

# 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.**

Kofile Technologies, Inc.  
Dallas, TX United States

Certificate Number:  
2024-1179756

Date Filed:  
06/24/2024

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

Hidalgo County

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.**

24-0209  
Critical Records Management - Preservation of Probate Cases

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kofile, Inc.	Dallas, TX United States	X	
	Crosno, Michael	Dallas, TX United States	X	
	Wilson, Tim	Dallas, TX United States	X	
	Adams, Sharon	Dallas, TX United States	X	
	Strachan, Michael	Dallas, TX United States	X	
	Sutterer, Lucas	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Sharon Adams, and my date of birth is [REDACTED].

My address is 6300 Cedar Springs Road, Dallas, TX, 75235, 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 24th day of June, 2024.  
(month) (year)

*Sharon D Adams*

Signature of authorized agent of contracting business entity  
(Declarant)

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 Dallas, TX United States

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 Hidalgo County

**Date Acknowledged:**  
 07/03/2024

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	Strachan, Michael	Dallas, TX United States	X	
	Sutterer, Lucas	Dallas, TX 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)