

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. Environmental Systems Research Institute, Inc. Redlands, CA United States	Certificate Number: 2025-1336643
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 Filed: 07/15/2025
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.

25-0160
 GIS Software Licenses

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Jack and Laura Dangermond Trust	Redlands, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is ALEJANDRA MERINO, and my date of birth is [REDACTED].

My address is 380 New York Street, Redlands, CA, 92373-8100, US.
(city) (state) (zip code) (country)

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

Executed in San Bernardino County, State of California, on the 15th day of July, 2025.
(month) (year)

A. Merino

 Signature of authorized agent of contracting business entity
 (Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2025-1336643

Date Filed:
07/15/2025

Date Acknowledged:
07/29/2025

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Environmental Systems Research Institute, Inc.
Redlands, CA United States

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			Controlling	Intermediary
	Jack and Laura Dangermond Trust	Redlands, CA 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)