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				
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1219624				
	Jail to Jobs	I						
	Leander, TX United States		Date Filed:					
	Name of governmental entity or state agency that is a party to the contract for which the form is			09/26/2024				
	peing filed.			Date Acknowledged:				
	illiamson County Expo Center			Date Actiowicuyeu.				
3	description of the services, goods, or other property to be provided under the contract.	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.						
	160262							
	Labor							
_		Nature of interest						
4	Name of Interested Party City, State, Country (p	place of busine	ess)	(check applicable)				
				Controlling	Intermediary			
				,				
		-						
			+					
			_					
			\perp					
_	Check only if there is NO between I have							
	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is, a	and my date of birth is						
	My address is							
	(street) J(city)	(sta	ate)	(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 26 day of September, 2024.							
	(month) (year)							
	/ Gely Jual							
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	Leander, TX United States	Leander, TX United States			Date Filed:				
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	being filed. Williamson County Expo Center			Date Acknowledged: 09/26/2024					
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.								
	160262 Labor								
_	Nature of interest								
4	Name of Interested Party City, State, Country (place of busing		siness)	(check applicable)					
				Controlling	Intermediary				
	1								
	-								
	-								
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)		(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	v. State of, on the	ne	day of	. 20				
		,		(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								