

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:
 2025-1336992

Date Filed:
 07/15/2025

Date Acknowledged:

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

Terracon Consultants, Inc.
 Pharr, 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 Urban County Program

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.

CFC24-0082
 Archaeological Surveying Services -Precinct No. 4 D.T. Villarreal Colonia Lift Station Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Packer, Gayle	Olathe, KS United States	X	
	Anderson, Timothy	Phoenix, AZ United States	X	
	Anderson, William	Savannah, GA United States	X	
	Roberts, Jeffrey	Houston, TX United States	X	
	Sander, Jason	Cincinnati, OH United States	X	
	Kephart, Jason	Olathe, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jorge A. Flores, P.G., and my date of birth is 10/20/1972.

My address is 1506 Mid Cities Drive, Pharr, TX, 78577, USA.
(city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 15th day of July, 2025.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

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	Sander, Jason	Cincinnati, OH United States	X	
	Kephart, Jason	Olathe, KS 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 _____, _____, _____, _____, _____.
(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)