

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.

CCMA ACCOUNTING AND CONSULTING, INCORPORATED
MILFORD, MI United States

Certificate Number:
2025-1281561

Date Filed:
03/14/2025

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

HIDALGO COUNTY AUDITOR

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.

25-0165
QUICKBOOKS ENTERPRISE SOFTWARE RENEWAL

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	DELAND, GREGORY	MILFORD, MI United States	X	
	INTUIT, INC	MOUNTAIN VIEW, CA United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is GREG DELAND, and my date of birth is [REDACTED].

My address is 4029 WATUGA (street), COMMERCENCE (city), MI (state), 48390 (zip code), (country)

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

Executed in BROWARD County, State of FLORIDA, on the 18 day of MARCH, 2025.
(month) (year)

Greg Deland
Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	DELAND, GREGORY	MILFORD, MI United States	X	
	INTUIT, INC	MOUNTAIN VIEW, CA United States		X

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)