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	of business.	Certificate Number: 2023-1106799						
^	MA Smith Contracting Co., Inc Austin, TX United States	Date Filed: 12/22/2023						
2	Name of governmental entity or state agency that is a party to the being filed. Williamson County, Texas Purchasing Dept	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. 24IFB19 CR 138 RIGHT5 TURN LANE AT SH130 project							
4	Name of Interested Party	City, State, Country (place of busine	20 D 20 D	Nature of interest (check applicable)				
_			Controlling	Intermediary				
_								
_								
5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION							
	My name is, and my date of birth is							
	My address is							
Executed in								
	(month) (year)							
	Signature of authorized agent of contracting business entity							
	(Declarant)							

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.			Certificate Number: 2023-1106799				
	MA Smith Contracting Co., Inc		202	13-1100799				
	Austin, TX United States		Date	e Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is			12/22/2023				
	being filed.	Dot	Data Asknowledged					
	Williamson County, Texas Purchasing Dept			Date Acknowledged: 12/27/2023				
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.							
	24IFB19							
	CR 138 RIGHT5 TURN LANE AT SH130 project							
4				Nature of interest				
	Name of Interested Party City, State, Country (place o		usiness)	(check ap				
				Controlling	Intermediary			
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 correc	at.						
	Executed inCounty	y, State of . on	the	day of	, 20 .			
		,	-	(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							