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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number:					
	Falkenberg Construction Co., Inc.				2024-1222728				
	and Prairie, TX United States			Date Filed:					
2	ame of governmental entity or state agency that is a party to the contract for which the form is			10/03/2024					
	eing filed.			Data Asknowledged					
	filliamson County Facilities Management			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.								
	628.24 303-305 MLK REPAVE & STRIPING								
4		Nature of interest							
•	Name of Interested Party	City, State, Country (place of business		(check applicable)					
_			_	Controlling	Intermediary				
Castro, John		Grand Prairie, TX United States		Х	8				
Gomez, Moses		Grand Prairie, TX United States		Х					
Arnold, Chris		Grand Prairie, TX United States		Х					
					N R				
5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION								
	My name is, and my date of birth is								
	My address is	Grand Praine T	X	75050	USA				
(street) (city) (state) (zip code) (country)									
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in DallOS County, State of Texas, on the 3 day of Oct., 20 24 (month) (year)								
	(month) (year)								
	Signature of authorized agent of contracting business entity (Declarant)								

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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_	f business.			2024-1222728				
	Falkenberg Construction Co., Inc. Grand Prairie, TX United States	D	Date Filed:					
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	being filed.		Barra Astronomical and					
	The state of the s			Date Acknowledged: 10/07/2024				
3	Provide the identification number used by the governmental enti	lentify the	the contract, and provide a					
3	description of the services, goods, or other property to be provided			pro-	-140 4			
	628.24							
	303-305 MLK REPAVE & STRIPING							
4	Name of Interested Party City, State, Country (place of b			Nature of interest				
			business	check ap	Intermediary			
	- John John	Crand Drairie TV United C	totoo		intermediary			
Ca	astro, John	Grand Prairie, TX United States		X				
G	omez, Moses	Grand Prairie, TX United S	Х					
Arnold, Chris		Grand Prairie, TX United States		Х				
				-				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	ly name is, and my date of birth is							
	No. address is							
	My address is(street)	(city)	, (state)) (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ıt.						
	Executed inCount	y, State of, o	on the	day of (month)				
				(()/			
		Signature of outherized asset	of contra	ating husiness anti-				
	Signature of authorized agent of contracting business entity (Declarant)							