CERTIFICATE OF INTERESTED PARTIES

FORM 1295

L 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 business.			Certificate Number: 2025-1293780				
	Air Conditioning Innovative Solutions, Inc.	Innovative Solutions, Inc.			5052-1593190			
	McKinney, TX United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	04/10/2025					
_	being filed.	o dominant for which the form is						
	/illiamson County			Date Acknowledged:				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	nmental entity or state agency to track or identify the contract, and provide a						
		ied under the contract.						
	20251201 Mechanical Services - HVAC, Plumbing, Electrical							
4	Name of Interested Party City, State, Countr	City, State, Country (place of busine	nee)	Nature of interest (check applicable)				
	Nume of interested Party	l city, carret country (place of business)		Controlling	Intermediary			
_				Controlling	intermediary			
	Name							
5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION							
	My name is <u>Kevin Self</u>	, and my date of birth is _						
	My address is	(city) · (st	ate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in							
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	McKinney, TX United States			te Filed:				
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	s 04/	/10/2025				
	Williamson County		Dat	te Acknowledged:				
	,		04/	/21/2025				
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.							
	20251201							
	Mechanical Services - HVAC, Plumbing, Electrical							
4				Nature of				
-	Name of Interested Party City, State, Country (place of busin		business)	<u> </u>	(check applicable)			
				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			_,	.,			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCount	y, State of,	on the					
				(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							