



Attachment 8

Form 1295

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.**

Brymer Communication Services, LLC dba BryComm, LLC
Hutto, TX United States

Certificate Number:
2023-1085655

Date Filed:
10/20/2023

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.

23RFP111
Installation of outside fiber

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Brymer Communication Services, LLC	Hutto, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Michael Bencivenga, and my date of birth is [REDACTED].

My address is 1308 Alpine Mountain Dr., Leander, TX, 78641, 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 30th day of October, 2023.
(month) (year)

Michael Bencivenga

Digitally signed by Michael Bencivenga
DN: C=US, E=mike.bencivenga@brycomm.com,
O=BryComm, OU=Estimating, CN=Michael Bencivenga
Date: 2023.10.30 12:16:05-05'00'

Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Brymer Communication Services, LLC	Hutto, 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 _____, _____, _____, _____, _____.
(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)