

# 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

Certificate Number:  
2024-1189058

Date Filed:  
07/18/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Capital Excavation Co  
Buda, TX United States

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.

24IFB59

CONSTRUCTION OF EASTBOUND FRONTAGE ROAD CONSISTING OF GRADING, FLEXBASE, APSPHALT PAVEMENT, SHARED USE PATH, BRIDGE STRUCTURES, RETAINING WALLS, CULVERTS, STORM SEWER, AND SIGNING AND

PAVEMENT MARKERS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bradley, James E	Buda, TX United States	X	

5 Check only if there is NO Interested Party. ☐

## 6 UNSWORN DECLARATION

My name is James E - Bradley, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) U.S.A. (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hays County, State of Tx., on the 18 day of July, 20 24.  
(month) (year)

James E Bradley C.E.O.  
Signature of authorized agent of contracting business entity  
(Declarant)

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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) (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)