

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
Walled Lake, MI United States

Certificate Number:
2025-1323747

Date Filed:
06/12/2025

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

Hidalgo County District Attorney

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.

25-0355
QUICKBOOKS ENTERPRISE SOFTWARE ACQUISITION ASSISTANCE

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

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is GREGO DELAND, and my date of birth is 

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

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

Executed in OAKLAND County, State of MI, on the 12 day of JUNE, 20 25.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	DELAND, GREGORY	COMMERCE, MI United States	X	
	INTUIT, INC	MOUNTAIN VIEW, CA United		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)