

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.

Safeware Inc.
 Landover, MD United States

Certificate Number:
 2024-1244345

Date Filed:
 12/02/2024

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

Hidalgo co so

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.

24-0421
 Purchase of Two (2) 2024 RAM 3500 4X4 Trucks

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.

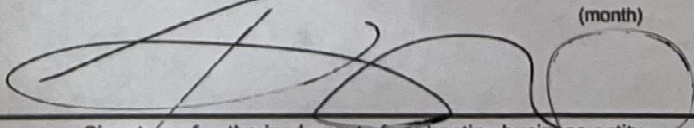
6 UNSWORN DECLARATION

My name is Kenneth Crawford, and my date of birth is [REDACTED]

My address is 225 Dorado st, Georgetown, TX, 70008, USA
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County County, State of Texas, on the 2nd day of December, 2024.
(month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)

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 Landover, MD United States

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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 12/06/2024

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 24-0421
 Purchase of Two (2) 2024 RAM 3500 4X4 Trucks

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)