CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2023-988480

Date Filed:
02/27/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

TEXAS CHILLER SYSTEMS
CORPUS CHRISTI, TX United States

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

HIDALGO COUNTY

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.

23-0083-VWB
HIDALGO COUNTY "LOS MILAGROS HEALTH CLINIC HVAC UPGRADES"

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. [X]

6 UNSWORN DECLARATION

My name is Noe Salinas Jr, and my date of birth is 07-21-1979.

My address is 520 E 11th St (street), Mission (city), Tx (state), 78572 (zip code), US (country).

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

Executed in Hidalgo County, State of TX, on the 06 day of March (month), 20 23 (year).

Noe Salinas Jr.

Signature of authorized agent of contracting business entity
(Declarant)

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2023-988480

Date Filed:
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Date Acknowledged:
03/06/2023

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HIDALGO COUNTY "LOS MILAGROS HEALTH CLINIC HVAC UPGRADES"

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		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

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)