

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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:
2024-1248115

Date Filed:
12/11/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CBRE, Inc.
Dallas, 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.
Hidalgo County

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.
25-0012
On-Call Professional Appraisal Review Services Professional Valuation & Advisory Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gilyard, Reginald, H.	Dallas, TX United States	X	
	Yajnik, Sanjiv	Dallas, TX United States	X	
	Dhandapani, Chandra	Dallas, TX United States	X	
	Durburg, Jack, E.	Dallas, TX United States	X	
	Giamartino, Emma, E.	Dallas, TX United States	X	
	Kohli, Vikram	Dallas, TX United States	X	
	Queenan, Daniel, G.	Dallas, TX United States	X	
	Boze, Brandon	Dallas, TX United States	X	
	Cobert, Beth, F.	Dallas, TX United States	X	
	Goodman, Shira, D.	Dallas, TX United States	X	
	Hutcheson, E.M. Blake	Dallas, TX United States	X	
	Jenny, Christopher, T.	Dallas, TX United States	X	
	Lopez, Gerado, I.	Dallas, TX United States	X	
	Meaney, Susan	Dallas, TX United States	X	
	Munoz, Oscar	Dallas, TX United States	X	
	Sulentich, Bob	Dallas, TX United States	X	

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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)