

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:
2024-1242037

Date Filed:
11/21/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Morganti Texas, Inc.
Spring, TX 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, Texas

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.
RFP/Q No. 2017-292-A-2a13R/P
PCO 308 - Additional T&B Work Needed for PHI Testing, PCO 309R1 - Additional Elevator Repairs Needed for Elevators out of Warranty, PCO 310 - Annual Inspections of Systems to Meet Code

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 Frank Gotham, and my date of birth is [REDACTED].

My address is 50 Lufberry Place, Tomball, TX, 77375, US.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 21st day of November, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 PCO 308 - Additional T&B Work Needed for PHI Testing, PCO 309R1 - Additional Elevator Repairs Needed for Elevators out of Warranty, PCO 310 - Annual Inspections of Systems to Meet Code

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)