

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

Certificate Number:
2025-1287201

Date Filed:
03/26/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Empire Roofing Companies, Inc.
Pflugerville, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Wilco

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.

2025191
MASTER SERVICE AGREEMENT - ROOF REPAIR SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Empire Roofing Companies, Inc.	Pflugerville, TX United States	X	

5 Check only if there is NO Interested Party.

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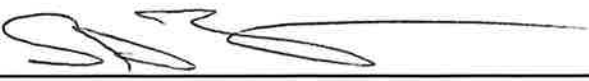
6 UNSWORN DECLARATION

My name is Steve Jones, and my date of birth is [REDACTED].

My address is [REDACTED]
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of TX, on the 26th day of March, 2025.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Empire Roofing Companies, Inc.
Pflugerville, TX United States

Certificate Number:
2025-1287201

Date Filed:
03/26/2025

Date Acknowledged:
03/28/2025

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MASTER SERVICE AGREEMENT - ROOF REPAIR SERVICES

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			Controlling	Intermediary
	Empire Roofing Companies, Inc.	Pflugerville, TX United States	X	

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)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)