

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:
 2024-1167227

Date Filed:
 05/28/2024

Date Acknowledged:

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

Foremost Telecommunications Corporation
 Dallas, 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 Health Department

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.

Proj# 23-0150 - SO# 025009-02
 Telecommunications Services Project No. 23-0150 - Service Order No. 025009-02

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 Lawrence F Halcomb, and my date of birth is [REDACTED].

My address is 5757 Alpha Rd, Suite 110, Dallas, TX, 75240, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the 28th day of May, 2024.
(month) (year)

**Lawrence F
 Halcomb**

Digitally signed by Lawrence F Halcomb
 DN: cn=Lawrence F Halcomb, o=Foremost
 Telecom, ou, email=lawrence@foremost.tel, c=US
 Date: 2024.05.28 14:25:28 -05'00'

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.
 Foremost Telecommunications Corporation
 Dallas, TX United States

Certificate Number:
 2024-1167227

Date Filed:
 05/28/2024

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

Date Acknowledged:
 05/29/2024

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.
 Proj# 23-0150 - SO# 025009-02
 Telecommunications Services Project No. 23-0150 - Service Order No. 025009-02

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)