



# 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.**  
LexisNexis Risk Solutions FL Inc.  
Alpharetta, GA 30005 United States

**Certificate Number:**  
2023-1051589

**Date Filed:**  
07/26/2023

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Hidalgo County District Attorney'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.**  
Project 23-0318 Project 23-0318 DIR-LGL-CALIR-01B  
Revised Schedule A for D.Clerks

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RELX U.S. Holdings Inc.	Newton, MA United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

the date of incorporation is

My name is Gaurang Dave, Contracts Manager, and my date of birth is [REDACTED]

My address is 1000 Alderman Drive, Alpharetta, GA, 30005, U.S.A.  
(street) (city) (state) (zip code) (country)

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

Executed in Washington, \_\_\_\_\_ County, State of D.C., on the 2nd day of August, 2023  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)