

# 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:  
2022-943073

Date Filed:  
10/11/2022

Date Acknowledged:

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

Skyline EMS INC  
Alton, 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.

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.

RFP No:22-0549-10-12-MEG  
EMERGENCY AMBULANCE SERVICES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hidalgo County	EDINBURG, TX United States	X	

5 Check only if there is NO Interested Party.

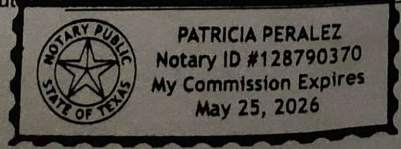
### 6 UNSWORN DECLARATION

My name is Juan Cordero, and my date of birth is 12/19/1974.

My address is 310 E. Main 213 (street), Alton (city), TX (state), 78573 (zip code), Hidalgo (country).

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

Executed on Hidalgo County, State of Texas, on the 31<sup>st</sup> day of October, 2022.  
(month) (year)



*[Signature]*  
Signature of authorized agent of contracting business entity (Declarant)

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**OFFICE USE ONLY  
CERTIFICATION OF FILING**

Certificate Number:  
2022-943073

Date Filed:  
10/11/2022

Date Acknowledged:  
10/28/2022

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

Skyline EMS INC  
Alton, 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.**

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RFP No:22-0549-10-12-MEG  
EMERGENCY AMBULANCE SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County	EDINBURG, 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)