

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.
SAMES, Inc.
McAllen, TX United States

Certificate Number:
2023-1055443

Date Filed:
08/03/2023

Date Acknowledged:

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

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.

N/A
2022 Sullivan City Street Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Maldonado, Samuel D.	McAllen , TX United States	X	
	Maldonado, Saul D.	McAllen , TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Saul D. Maldonado, and my date of birth is 02/14/1979.

My address is 2036 Arlina Drive, Edinburg, TX, 78542, USA.
(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 3rd day of August, 2023.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
 2023-1055443

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 08/07/2023

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 SAMES, Inc.
 McAllen, TX United States

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 N/A
 2022 Sullivan City Street Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Maldonado, Samuel D.	McAllen , TX United States	X	
	Maldonado, Saul D.	McAllen , TX 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)