

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: 2025-1271009 Date Filed: 02/18/2025 Date Acknowledged:
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. VENSER CONTRACTORS LLC EDINBURG, 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 PCT 2	

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-24-0202-08-20
 CHANGE ORDER NO 2: PCT 2 REGIONAL LINEAR PARK

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 Janier Vento, and my date of birth is [REDACTED].
 My address is 10620 Cibolo Dr, Edinburg, TX, 78542, USA.
(street) (city) (state) (zip code) (country)
 I declare under penalty of perjury that the foregoing is true and correct.
 Executed in Hidalgo County, State of Texas, on the 18 day of February, 20 25.
(month) (year)

 Signature of authorized agent of contracting business entity (Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2025-1271009

Date Filed:
 02/18/2025

Date Acknowledged:
 03/14/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 VENSER CONTRACTORS LLC
 EDINBURG, 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 PCT 2

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 C-24-0202-08-20
 CHANGE ORDER NO 2: PCT 2 REGIONAL LINEAR PARK

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)