

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.

37signals LLC
Chicago, IL United States

Certificate Number:
2025-1294704

Date Filed:
04/11/2025

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

Hidalgo County

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.

25-0184
Basecamp 4 Pro Unlimited Subscription Agreement

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 Jillian Pearce, and my date of birth is

My address is 2045 W Grand Ave Ste B, PMB 53289, CHICAGO, IL, 60612, USA
(street) (city) (state) (zip code) (country)

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

Executed in Larimer County, State of CO, on the 11th day of April, 20 25.
(month) (year)

Jillian Pearce
Signature of authorized agent of contracting business entity
(Declarant)

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37signals LLC
Chicago, IL United States

Certificate Number:
2025-1294704

Date Filed:
04/11/2025

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

Hidalgo County Human Resources

Date Acknowledged:
04/16/2025

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.

25-0184
Basecamp 4 Pro Unlimited Subscription Agreement

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)