

# 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.

CTC Disaster Response, Inc.  
 Topeka, KS United States

Certificate Number:  
 2024-1225012

Date Filed:  
 10/09/2024

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.

"C-23-0200C-12-12"  
 "Brush and Vegetative Debris Removal Services"

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 GREG GATHERS, and my date of birth is [REDACTED].

My address is 4011 SW 29th St. #130, TOPEKA, KS, 66610, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in SHAWNEE County, State of KANSAS, on the 9th day of OCTOBER, 20 24.  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
 (Declarant)

