

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:
2025-1357876

Date Filed:
09/02/2025

Date Acknowledged:

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

GOPE Construction LLC
McAllen, TX 78501, 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.

GOPE Construction LLC

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.

5024-05-0310-5000-0000-UCP-EP
2024 Alamo Water/Sewer Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Perez, Julio	Mission, TX United States	X	X
	Gonzalez, Juan	Hidalgo, TX United States	X	X
	Perez, Luis	Mission, TX United States	X	X

5 Check only if there is NO Interested Party.

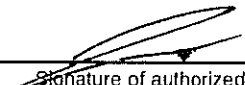
6 UNSWORN DECLARATION

My name is Julio Perez, and my date of birth is 05/24/1988.

My address is 813 N. Main St Ste 512 McAllen, Tx, 78501, 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 2 day of 9, 2025.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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	Perez, Julio	Mission, TX United States	X	X
	Gonzalez, Juan	Hidalgo, TX United States	X	X
	Perez, Luis	Mission, TX United States	X	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)