

# 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.

Facilities Resource, Inc.  
Cedar Park, TX United States

Certificate Number:  
2023-1104434

Date Filed:  
12/14/2023

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

Williamson County, Texas

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.

202498  
Replacement Furniture

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Teinert Ross, Margaret	Georgetown, TX United States	X	
	Ross, Darren	Georgetown, TX United States		X
	Ornelas, Cynthia	Cedar Park, TX United States		X
	Ornelas, Robert	Cedar Park, TX United States		X

5 Check only if there is NO Interested Party.

☐

### 6 UNSWORN DECLARATION

My name is Margaret Teinert Ross, and my date of birth is [REDACTED]

My address is 304 VP Ranch Drive, 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 14th day of Dec., 20 23.  
(month) (year)

**Margaret Teinert Ross**

Digitally signed by Margaret Teinert Ross  
DN: cn=Margaret Teinert Ross, o=Facilities Resource, Inc., ou, email=mtelnert@frl-texas.com, c=US  
Date: 2023.12.14 11:12:11 -06'00'

Signature of authorized agent of contracting business entity  
(Declarant)

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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)