

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.
Hellas Construction, Inc.
Cedar Park, TX United States

Certificate Number:
2026-1418250

Date Filed:
02/09/2026

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

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.
Mario Leal Park
Elsa Parks and Recreational Facility Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Smith, Jeff	Cedar Park, TX United States	X	
	Espinosa, Mauricio	Cedar Park, TX United States	X	
	Herrera, Renata	Cedar Park, TX United States	X	
	Fields, Joe	Chattanooga, TN United States	X	
	Dawson, Charles	Cedar Park, TX United States	X	

5 Check only if there is NO Interested Party.

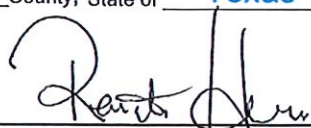
6 UNSWORN DECLARATION

My name is Renata Herrera, and my date of birth is February 14.

My address is 12000 West Parmer Lane, Cedar Park, TX, 78613, USA.
(city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 9th day of February, 20 26.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Herrera, Renata	Cedar Park, TX United States	X	
	Fields, Joe	Chattanooga, TN United States	X	
	Dawson, Charles	Cedar Park, TX 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)