

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.

Service Wing Organic Solutions, LLC
Tulsa, OK United States

Certificate Number:
2023-973160

Date Filed:
01/18/2023

Date Acknowledged:

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

Hidalgo County Sheriff's Office

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.

23-0017

Purchase and Installation for storage tanks and accessories. This supersedes certificate 2023-973035.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kurgan, Michael	Miami Beach, FL United States	X	
	Gonzalez, Elisabeth	Miami Beach, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Michael Kurgan

and my date of birth is 8-22-1968

My address is 6538 Collins Ave #288, Miami Beach

FL, 33141, Miami Beach

(street)

(city)

(state)

(zip code)

(country)

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

Executed in Tulsa County,

State of OK, on the 18 day of January, 2023.

(month)

(year)



Notary Public
State of Oklahoma
STEPHON C THOMPSON
TULSA COUNTY
COMMISSION #18005096
Comm. Exp. 05-21-2026

Stephon C Thompson
Signature of authorized agent of contracting business entity
(Declarant)

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 23-0017
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Michael, Kurgan	Miami Beach, FL United States	X	
	Gonzalez, Elisabeth	Miami Beach, FL 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)