

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:
2024-1150406

Date Filed:
04/22/2024

Date Acknowledged:

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

Tarpon Towers III, LLC
Lakewood Ranch, FL United States

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

County of Hidalgo

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-20-220-09-29 Lease of Tower
C-20-220-09-29 Lease of Tower Space - Weslaco

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
TTH Holdings, LLC	Lakewood Ranch, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Gaul Duteau, and my date of birth is [REDACTED].

My address is 8916 27th Ter. E. #163, Lakewood Ranch FL 34202, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Navelli County, State of MT, on the 27 day of April, 2024.
(month) (year)

G. Duteau, CFO
Signature of authorized agent of contracting business entity (Declarant)

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 2024-1150406

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 Lakewood Ranch, FL United States

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	TTH Holdings, LLC	Lakewood Ranch, FL 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)