## **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		
_				4		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			tificate Number: 5-1265821		
	WILCO AGGREGATES,LLC		202	3 1203021		
	FLORENCE, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	02/06/2025				
	WILLIAMSON COUNTY			e Acknowledged: 18/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		tify the c	contract, and prov	vide a	
	25IFB18					
	Flexible Base					
_				Nature of	interest	
4	Name of Interested Party City, State, Country (place of busi		siness)	(check ap	(check applicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
6	My name is	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	, State of, on t	ne			
				(month)	(year)	
	_					
		Signature of authorized agent of (Declarant)	contractin	ng business entity		

=						
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE	1 of 1	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
•	Name of business entity filing form, and the city, state and country of the business entity's p of business.				Certificate Number: 2025-1265821	
	WILCO AGGREGATES,LLC FLORENCE, TX United States					
2	Name of governmental entity or state agency that is a party to the contract for which the form being filed.			Date Filed: 02/06/2025		
	WILLIAMSON COUNTY			Date Acknowledged:		
1	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 25IFB18 Flexible Base	ntity or state agency to track or ided under the contract.	r identify	the contract, and	provide a	
	Name of Interested Party  City, State, Country (place		of busine:	Nature of interest (check applicable)		
				Controlling		
_						
_						
_						
CI	neck only if there is NO Interested Party.					
JN	SWORN DECLARATION					
ſу	name is Hand Chapman	, and my d	ate of birth	nis		
ſу	address is		TX	- /		
	(street)	(city)	(state)	(zip code)	, <u>US</u> . (country)	
de	clare under penalty of perjury that the foregoing is true and correct.					
	MILLIAMA CHA CALA CALA	State of TKAS, or	the 6	_day of Feb	_, 2025	
	140			(month)	(yéar)	
		Signature of authorized agent o				