## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|   | Complete Nos. 1 - 4 and 6 if there are interested pa<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interest   | OFFICE USE ONLY CERTIFICATION OF FILING      |                         |                    |  |
|---|--|--|-------------------------|--------------------|--|
| 1 | Name of business entity filing form, and the city of business.   | Certificate Number:<br>2016-30313            |                         |                    |  |
|   | Crafco Texas, Inc.<br>San Antonio , TX United States   | Date Filed:                                  |                         |                    |  |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is  |  | 03/23/2016              |                    |  |
|   | being filed.   |  | Date Acknowledged:      |                    |  |
|   | Williamson County  | 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 goods or services to be provided under the contract. |  |                         |                    |  |
|   | 14IFB00215   |  |                         |                    |  |
|   | Rubber Asphalt Crack Sealer  |  |                         |                    |  |
| 4 | Name of Interested Party   | City, State, Country (place of business)     |                         | (check applicable) |  |
|   |  |  | Controlling             | Intermediary       |  |
|   |  |  |                         |                    |  |
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|   |  | V 44 8                                       | 2                       | 35                 |  |
| 5 | Check only if there is NO Interested Party.  | X  |                         |                    |  |
| 6 | FFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  |  |                         |                    |  |
|   | ANA B. ORTIZ MY COMMISSION EXPIRES NOVEMBER 17, 2019  Signature of authorized agent of contracting business entity   |  |                         |                    |  |
|   | AFFIX NOTARY STAMP / SEAL ABOVE  |  |                         |                    |  |
|   | Sworn to and subscribed before me, by the said   |  |                         |                    |  |
|   | 20, to certify which, witness my hand and seal of office.  |  |                         |                    |  |
|   | an.  |  | Verior 14971            |                    |  |
|   | Ma D. Olling   |  | cts Payable             | etaring eath       |  |
|   | Signature of officer administering oath  | Printed name of officer administering oath T | tile of officer adminis | stering datri      |  |