

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.
Park Place Recreation Designs, Inc.
San Antonio, TX United States

Certificate Number:
2023-1102957

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County Precinct 4

Date Filed:
12/11/2023

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.
BuyBoard Contract #679-22
23-0488 Linn-San Manuel Inclusive Play System

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Ahrens, Andrew | San Antonio, TX United States | X | |
| | Ahrens, Marilyn | San Antonio, TX United States | X | |
| | Ahrens, Robert | San Antonio, TX United States | X | |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Marilyn Ahrens and my date of birth is [REDACTED]

My address is 4225 Woodburn Dr. San Antonio TX 78218 USA
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 11th day of December, 2023
(month) (year)

Marilyn Ahrens
Signature of authorized agent of contracting business entity
(Declarant)

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| | | | Controlling | Intermediary |
| | Ahrens, Andrew | San Antonio, TX United States | X | |
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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)