

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.

CTC Disaster Response Inc.
Fayette, MO United States

Certificate Number:
2026-1504110

Date Filed:
08/18/2026

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, TX

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.

23-0161
Disaster Recovery Services Debris Clearance, Removal, and Other Miscellaneous Related Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Britton, Jeremy	Alexander City , AL United States	X	
	Watkins, Marc	Mobile, AL United States	X	
	Marino, Olivia	Metairie, LA United States	X	
	Sunderland, Joseph	Fayette, MO United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Olivia Marino, and my date of birth is

My address is 4051 Veterans Memorial Blvd, Metairie, LA, 70002, USA
Suite 408 (city) (state) (zip code) (country)

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

Executed in Jefferson Parish County, State of Louisiana, on the 3rd day of September, 20 26.
(month) (year)

Olivia Marino

Signature of authorized agent of contracting business entity
(Declarant)

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	Marino, Olivia	Metairie, LA United States	X	
	Sunderland, Joseph	Fayette, MO 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)