

# 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:  
 2025-1364953

Date Filed:  
 09/17/2025

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Holt Texas LTD. DBA Holt Cat  
 San Antonio, 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.**  
 County of Hidalgo Health Department

**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.**  
 25-0549  
 25-0549 - Generator Service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Holt , Peter John	San Antonio, TX United States	X	
	Richter, Corinna Holt	San Antonio, TX United States	X	
	Oldham, Cade	San Antonio, TX United States		X

**5 Check only if there is NO Interested Party.**

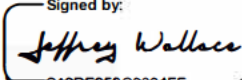
**6 UNSWORN DECLARATION**

My name is Jeffrey Wallace, and my date of birth is                     

My address is 5665 S.E. Loop 410, San Antonio, TX, 78222, USA  
(city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 17th day of September, 20    .  
(month) (year)

Signed by:  
  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity (Declarant)

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	Oldham, Cade	San Antonio, 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)