

# 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.

Blue Dot Site & Utilities, LLC.  
 San Juan, TX United States

Certificate Number:  
 2022-958076

Date Filed:  
 11/22/2022

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

Hidalgo County

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.

22-0047  
 Storm drainage installation and site work.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	De Hoyos, Robert	San Juan, TX United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Robert De Hoyos, and my date of birth is 8/4/2001.  
 My address is 306 Zee Dr (street), San Juan (city), TX (state), 78589 (zip code), US (country).

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

Executed in Hidalgo County, State of Texas, on the 22 day of November 2022.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity (Declarant)

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CERTIFICATION OF FILING**

**Certificate Number:**  
2022-958076

**Date Filed:**  
11/22/2022

**Date Acknowledged:**  
12/01/2022

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Blue Dot Site & Utilities, LLC.  
San Juan, TX United States

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			Controlling	Intermediary
	De Hoyos, Robert	San Juan, 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)