

# 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.**

LexisNexis, a division of RELX Inc.  
Miamisburg, OH United States

**Certificate Number:**  
2023-1095900

**Date Filed:**  
11/17/2023

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

Hidalgo County Law Library

**Date Acknowledged:**  
11/17/2023

**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-23-0447-H.C.  
Law Library-On Line Acct.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RELX PLC	Newton, MA 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)

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RELX PLC	Newton, MA United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Marcy Lisle, and my date of birth is [REDACTED].

My address is 9443 Springboro Pike, Miamisburg, OH, 45342, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Montgomery County, State of Ohio, on the 17 day of November, 2023.  
(month) (year)

Marcy Lisle  
Signature of authorized agent of contracting business entity  
(Declarant)