

# 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.	<b>OFFICE USE ONLY</b>
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b>	<b>CERTIFICATION OF FILING</b>
BM Benchmark Construction LLC Mcallen, TX United States	Certificate Number: 2026-1438951
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b>	Date Filed: 03/26/2026
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-24-0253-04-29  
 Hidalgo Health Clinic

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hidalgo County Precint 2	Edinburg, TX United States	X	

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

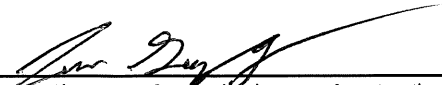
**6 UNSWORN DECLARATION**

My name is Javier Gonzalez, and my date of birth is [REDACTED].

My address is 1301 E. Omeasa, San Juan, TX, 78589, U.S.  
(city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of TX, on the 26 day of March, 2026.  
(month) (year)

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

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**Certificate Number:**  
2026-1438951

**Date Filed:**  
03/26/2026

**Date Acknowledged:**  
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BM Benchmark Construction LLC  
Mcallen, TX United States

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C-24-0253-04-29  
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			Controlling	Intermediary
	Hidalgo County Precint 2	Edinburg, 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)