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 | y and a second s | Certificate Number: | | | | | | | |
| | of business. Landesign Services, Inc. | 2024-1120062 | | | | | | | |
| | Liberty Hill, TX United States | Date Filed: | | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | 02/05/2024 | | | | | | | |
| | being filed. Williamson County | Date Acknowledged: | | | | | | | |
| | and the first test for the control of the control o | 200 (200 (200 (200 (200 (200 (200 (200 | | | | | | | |
| 3 | description of the services, goods, or other property to be provided | the identification number used by the governmental entity or state agency to track or identify the contract, and provide a tion of the services, goods, or other property to be provided under the contract. | | | | | | | |
| | 24RFSQ13 | | | | | | | | |
| | Professional Surveying Services | | | | | | | | |
| 4 | | | Nature of | | | | | | |
| | Name of Interested Party | City, State, Country (place of busine | Control of the Contro | | | | | | |
| | | | Controlling | Intermediary | | | | | |
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| 5 Check only if there is NO Interested Party. | | | | | | | | | |
| 6 | UNSWORN DECLARATION | | 1971 19 | n | | | | | |
| | My name is Brandy Tabor and my date of birth is | | | | | | | | |
| | My address is 1035 River Ranch Liberty Hill TY . 78642 . USA . (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 Huday of John (month) (year) | | | | | | | | |
| | Brandertarbone | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |

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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: 2024-1120062 | | | | |
| | Landesign Services, Inc. | | 202 | +-1120002 | | | | |
| | Liberty Hill, TX United States | | | Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | | 02/05/2024 | | | | |
| | being filed. Williamson County | | | Date Acknowledged: 03/11/2024 | | | | |
| | The standard and a supplemental and | · · · · · · · · · · · · · · · · · · · | | | * 1 | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services. | | ty the c | ontract, and prov | /ide a | | | |
| | 24RFSQ13 Professional Surveying Services | | | | | | | |
| | —————————————————————————————————————— | | | | | | | |
| 4 | | | | 1 | Nature of interest | | | |
| | Name of Interested Party City, State, Country (place of busi | | iness) | (check ap | | | | |
| | | | | Controlling | Intermediary | | | |
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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) | | , (state) | (zip code) | (country) | | | |
| | . , | | • | | ` - | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | |
| | Executed inCounty | y, State of, on the | e | | | | | |
| | | | | (month) | (year) | | | |
| | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | |