

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.

Adaptive Access Construction LLC
Palmhurst , TX United States

Certificate Number:
2026-1511920

Date Filed:
09/04/2026

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

Adaptive Access Construction LLC

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.

26-0482-PRV
"Project NO. 26-0482-PRV,Housing Repairs for Veterans (G.O.)."

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. ☒

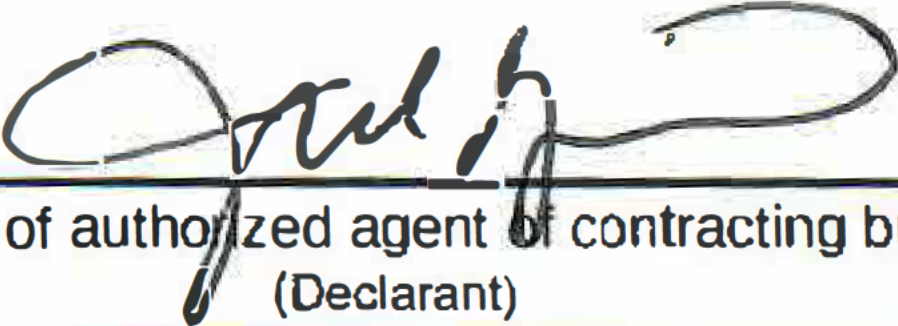
6 UNSWORN DECLARATION

My name is Joel A. Aguirre, and my date of birth is [REDACTED]

My address is 4205 Loriemark Drive, Palmhurst, Tx, 78573, USA
(city) (state) (zip code) (country)

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

Executed in HIDALGO County, State of Texas, on the 4 day of September, 2026
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Adaptive Access Construction LLC
Palmhurst , TX United States

Certificate Number:
2026-1511920

Date Filed:
09/04/2026

Date Acknowledged:
09/08/2026

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

Adaptive Access Construction LLC

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26-0482-PRV
"Project NO. 26-0482-PRV,Housing Repairs for Veterans (G.O.)."

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)