

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.

REIM Construction, Inc. Mission, TX United States

Certificate Number: 2024-1213237

Date Filed: 09/11/2024

Date Acknowledged:

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

Hidalgo County Precinct No.3

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.

2020-294-11-10-HAG Mile 3 N. Road Project From Tom Gill to FM 492 Change Order No. 08

Table with 4 columns: Name of Interested Party, City, State, Country (place of business), and Nature of interest (Controlling/Intermediary). The table is currently empty.

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Miguel A. Ramos, and my date of birth is [REDACTED]

My address is 2439 Carianna Ave., Mission, TX, 78573, USA

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

Executed in HIDALGO County, State of TEXAS, on the 11TH day of September, 2024

Signature of Miguel A. Ramos, Signature of authorized agent of contracting business entity (Declarant)

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2020-294-11-10-HAG
Mile 3 N. Road Project From Tom Gill to FM 492 Change Order No. 08

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)