CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

						1 01 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						
L	Name of business entity filing form, and the city, state and country of the business entity's place				Certificate Number:						
	f business. Vorkplace Solutions, Inc.				2025-1287274						
	DALLAS, TX United States				Date Filed:						
2	Name of governmental entity or state agency that is a party to the contract for which the form is				03/26/2025						
	being filed.	Date Acknowledged:									
	Williamson County	Date Acknowledged.									
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.										
	2025189 WORKPLACE - INSTALLATION OF DEMOUNTABLE WALLS IN JP2 OFFICE AT CPA										
4											
	Name of Interested Party	City, State, Country	Intermediary								
N	ORKPLACE SOLUTIONS, INC	DALLAS, TX Unit	ed States	X	i	intermediary					
5	Check only if there is NO Interested Party.										
3	UNSWORN DECLARATION										
	My name is Lesle Hinds	,	and my date of I	oirth is							
	My address is	,	,	,	· · · · · · ·						
	(street)	(city)	(st	ate)	(zip code)	(country)					
I declare under penalty of perjury that the foregoing is true and correct.											
	Executed in DALLAS County	y, State of TEXAS	on the	26 day	of March	₂₀ 25					
	Ount	,, oldio oi	, 011 1116 _	uay	(month)	, 20 (year)					
		Lesle	Hinds								
		Signature of authorized agent of contracting business entity (Declarant)									

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011					
	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:						
	Workplace Solutions, Inc.	202	2025-1287274							
	DALLAS, TX United States	Date	Date Filed:							
_		00/	03/26/2025							
2	Name of governmental entity or state agency that is a party to th being filed.	03/2	00/20/2020							
	Williamson County			Date Acknowledged: 04/08/2025						
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	entify the	the contract, and provide a							
	2025189	39								
	WORKPLACE - INSTALLATION OF DEMOUNTABLE WALLS IN JP2 OFFICE AT CPA									
4				Nature of interest						
4	Name of Interested Party City, State, Country (place of busin		business)	(check ap	plicable)					
				Controlling	Intermediary					
WORKPLACE SOLUTIONS, INC		DALLAS, TX United States	х							
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	y, State of, o	n the	_day of	, 20					
				(month)	(year)					
		Circultura of a 11 1 1 1	- f · · ·	and the contract of the contra						
Signature of authorized agent of contracting business entity (Declarant)										