

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.
Terracon Consultants, Inc.
Pharr, TX United States

Certificate Number:
2023-1089291

Date Filed:
10/30/2023

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

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-23-0420-10-31
Work Authorization No 2 for Pct 2 Administration Complex Parking Lot Rehabilitation Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Packer, Gayle	Olathe, KS United States	X	
	Zambo, Vanessa	Olathe, KS United States	X	
	Pavlicek, Bob	Olathe, KS United States	X	
	Moussallem, Maroun	Denver, CO United States	X	
	Donald, Vic	Baton Rouge, LA United States	X	
	Anderson, Tim	Tempe, AZ United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jorge A. Flores, P.G., and my date of birth is [REDACTED].

My address is 1506 Mid Cities Dr., Pharr, TX, 78577, 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 31 day of October, 2023.
(month) (year)

Jorge A. Flores

Signature of authorized agent of contracting business entity
(Declarant)

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	Anderson, Tim	Tempe, AZ 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)