

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.

Workplace Solutions, Inc.
DALLAS, TX United States

Certificate Number:
2025-1287274

Date Filed:
03/26/2025

Date Acknowledged:

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

Williamson County

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 (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | WORKPLACE SOLUTIONS, INC | DALLAS, TX United States | X | |
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5 Check only if there is NO Interested Party.

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6 UNSWORN DECLARATION

My name is Lesle Hinds, 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 DALLAS County, State of TEXAS, on the 26 day of March, 2025.
(month) (year)

Lesle Hinds

Signature of authorized agent of contracting business entity
(Declarant)

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DALLAS, TX United States

Certificate Number:
2025-1287274

Date Filed:
03/26/2025

Date Acknowledged:
04/08/2025

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| | WORKPLACE SOLUTIONS, INC | DALLAS, TX United States | X | |
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5 Check only if there is NO Interested Party.

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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)