28/2022

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

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.**  
RFB No. 22-0511-10-05-KMG  
Lease of Office Space - WIC Administration Office

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.**

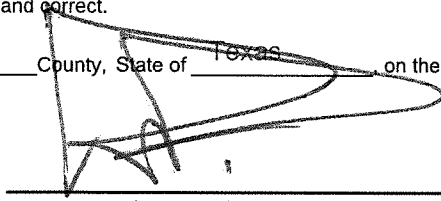
**6 UNSWORN DECLARATION**

My name is Richard A. Garza, and my date of birth is 07/03/1958.

My address is 3910 W. Freddy Gonzalez Dr., Edinburg, TX, 78539, US  
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 30 day of September, 2022.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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CERTIFICATION OF FILING**

**Certificate Number:**  
2022-939197

**Date Filed:**  
09/28/2022

**Date Acknowledged:**  
10/21/2022

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Edinburg, TX United States

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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)