

# 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:  
 2025-1360908

Date Filed:  
 09/09/2025

Date Acknowledged:

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

PCF Insurance Services of the West, LLC; DBA Montalvo Insurance Agency  
 Weslaco , 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.

25-0362-09-26-03  
 Property & Casualty Insurance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Peter C. Foy & Associates Insurance Services, LLC	Lehi, UT United States	X	

5 Check only if there is NO Interested Party.

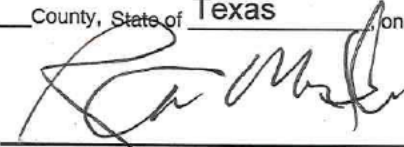
6 UNSWORN DECLARATION

My name is Ramon Montalvo, III and my date of birth is [REDACTED]

My address is 208 S Texas Blvd, Weslaco, TX, 78596, USA  
(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 9th day of September, 2025  
(month) (year)



Signature of authorized agent of contracting business entity  
 (Declarant)

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2025-1360908

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09/09/2025

**Date Acknowledged:**  
11/04/2025

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			Controlling	Intermediary
	Peter C. Foy & Associates Insurance Services, LLC	Lehi, UT 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)