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: 2025-1254253 Straight Arrow Striping Texas Georgetown, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/07/2025 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. Parking Lot Striping Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Williamson County Georgetown, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is MaH Hackher and my date of birth is 78628 USA My address is (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of TCX(), on the 7th day of January 20 Signature of authorized agent of contracting business entity

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

(Declarant)

Version V4.1.0.5dd2ace2

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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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		
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	f business. traight Arrow Striping Texas			2025-1254253		
	Georgetown, 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			01/07/2025		
	ing filed.			Date Acknowledged:		
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5	Check only if there is NO Interested Party.					
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	Executed inCounty	y, State of	, on the _	day of		
					(month)	(year)
		Ciarra at 1	d			
		Signature of authorized agent of contracting business entity (Declarant)				