

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:
2025-1352710

Date Filed:
08/20/2025

Date Acknowledged:

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

LEES PHARMACY MEDICAL EQUIPMENT
MCALLEN, 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

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.

250-331
REGISTERED PHARMACIST SERVICES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
VELA, DANIEL D.	MCALLEN, TX United States	X	
VELA JR, BALDOMERO	MCALLEN, TX United States	X	
SOLIS, JAIME R.	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.

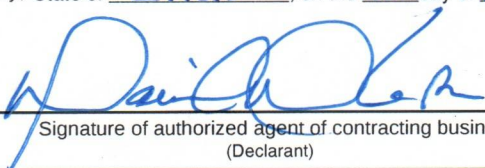
6 UNSWORN DECLARATION

My name is Daniel D. Vela, and my date of birth is [REDACTED]

My address is 1901 South 1st Ste 100, McAllen, TX, 78503, US.
(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 20th day of August, 2025.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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08/21/2025

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MCALLEN, TX United States

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	VELA, DANIEL D.	MCALLEN, TX United States	X	
	VELA JR, BALDOMERO	MCALLEN, TX United States	X	
	SOLIS, JAIME R.	Edinburg, TX 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)