

# 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.  
Doggett Freightliner of South Texas, LLC  
Pharr, TX United States

Certificate Number:  
2022-950471

Date Filed:  
10/31/2022

**2** Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Hidalgo County Precinct 4

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.  
22-0551-IVS  
(4) Freightliner SD-108 Dump Trucks

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 Mark Brunnamann, and my date of birth is 12/23/64.  
My address is 3103 N. Cage Blvd, Pharr, TX, 78577, 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 TX, on the 31<sup>ST</sup> day of October, 2022.  
(month) (year)

Mark  
Signature of authorized agent of contracting business entity  
(Declarant)

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**Certificate Number:**  
 2022-950471

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**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Hidalgo County Precinct 4

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 11/01/2022

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 22-0551-IVS  
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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)