

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.

Service Wing Organic Solutions, LLC
Tulsa, OK United States

Certificate Number:
2023-1033182

Date Filed:
06/12/2023

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

Hidalgo County Sheriff's 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.

23-0238
23-0238 Purchase and Installation for Storage Tanks and Accessories

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kurgan, Michael	Miami Beach, FL United States	X	
	Gonzalez, Elisabeth	Miami Beach, FL United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is MICHAEL KURGAN, and my date of birth is 8-22-68

My address is 6538 COLLINS AVE #289, MIAMI BEACH, FL, 33141, USA
(street) (city) (state) (zip code) (country)

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

Executed in TULSA County, State of OK, on the 15 day of JUNE, 2023
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2023-1033182

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06/12/2023

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06/16/2023

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Service Wing Organic Solutions, LLC
Tulsa, OK United States

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	Kurgan, Michael	Miami Beach, FL United States	X	
	Gonzalez, Elisabeth	Miami Beach, FL 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)