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						
E	Name of business entity filing form, and the city, state and country of the business entity's place of business. Randall Fischer			Certificate Number: 2024-1217022 Date Filed: 09/19/2024 Date Acknowledged: 09/26/2024						
2	Salado, TX United States 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. T4520 Farm county property at Heritage Park									
	Name of Interested Party City, State, Country (place of busine			Nature of interest (check applicable) Controlling Intermediary						
			_							
_										
_										
_										
į	Check only if there is NO Interested Party.									
	UNSWORN DECLARATION			T 17	71					
	My address is									
	I declare under penalty of perjury that the foregoing is true and correct. Executed in	/ X on the	30 _{day}	of Sept	20 24					
	Faral Signature of	authorized agent of control (Declarant)	le de la constante de la const		Geni					

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FORM **1295**

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	Randall Fischer			2024-1217022					
	Salado, TX United States		Date Filed:						
2	Name of governmental entity or state agency that is a party to the contract for which the form is			09/19/2024					
	being filed.	Date Acknowledged:							
	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.								
	T4520								
	Farm county property at Heritage Park								
4					ure of interest				
	Name of Interested Party City, State, Country (place of bu		iess)	(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)	(city) (s	state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	y, State of, on the	(day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								