

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.

CTC Disaster Response, Inc.
Topeka, KS United States

Certificate Number:
2023-1028928

Date Filed:
06/01/2023

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

The County of Hidalgo

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.

RFP 23-0161-06-02-BCJ
Disaster Recovery

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 Greg Gathers, and my date of birth is _____

My address is 3722 SW Spring Creek Ln. Topeka KS 66660 USA
(street) (city) (state) (zip code) (country)

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

Executed in Shawnee County, State of Kansas, on the 1st day of June, 2023
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

