

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.

Iron Bow Technologies, LLC
 Herndon, VA United States

Certificate Number:
 2025-1294653

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.

25-0221
 Value Added Reseller - Information Technology (IT) Products Professional Information Technology (IT) Services Provider

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Iron Bow Technologies, LLC	Herndon, VA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ann Nguyen, and my date of birth is [REDACTED].

My address is 24096 Hutchinson Farm Dr (street), Sterling (city), VA (state), 20166 (zip code), USA (country).

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

Executed in Loudoun County, State of Virginia, on the 11th day of April, 2025.
 (month) (year)


 Signature of authorized agent of contracting business entity (Declarant)

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2025-1294653

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Iron Bow Technologies, LLC
Herndon, VA United States

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Iron Bow Technologies, LLC	Herndon, VA 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)