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.						
				CERTIFICATION OF FILING			
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2024-1242195			
	Nutrien Ag Solutions Inc						
	Houston, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	the form is	11/21/2024				
	Williamson County			Date Acknowledged:	;		
				11/22/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.			the contract, and pro	vide a		
	25IFB25						
	Herbicides						
4				Nature o	of interest		
4	Name of Interested Party	City, State, Country	y (place of busine	ess) (check a	(check applicable)		
				Controlling	Intermediary		
Smith, Timothy		Monticello, AR U	nited States		×		
W	hittaker, Duane	Houston, TX Unit	ted States		×		
5	Check only if there is NO Interested Party.						
5	Check only it there is no interested raity.						
6	UNSWORN DECLARATION	,					
	My name is, and my date of birth is						
	My address is(street)	,(city)		ate) (zip code)	_, (country)		
	(0.1004)	(0,)	/	(Lip 6545)	(000,111),		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of	, on the _	day of	, 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. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING								
	ame of business entity filing form, and the city, state and country of the business entity's place f business. utrien Ag Solutions Inc			Certificate Number: 2024-1242195						
	Houston, TX United States	Date Filed: 11/21/2024								
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.									
	Williamson County		Date Acknowledged:							
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide			the contra	ct, and prov	vide a				
	25IFB25 Herbicides									
4		l	City, State, Country (place of busine		Nature of interest (check applicable)					
	Name of Interested Party	City, State, Country			ontrolling	Intermediary				
Smith, Timothy		Monticello, AR United States				Х				
Whittaker, Duane		Houston, TX United States				×				
5 Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION									
	My name isTIm Smith		and my date of	birth is _		·				
	My address is(street)	. Monticello (city)	<u>Af</u>		655 (zip code)	, <u>Drew</u> . (country)				
	I declare under penalty of perjury that the foregoing is true and correct.									
	Executed in <u>Drew</u> County, State of <u>AR</u> on the <u>21</u> day of <u>November</u> , 20 <u>24</u> . (month) (year)									
	Yanti da	Signature of authori	zed agent of con (Declarant)	tracting bus	siness entity					