CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2026-1481545

Date Filed:
06/24/2026

Date Acknowledged:

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

AccuSourceHR, Inc.
Phoenix, AZ United States

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

County of Hidalgo

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-20-644-03-23
Background screening (Addendum No. 2 to agreement C-20-644-03-23)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
PeopleWorks Holdings, LLC	Phoenix, AZ United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Dan Filby, and my date of birth is [redacted].

My address is 11811 N. Tatum Blvd. Suite 3090, Phoenix (city), AZ (state), 85028 (zip code), USA (country).

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

Executed in Maricopa County, State of Arizona, on the 27 day of June (month), 20 26 (year).

Dan Filby

Signature of authorized agent of contracting business entity
(Declarant)

Document Ref: 5USA9-XE6CX-JGRGF-HX9FC

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Certificate Number:
2026-1481545

Date Filed:
06/24/2026

Date Acknowledged:
06/29/2026

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Phoenix, AZ United States

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4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
PeopleWorks Holdings, LLC	Phoenix, AZ 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)