CERTIFICATE OF INTERESTED PARTIES

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested par	ties.		OFFICE US	E ONI V			
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Knight Restoration Hutto, TX United States			ificate Number:	· O. I ILII4			
				2024-1180509				
2				Filed:				
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Williamson County, Texas			25/2024				
				Date Acknowledged:				
3	Provide the identification number used by the government of the continue	the c	ontract and					
	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. 355 Texas Ave.							
	Sealant at hardie board							
	- Salari at Hardie Board							
ı								
	Name of Interested Party City, State, Country (p		place of business		Nature of interest			
		The state of public	200)	(and a product)				
				Controlling	Intermedia			
_								
				24				
			_					
_								
			-					
_								
C	theck only if there is NO Interested Party.							
	X							
U	NSWORN DECLARATION							
	N							
	y name is Dianna Knight and my date of birth is							
M	y name is Vianna kn. o	, and my date of birth is _						
M	y marrie is Vianna Kn. o	, and my date of bi	rth is _					
	y address is	, and my date of bi	rth is _	L.STI	110			
		Taylor T	()	16574 (7in mda)	US			
M	y address is (street)	Taylor . To (state	()	(zip code)	US (country)			
M	y address is	Taylor . To (state	()	(zip code)	(country)			
M	y address is (street)	(city) (state or of the contract.	(, <u>1</u>		(country)			
My	declare under penalty of perjury that the foregoing is tr	Taylor . To (state	(, <u>1</u>		, 20 24 .			
My	declare under penalty of perjury that the foregoing is trecuted in SHELBY LYNN ROBERTS Notary Public, State of Texas	(city) (state or of the contract.	(, <u>1</u>	y of June	(country) 20 24. (year)			
M	declare under penalty of perjury that the foregoing is tracecuted in SHELBY LYNN ROBERTS Netary Public, State of Texas Comm. Expires 08-12-2026	(city) (state or of the contract.	(, <u>1</u>	y of June	, 20 24 .			
M	declare under penalty of perjury that the foregoing is trecuted in SHELBY LYNN ROBERTS Notary Public, State of Texas	(city) (state or of the contract.	5 day	y of June	, 20 24 .			

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY				
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			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: 2024-1180509				
	Knight Restoration							
	Hutto, TX United States			ite Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form	is Uo	5/25/2024				
	Williamson County, Texas			te Acknowledged:				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the services.		identify the	contract, and prov	vide a			
	355 Texas Ave.							
	Sealant at hardie board							
4	_				Nature of interest			
	Name of Interested Party City, State, Country (place of bus		f business	(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			_,	,·			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	/, State of,	on the	day of	, 20			
				(month)				
		Signature of authorized agen	t of contrac	ting business entity				
	(Declarant)							