

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. Aguaworks Pipe & Supply Brownsville, TX United States	Certificate Number: 2023-1062797
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County Purchasing Department	Date Filed: 08/22/2023 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.

C-22-0437 A-09-20
 "Pipes and Related Miscellaneous Items"

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 Armando Blanco, and my date of birth is .

My address is 2907 N. Central Ave., Brownsville, TX, 78526, USA
(street) (city) (state) (zip code) (country)

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

Executed in Cameron County, State of Texas, on the 22 day of August, 2023.
(month) (year)

Armando Blanco

 Signature of authorized agent of contracting business entity
 (Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2023-1062797

Date Filed:
 08/22/2023

Date Acknowledged:
 08/24/2023

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Aguaworks Pipe & Supply
 Brownsville, TX United States

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

Hidalgo County Purchasing Department

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C-22-0437 A-09-20
 "Pipes and Related Miscellaneous Items"

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)