

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.

Curative Labs, Inc.
 San Dimas, CA United States

Certificate Number:
 2020-683831

Date Filed:
 10/28/2020

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

Hidalgo County Health and Human Services

Date Acknowledged:
 10/29/2020

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-20-609
 Covid-19 testing service

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 _____, _____, _____, _____, _____.
(street) (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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295
1 of 1

Complete box 1, 4 and 6 if there are interested parties.
Complete box 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATE OF FILING

1. Name of business entity filing form, and the city, state and country of the business entity's place of business.
Crescent Labs Inc
San Dimas, CA United States

Certificate Number:
2020-685271

2. Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Health and Human Services

Date Filed
11/02/2020

3. Provide the identification number used by the governmental entity of 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.
COVID-19 Testing

Date Acknowledged:

4	Name of Interested Party	City, State, County (place of business)	Nature of Interest (check applicable)	
			Controlling	Immediate

5. Check only if there is NO interested party.

UNSWORN DECLARATION

My name is Lucia M. Wilk and my date of birth is 6/14/75

My address is 430 S. Central San Dimas CA 91773 CA

I declare under penalty of perjury that the foregoing is true and correct.
Executed in Los Angeles County, State of CA on the 2nd day of November 2020

Signature of authorized agent of contracting business entity

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3.6a.0176