

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.
KEEFE COMMISSARY NETWORK, LLC
St. Louis, MO United States

Certificate Number:
2025-1367907

Date Filed:
09/24/2025

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Purchasing Department

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.
C-24-0207-10-29
Lobby/Intake Kiosks & Deposit/Release Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Keefe Group, LLC	St. Louis, MO United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is KEVIN MYERS, and my date of birth is [REDACTED]

My address is 1681 ASTER WAY, CELINA TX, 75005, US.
(city) (state) (zip code) (country)

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

Executed in Collin County, State of TX, on the 24 day of 9, 2025.
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2025-1367907

Date Filed:
09/24/2025

Date Acknowledged:
09/26/2025

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KEEFE COMMISSARY NETWORK, LLC
St. Louis, MO United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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C-24-0207-10-29
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Keefe Group, LLC	St. Louis, MO 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)