

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.

HUSKY TRUCKING LLC
GEORGETOWN, TX United States

Certificate Number:

2023-1095659

Date Filed:

11/16/2023

Date Acknowledged:

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

WILLIAMSON COUNTY

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.

IFB #23IFB109 Hauling Services
HAULING SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	NIAGRA CONSULTING INC	WARMINSTER ONTARIO Canada		X

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Hector Carillo, and my date of birth is [REDACTED].

My address is 311 Richard Rd, Georgetown, TX, 78626, USA.
(street) (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 16 day of November, 2023.
(month) (year)

Hector Carillo

Signature of authorized agent of contracting business entity
(Declarant)

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HUSKY TRUCKING LLC
GEORGETOWN, TX United States

Certificate Number:
2023-1095659

Date Filed:
11/16/2023

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

WILLIAMSON COUNTY

Date Acknowledged:
12/04/2023

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.

IFB #23IFB109 Hauling Services
HAULING SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	NIAGRA CONSULTING INC	WARMINSTER ONTARIO Canada		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 _____, _____, _____, _____, _____.
(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)