

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.

Bridgepoint Insurance Agency & Permit Center, LLC
McAllen, TX United States

Certificate Number:
2024-1201264

Date Filed:
08/15/2024

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

Hidalgo County Tax Assessor Collector

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.

C-20-063-09-21
Full Service Deputy

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Confie Risk Solutions, LLC	Huntington Beach, CA United States	X	
	Cantu Jr., David Roy	McAllen, TX United States		X
	Martinez, Marivette	McAllen, TX United States		X
	Cantu, David	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is DAVID R. CANTU, and my date of birth is [REDACTED]

My address is 3310 CRYSTAL FALLS AVE, EDINBURG, TX, 78539, USA.
(street) (city) (state) (zip code) (country)

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

Executed in HIDALGO County, State of TEXAS, on the 15 day of AUGUST, 2024.
(month) (year)

David R Cantu
Signature of authorized agent of contracting business entity
(Declarant)

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McAllen, TX United States

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2024-1201264

Date Filed:
08/15/2024

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

Date Acknowledged:
08/28/2024

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C-20-063-09-21
Full Service Deputy

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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	Confie Risk Solutions, LLC	Huntington Beach, CA United States	X	
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	Martinez, Marivette	McAllen, TX United States		X
	Cantu, David	McAllen, 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)