

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.

Xin Guo
Galt, CA United States

Certificate Number:
2026-1491798

Date Filed:
07/21/2026

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 - WIC

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-23-0257-09-26
Lease of Office Space-City of Alton (East)

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 Xin Guo, and my date of birth is [REDACTED].

My address is 1005 Trafalgar Cir, Galt, CA, 95632, Sacramento.
(city) (state) (zip code) (country)

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

Executed in Sacramento County, State of California, on the 21 day of July, 2026.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Xin Guo
Galt, CA United States

Certificate Number:
2026-1491798

Date Filed:
07/21/2026

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07/27/2026

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

Hidalgo County - WIC

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C-23-0257-09-26
Lease of Office Space-City of Alton (East)

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)