

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.

Appraisal Haus
Edinburg, TX United States

Certificate Number:
2022-960920

Date Filed:
12/04/2022

Date Acknowledged:

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

George Jaime Salazar II D/B/A Appraisal Haus

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.

22-0686
Appraisal/Appraisal Review Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is George J. Salazar II, and my date of birth is 12/07/1974.

My address is 502 W. Kuhn Street, Edinburg, TX, 78541, USA.
(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 4 day of 12, 2022.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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 Appraisal Haus
 Edinburg, TX United States

Certificate Number:
 2022-960920

Date Filed:
 12/04/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 George Jaime Salazar II D/B/A Appraisal Haus

Date Acknowledged:
 12/06/2022

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.
 22-0686
 Appraisal/Appraisal Review Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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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)