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					
1	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1271930					
	H2O Partners, Inc.		202	.5-1271950	ſ				
	Austin, TX United States		Date	e Filed:	ſ				
2	ame of governmental entity or state agency that is a party to the contract for which the form is			02/20/2025					
	being filed.		Dot	o Aaknowladgadı	ſ				
	Williamson County			e Acknowledged: 20/2025					
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.								
	May 9, 2023 Contract Amendment								
	TXGLO HMP grant application and Local Hazard Mitigation Plan Update								
4				Nature of interest					
•	Name of Interested Party City, State, Country (place of busi		ısiness)	(check applicable)					
				Controlling	Intermediary				
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)				
	declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	/, State of, on	the	_day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

of 1

				-			
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_	Austin, TX United States		Date F				
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ntract for which the form is	02/20/	2025			
	Williamson County		Date Acknowledged:				
			- and re	omreugeu.			
3	description of the services, goods, or other property to be provided	r state agency to track or identify under the contract.	the con	tract, and prov	vide a		
	May 9, 2023 Contract Amendment TXGLO HMP grant application and Local Hazard Mitigation Plan	Update					
4	Name of Interested Party City, State, Country (place of busing		Nature of interest				
			ess)	(check ap	(check applicable)		
_				Controlling	Intermediary		
				7			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is				:		
	M. Adams in						
	My address is						
	(street)	(city) (sta	ite)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty, Sta	ite of Seyas, on the	20 day	S = = = =	, 20 25.		
		1.0		(month)	(year)		
	Sir	mature of authorized agent of contr	acting by	usiness entity			
		(Declarant)	wound of	aonicoa cinny			
orr	ms provided by Texas Ethics Commission www.ethics.s	tate.tx.us		Version V4.	1.0.5dd2ace2		