## 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.  |                                     | CE                                    | OFFICE USE                          |             |  |  |  |  |
|    | the of business entity filing form, and the city, state and country of the business entity's place business.  |                                     |                                       | Certificate Number:<br>2025-1294726 |             |  |  |  |  |
|    | Austin Automatic Door Solutions   |                                     | 202                                   | 7-120-4120                          |             |  |  |  |  |
|    | Cedar Park, TX United States  |                                     |                                       | Filed:                              |             |  |  |  |  |
|    | Name of governmental entity or state agency that is a party to the contract for which the form is   |                                     |                                       | 1/2025                              |             |  |  |  |  |
|    | being filed.  Jerome Gomez  |                                     |                                       | Acknowledged:                       |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 2025196 Installation of Automatic Slide and ADA Swing doors. We also see | under the contract.                 |                                       |                                     |             |  |  |  |  |
|    | installation of Automatic Slide and ADA Swing doors, we also so   | ervice and install mandar doors     | our rain                              |                                     | f interest  |  |  |  |  |
| ļ, | Name of Interested Party  City, State, Country (place of busing   |                                     | Nature of Interest (check applicable) |                                     |             |  |  |  |  |
|    |   |                                     | Controlling Intermedia                |                                     |             |  |  |  |  |
|    | 1100  |                                     |                                       | Controlling                         |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    |   | A The Ville Hilling                 |                                       | 100                                 |             |  |  |  |  |
|    |   |                                     | 7.1                                   |                                     |             |  |  |  |  |
|    |   |                                     | 500                                   | W/15 12 12 1                        |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    |   |                                     | March 1                               |                                     |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    |   |                                     |                                       |                                     | W. T. L. L. |  |  |  |  |
|    |   |                                     | H i i                                 |                                     |             |  |  |  |  |
|    |   |                                     | 9-1                                   |                                     |             |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    |   |                                     |                                       |                                     | Tables ?    |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
| ,  | Check only if there is NO Interested Party.   |                                     |                                       |                                     |             |  |  |  |  |
|    | UNSWORN DECLARATION   |                                     |                                       | 110000                              |             |  |  |  |  |
|    | My name is Derone Gome Z, and my date of birth  |                                     |                                       |                                     |             |  |  |  |  |
|    | 40.204  |                                     |                                       |                                     |             |  |  |  |  |
|    | My address I (street)   | (city)                              | state)                                | (zip code)                          | (country)   |  |  |  |  |
|    |   |                                     |                                       |                                     |             |  |  |  |  |
|    | declare under penalty of perjury that the foregoing is true and correct.  |                                     |                                       |                                     |             |  |  |  |  |
|    | Executed in William Son county, S   | State of TEXAS, on the              | 11                                    | day of Apri                         | ,2025       |  |  |  |  |
|    | Executed iii _ V CYTTVC   |                                     |                                       | (month)                             | (year)      |  |  |  |  |
|    | 1   |                                     |                                       |                                     |             |  |  |  |  |
|    | A.  | m/ Herry                            | 7                                     |                                     |             |  |  |  |  |
|    |   | Signature of authorized agent of co | ntractin                              | g business entity                   |             |  |  |  |  |
|    |   | (Declarant)                         |                                       |                                     |             |  |  |  |  |

## **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  | ame of business entity filing form, and the city, state and country of the business entity's place f business.  |  |                    | Certificate Number:<br>2025-1294726     |                    |  |  |  |  |
|  | Austin Automatic Door Solutions   |  | 202                | 3-1234720                               |                    |  |  |  |  |
|  | Cedar Park, TX United States  |  | Date               | e Filed:                                | ſ                  |  |  |  |  |
| 2  | Name of governmental entity or state agency that is a party to the contract for which the form is   |  |                    | 04/11/2025                              |                    |  |  |  |  |
|  | being filed. Jerome Gomez   | Date   | Date Acknowledged: |   |                    |  |  |  |  |
|  | Jerome Gomez  |  |                    | 21/2025                                 | ſ                  |  |  |  |  |
| Ļ  | Dravide the identification number used by the governmental enti   | ty or state agancy to track or ider          |                    |   |                    |  |  |  |  |
| 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. |  |                    |   |                    |  |  |  |  |
|  | 2025196 Installation of Automatic Slide and ADA Swing doors. We also service and install Manual doors and Hardware.   |  |                    |   |                    |  |  |  |  |
| 4  |   |  |                    | Nature of                               | Nature of interest |  |  |  |  |
| -  | Name of Interested Party City, State, Country (place of busin   |  | ısiness)           |   | (check applicable) |  |  |  |  |
|  |   |  |                    | Controlling                             | Intermediary       |  |  |  |  |
|  |   |  |                    |   |                    |  |  |  |  |
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|  |   |  |                    |   |                    |  |  |  |  |
|  |   |  |                    |   |                    |  |  |  |  |
| 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)                                    |                    | ,(zip code)                             | .,<br>(country)    |  |  |  |  |
|  | (zneer)   | (Gity)                                       | (state)            | (zip code)                              | (country)          |  |  |  |  |
| I declare under penalty of perjury that the foregoing is true and correct. |   |  |                    |   |                    |  |  |  |  |
|  | Executed inCounty   | y, State of on t                             | the _              | _day of                                 | , 20               |  |  |  |  |
|  |   | , 5,   |                    | (month)                                 | (year)             |  |  |  |  |
|  |   |  |                    |   |                    |  |  |  |  |
|  |   | Signature of authorized agent of (Declarant) | contractir         | ng business entity                      |                    |  |  |  |  |