

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
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number:
REIM Construction, Inc. Mission, TX United States	2023-1017234
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed:
Hidalgo County Precinct No.3	05/08/2023
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.

2020-294-11-10-HAG
Hidalgo County Pct. 3 Mile 3 N. Project from Tom Gill to FM 492 Change Order No. 06

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.

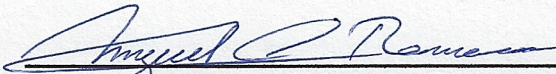
6 UNSWORN DECLARATION

My name is Miguel A. Ramos, and my date of birth is 11/09/1967.

My address is 9612 N Stewart Rd., Mission, TX, 78573, US.
(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 8th day of May, 2023.
(month) (year)


 Signature of authorized agent of contracting business entity
(Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2023-1017234

Date Filed:
 05/08/2023

Date Acknowledged:
 06/01/2023

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 REIM Construction, Inc.
 Mission, TX United States

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 Hidalgo County Precinct No.3

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 2020-294-11-10-HAG
 Hidalgo County Pct. 3 Mile 3 N. Project from Tom Gill to FM 492 Change Order No. 06

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)