

# 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.**

Mallory Safety  
Longview, WA United States

Certificate Number:  
2023-976960

Date Filed:  
01/27/2023

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 Constable

**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.**

466808  
Project #23-0041-IVS (purchase of bullet resistant shields)

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 Lillian McPhee (City), and my date of birth is 5/6/1964.  
My address is 87763 Oak Island Dr. Vanora OR 97487 Love  
(street) (city) (state) (zip code) (country)

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

Executed in Love County, State of Oregon, on the 27 day of January, 2023  
(month) (year)

Lillian McPhee  
signature of authorized agent of contracting business entity  
(Declarant)

