

# 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:  
2024-1186840

Date Filed:  
07/12/2024

**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.**

Project No. 24-0230  
Proposal for Mold Remediation of Civil and Criminal Case Files

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 12th day of July, 2024.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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 07/16/2024

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	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)