

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:
2025-1391321

Date Filed:
11/19/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Bob Barker Company, Inc.
Fuquay Varina, NC 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.
C-23-0319B-12-12
Commissary Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Barker Jr. , Robert	Raleigh, NC United States	X	
	Johns, Nancy	Cary, NC United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ryan McNeill, and my date of birth is [REDACTED].

My address is 7925 Purfoy Road, Fuquay Varina, NC, 27526, US.
(city) (state) (zip code) (country)

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

Executed in Wake County, State of NC, on the 19th day of November, 2025.
(month) (year)

Ryan McNeill
Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Barker Jr. , Robert	Raleigh, NC United States	X	
	Johns, Nancy	Cary, NC 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)