CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1207843 Allied Electric Services, Inc. Georgetown, TX United States Date Filed: 08/29/2024 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Williamson County 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. 23RFP11- CC AWARD ITEM #53 ELECTRICAL MAINTENANCE REPAIRS AND INSTALLATION SERVICES "AS NEEDED" Nature of interest 4 Name of Interested Party (check applicable) City, State, Country (place of business) Controlling Intermediary

Signature of authorized agent of contracting business entity

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011		
	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			Certificate Number:			
	of business. Allied Electric Services, Inc.		202	4-1207843			
	Georgetown, TX United States		Date	Filed:			
2		governmental entity or state agency that is a party to the contract for which the form is			08/29/2024		
	veing filed. Williamson County			Date Acknowledged: 08/29/2024			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided						
	23RFP11- CC AWARD ITEM #53						
	ELECTRICAL MAINTENANCE REPAIRS AND INSTALLATION SERVICES "AS NEEDED"						
4				Nature of interest			
	Name of Interested Party City, State, Country (place of busing		iness)	(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.							
	Executed inCounty	y, State of, on th	e		, 20		
		,		(month)	(year)		
		Signature of authorized agent of contracting business entity (Declarant)					