

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:
2024-1134037

Date Filed:
03/12/2024

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, Texas

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.

24098A
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 [REDACTED] 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 12 day of March, 20 24
(month) (year)

**Margaret Teinert
Ross**

Digitally signed by Margaret Teinert Ross
DN: cn=Margaret Teinert Ross, o=Facilities Resource,
Inc., ou, email=mteinert@fri-texas.com, c=US
Date: 2024.03.12 16:49:19 -05'00'

Signature of authorized agent of contracting business entity
(Declarant)

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	Ornelas, Robert	Cedar Park, 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)