

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
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. LPJ Family Limited Partnership Edinburg, TX United States	CERTIFICATION OF FILING Certificate Number: 2025-1282291
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County	Date Filed: 03/17/2025 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.
 C-16-108-04-05
 Citizens Collection Station in San Manuel - Hidalgo County PCT.4

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 Vicky I. Flores, and my date of birth is [REDACTED].

My address is 36080 N. Expressway 281 (street), Edinburg (city), TX (state), 78542 (zip code), Hidalgo (country).

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

Executed in Hidalgo County, State of Texas, on the 17 day of March, 2024.
(month) (year)

Vicky I. Flores
 Signature of authorized agent of contracting business entity
(Declarant)

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LPJ Family Limited Partnership
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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)