

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.

Quality Merchant Services Inc - Powered by Expitrans and SumUp
Garland, TX United States

Certificate Number:

2026-1414613

Date Filed:

01/30/2026

Date Acknowledged:

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.

26-0053

POS System for HC Pct 1 Wellness Activity Community Center

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Jerome Zhu, and my date of birth is [REDACTED].

My address is 2819 Crystal Falls Dr., Garland, TX 75044 Dallas
(city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the Jan day of 2026
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Quality Merchant Services Inc
Garland, TX United States

Certificate Number:
2026-1414613

Date Filed:
01/30/2026

Date Acknowledged:
07/10/2026

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Hidalgo County

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26-0053
POS System for HC Pct 1 Wellness Activity Community Center

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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)