

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:
2025-1282512

Date Filed:
03/17/2025

Date Acknowledged:
03/17/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Artist Ltd
New York, NY 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 Purchasing Department

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.

Project No. 25-0159
Marketing platform

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | rodriguez, michelle | hidalgo, 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)

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1 of 1

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| 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Artlist Ltd New York, NY United States | Certificate Number: 2025-1282512 |
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Project No. 25-0159
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5 Check only if there is NO Interested Party.

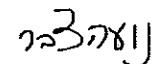
6 UNSWORN DECLARATION

My name is Noa Zabar, and my date of birth is _____.

My address is PO Box 84 (street), Afikim (city), _____ (state), 1514800 (zip code), Israel (country).

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

Executed in Tel Aviv, Israel County, State of _____, on the 31 day of March, 2025.
(month) (year)



 Signature of authorized agent of contracting business entity (Declarant)