CERTIFICATE OF INTERESTED PARTIES

FORM 1295

L				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 business. RHB	Certificate Number: 2024-1196839					
	Round Rock, TX United States	Date Filed:					
2	Name of governmental entity or state agency that is a party to the being filed.	08/06/2024					
	Williamson County	Date Acknowledged:					
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. 22IFB151						
	Tree Limb Chipping Service						
4	Name of interested Party	City, State, Country (place of busine		f interest oplicable)			
			Controlling	Intermediary			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
ı	· · · · · · · · · · · · · · · · · · ·						
	Executed in Williamson County,	State of <u>Texas</u> , on the <u>I</u>		, 20 54			
	(month) (yéar)						
	Signature of authorized agent of contracting business entity						
	(Declarant)						

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 coun of business.		tificate Number:				
	RHB	202	2024-1196839				
	Round Rock, TX United States		Date Filed:				
2		entity or state agency that is a party to the contract for which the form is			08/06/2024		
	being filed. Williamson County		Dat	e Acknowledged:			
				13/2024			
3	Provide the identification number used by the governmental ent		dentify the	contract, and prov	vide a		
	description of the services, goods, or other property to be provided 22IFB151	ded under the contract.					
	Tree Limb Chipping Service						
4	Name of Interested Party	City State Country (place of	i husinsss)	Nature of interest ess) (check applicable)			
	Name of Interested Party	City, State, Country (place of	business)	Controlling	Intermediary		
					intermedial y		
				+ -			
				+			
5	Check only if there is NO Interested Party. $\hfill \times$						
6	UNSWORN DECLARATION						
	My name is, and my date of birth is						
	My address is			_9	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under nordhi of nevius Meddle ferencies is two and source	-4					
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCount	ty, State of,	on the	_day of	, 20		
				(month)	(year)		
		Ciamatium ofthit	of agretus 11	na huaina			
	Signature of authorized agent of contracting business entity (Declarant)						