

# 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.**

Copy Graphics  
 McAllen, TX United States

Certificate Number:  
 2023-997884

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 Tax Office

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.**

UZX78351-10  
 Canon LC-2050P

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 VANESSA M PEREZ, and my date of birth is 08/15/1982

My address is 1312 Whitewing Ave, McAllen, TX, 78501, WA  
(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 TEXAS, on the 23 day of March, 20 23.  
(month) (year)

*Vanessa M Perez*  
 Signature of authorized agent of contracting business entity  
(Declarant)

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 McAllen, TX United States

**Certificate Number:**  
 2023-997884

**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 Tax Office

**Date Acknowledged:**  
 03/28/2023

**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.**  
 UZX78351-10  
 Canon LC-2050P

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)