CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

			7 CU W/2 USA Det	An address of the state of the last state of					
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1290310					
	Tom Arnold Drilling Round Rock , TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to the	ame of governmental entity or state agency that is a party to the contract for which the form is			04/02/2025				
	being filed.		Date Acknowledged:						
	Williamson County		Date	Acknowledged.					
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.								
	25.4509.0509.005 Installation/Repair new well - Florence								
and the same		AN AREA STATEMENT OF THE CONTROL OF		Nature o	f interest				
4	Name of Interested Party	City, State, Country (place of business)		(check applicable)					
-				Controlling	Intermediary				
				AND THE STATE OF T					
		MEM AND AND DESCRIPTION OF THE STATE OF THE			MATERIAL STREET, ALCOHOLS, PARTING THE STREET,				
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			COMPANIES OF THE STATE OF THE S						
			Converted to the Const						
				CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE					
			Securior districts						
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Tommy ArnolD	Tommy ArnolD, and my date of birth is _							
	My address is								
	(street)	(city) (s	state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	The second secon		, ^					
	Executed in Williamson County, State of Texas, on the aday of April, 2025								
	Madah								
	Signature of authorized agent of contracting business entity								
1		(Declarant)							

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	Installation/Repair new well - Florence								
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•	Name of Interested Party City, State, Country (place of but		usiness)	(check ap	plicable)				
				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									
	My address is	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct								
	Executed inCounty	y, State of, on	the	_day of	, 20				
				(month)	(year)				
	_								
	Signature of authorized agent of contracting business entity (Declarant)								