CERTIFICATE OF INTERESTED PARTIES

FORM 1295

| | | | | | 1 01 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 | | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: | | | | |
| | T. Vaughn Construction, LLC | | | 2024-1238226 | | | | |
| | Houston, 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 | | | 11/13/2024 | | | | |
| | being filed. Williamson County, Texas | | | 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. | | | | | | | |
| | #Omnia R200107 Construction Services for Taylor Annex HVAC Fall Protection | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of business) | | Nature of interest (check applicable) | | | | |
| | Name of Interested Party | | | Controlling | Intermediary | | | |
| Vaughn, J. Thomas | | Houston, TX United States | | X | | | | |
| Vaughn, William F. | | Houston, TX United States | | Х | | | | |
| Vaughn, Michael W. | | Houston, TX United States | | X | | | | |
| Simpson, Michael W. | | Houston, TX United States | | х | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is Danny Thompson | and my date of birth is | | | | | | |
| | My address is | | Χ_,_ | 77042 | USA. | | | |
| | (street) | (city) (st | tate) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed in | | | | | | | |
| | (month) (year) | | | | | | | |
| | Signature of authorized agent of contracting business entity Declarant) | | | | | | | |

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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|---------------------|--|---|--------------------|---|--------------|--|--|--|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place | | | Certificate Number: | | | | | |
| | of business. | | 2024-1238226 | | | | | | |
| | J. T. Vaughn Construction, LLC Houston, TX United States | Dat | Date Filed: | | | | | | |
| 2 | me of governmental entity or state agency that is a party to the contract for which the form is | | | 11/13/2024 | | | | | |
| | being filed. | | | e Acknowledged: | | | | | |
| | Williamson County, Texas | | | 19/2024 | | | | | |
| 3 | | ication 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 | led under the contract. | | | | | | | |
| | #Omnia R200107 Construction Services for Taylor Annex HVAC Fall Protection | | | | | | | | |
| 4 | | | Nature of interest | | | | | | |
| • | Name of Interested Party | City, State, Country (place of busin | | · | | | | | |
| | | | | Controlling | Intermediary | | | | |
| Vaughn, J. Thomas | | Houston, TX United States | | X | | | | | |
| Vaughn, William F. | | Houston, TX United States | Х | | | | | | |
| Vaughn, Michael W. | | Houston, TX United States | X | | | | | | |
| Simpson, Michael W. | | Houston, TX United States | | Х | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 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 | t. | | | | | | | |
| | Executed inCounty | y, State of, o | n the | _day of | , 20 | | | | |
| | | | | (month) | (year) | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | | |
| | (Declarant) | | | | | | | | |