## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

					1 of 1		
Com Com	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 Nam of bu	Name of business entity filing form, and the city, state and country of the business entity's place  Cer			rtificate Number: 25-1279546			
Cha	, and the second			ate Filed:			
bein	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Williamson County			03/10/2025  Date Acknowledged:			
VVIIII	anison County		03/11/2025				
desc 25IF	ride the identification number used by the govern cription of the services, goods, or other property -B23 ck Sealer		entify the	contract, and pro	vide a		
4		City Coats Communication of			Nature of interest (check applicable)		
Name of Interested Party		City, State, Country (place of	business)	Controlling	Intermediary		
Ergon, Inc.		Jackson, MS United States	United States				
Johnson, Gary		Chandler, AZ United States	Chandler, AZ United States				
Lampton, William W.		Jackson, MS United States	Jackson, MS United States				
Lampton, Robert		Jackson, MS United States	Jackson, MS United States				
Ziems, Todd		Chandler, AZ United States	Chandler, AZ United States				
Stabler, Robert		Chandler, AZ United States	Chandler, AZ United States				
Gautier, Gail		Chandler, AZ United States	Chandler, AZ United States				
5 Chec	ck only if there is NO Interested Party.						
6 UNS	WORN DECLARATION						
My n	ly name is, and my date of birth is						
Му а	ddress is(street)		_,	.,	,		
	,	(city)	(state)	(zip code)	(country)		
	elare under penalty of perjury that the foregoing is true		n the	day of	20		
EXEC	uicu III	, O		(month)	, 20 (year)		
		Signature of authorized agent (Declarant)		ng business entity			

## **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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1279546			
	Crafco, Inc.			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			03/10/2025			
	Williamson County	Date	Date Acknowledged:				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 25IFB23 Crack Sealer		y the c	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busi		Nature of interest (check applicable)			
•		80 S 08F		Controlling	Intermediary		
Ergon, Inc.		Jackson, MS United States	Jackson, MS United States				
Johnson, Gary		Chandler, AZ United States	Chandler, AZ United States				
Lampton, William W.		Jackson, MS United States	х				
Lampton, Robert		Jackson, MS United States		Х			
Ziems, Todd		Chandler, AZ United States	ed States				
Stabler, Robert		Chandler, AZ United States		X			
Gautier, Gail		Chandler, AZ United States	Х				
5	Check only if there is NO Interested Party.	9					
6	UNSWORN DECLARATION						
	My name is Robert Stabler, and my date of birth is						
	My address is	, <u>A</u> ,		85226	, USA .		
	(street)	(city) (s	state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Maricopa Count	y, State of Arizona, on the	<u>10th</u>	day of March (month)	, 20 <u>25</u> (year)		
	Roll Stalls						
	Signature of authorized agent of contracting business entity						