

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.

Bryan Williams DBA Advanced Rescue Systems
Caddo Mills, TX United States

Certificate Number:
2024-1239144

Date Filed:
11/14/2024

Date Acknowledged:

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

Hildago County-Urban County Program

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.

50236003155000
Firefighting equipment-rescue tools

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 DeAnna Sonnier and my date of birth is 04/08/1971

My address is 728 Little Acres Rd, Beaumont, Tx, 77705 Jefferson
(street) (city) (state) (zip code) (county)

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

Executed in Jefferson County, State of Texas on the 15th day of November, 2024

DeAnna Sonnier
 Signature of authorized agent of contracting business
(Party)

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 Caddo Mills, TX United States

Certificate Number:
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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.
 Hildago County-Urban County Program

Date Acknowledged:
 11/19/2024

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 Firefighting equipment-rescue tools

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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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)