

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.
Eco Illumination LLC
McAllen, TX United States

Certificate Number:
2023-998329

Date Filed:
03/23/2023

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.
22-0244-06-22-HAG
Provide and install Street Solar lighting for the city of Hargill Texas

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Barbosa, David	Weslaco , TX United States	X	

5 Check only if there is NO Interested Party.

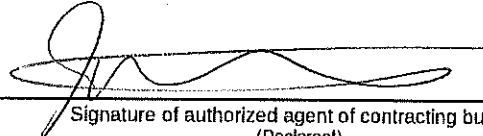
6 UNSWORN DECLARATION

My name is Javier Barbosa, and my date of birth is 01/26/79.

My address is 2520 E Royce Rd, Edinburg, TX, 78542, USA.
(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 23 day of March, 2023.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2023-998329

Date Filed:
03/23/2023

Date Acknowledged:
03/24/2023

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Eco Illumination LLC
McAllen, TX United States

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			Controlling	Intermediary
	Barbosa, David	Weslaco , 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)