

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**

Certificate Number:
2023-1082457

Date Filed:
10/11/2023

Date Acknowledged:
10/11/2023

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

National CineMedia, LLC
Centennial, CO 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 Department of Health and Human Services

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 23-0410
Immunization Awareness

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)

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.

National CineMedia, LLC
 Centennial, CO United States

Certificate Number:
 2023-1082457

Date Filed:
 10/11/2023

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

Hidalgo County Department of Health and Human Services

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 23-0410
 Immunization Awareness

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 Tiffany Lopo, and my date of birth is [REDACTED].

My address is 9901 Gwendeyln Place, Highlands Ranch, CO, 80129, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Arapahoe County, State of Colorado, on the 11 day of Oct, 20 23.
(month) (year)



Signature of authorized agent of contracting business entity
 (Declarant)