

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:
2025-1290294

Date Filed:
04/02/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
C.S.S. Technology, Inc.
Tolar, 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

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-23-0107-05-30
EN-1 Road Stabilizer Material

1 DPH RI , QWHUHVWHG 3DUW\	& LW\ 6WDWH & RXQWU\ \$ ODF (check applicable)	1DWXUH RI LQW HUH V	GLDU
		Controlling	, QWHUPH
Hutchings, Jacob	Tolar, TX United States	X	

& KHFN RQO\ LI WKHUH LV 12 , QWHUHVWHG 3DUW\


6 UNSWORN DECLARATION

My name is Jacob Hutchings, and my date of birth is _____.

My address is 2103 W. Emerald Bend Ct., Granbury, TX, 76049, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Hood County, State of Texas, on the 2 day of April, 2025.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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C-23-0107-05-30
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hutchings, Jacob	Tolar, TX 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)