

# 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:  
 2025-1358846

Date Filed:  
 09/04/2025

Date Acknowledged:

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

Data Business Equipment, Inc.  
 Mesquite, TX United States

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

Hidalgo County Tax Office

**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.**

25-0520  
 CCR-1600 Cash Recycler Services and Lease

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Contracting                           | Intermediary |
|   |                          |  |                                       |              |
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**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Debbie Scoggins and my date of birth is [REDACTED]

My address is 3845 Forney Rd; STE B, Mesquite (city), TX (state), 75149 (zip code), USA (country)

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

Executed in Dallas County, State of Texas, on the 9<sup>th</sup> day of September 2025.  
 (month) (year)

Debbie Scoggins  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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25-0520  
CCR-1600 Cash Recycler Services and Lease

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   |                          |  |                                       |              |
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**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)