

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.
 The 5125 Company
 Edinburg, TX United States

Certificate Number:
 2023-1046717

Date Filed:
 07/17/2023

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Drainage District No. 1

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.
 22-0272-0712
 RIO GRANDE CARE STORM WATER PROJECT

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Espericueta, PAT	Edinburg, TX United States	X	X

5 Check only if there is NO Interested Party.

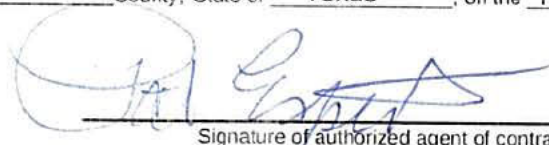
6 UNSWORN DECLARATION

My name is Pat Espericueta, and my date of birth is [REDACTED].

My address is 3914 Rio Grande Care Rd, Edinburg, TX, 78541.
(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 17 day of July, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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2023-1046717

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07/18/2023

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The 5125 Company
Edinburg, TX United States

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22-0272-0712
RIO GRANDE CARE STORM WATER PROJECT

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Espericueta, PAT	Edinburg, TX United States	X	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)