CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	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 of business.			Certificate Number: 2024-1223306			
	RHB	HB					
	Round Rock, TX United States	Round Rock, TX United States		Date Filed:			
2	lame of governmental entity or state agency that is a party to the contract for which the form is		10/0	10/07/2024			
	being filed. Williamson County		Date	Date Acknowledged:			
	Williamson County			10/07/2024			
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.						
	24IFB72						
	Crack Seal Services						
_		<u> </u>		Nature of interest			
4	Name of Interested Party City, State, Country (place of business)		iness)	(check ap	plicable)		
				Controlling	Intermediary		
					<u></u>		
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	y, State of, on the	e		, 20		
				(month)	(year)		
	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** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1223306 RHB Round Rock, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 10/07/2024 being filed. Williamson County Date Acknowledged: 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. Crack Seal Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO interested Party. Х **6 UNSWORN DECLARATION** Ron Hummel and my date of birth is My address is I declare under penalty of perjury that the foregoing is true and correct. Executed in Williamson County, State of TECK 45 on the 7 day of Signature of authorized agent of contracting business entity (Declarant)