CERTIFICATE OF INTERESTED PARTIES

FORM 1295

			. •	1 of 1			
Complete Nos. I - 4 and 6 if there are interested parties. Complete Nos. I, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY				
Name of business entity filing form, and the city, state and country of the business entity's place of business.			CERTIFICATION OF FILING				
Mayans Concrete LLC Georgetown, TX United States	Certificate Number: 2025- 1300129						
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.Williamson County Facilities Management			Date Filed: 04/24/2025 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. 25.4509.1026.004 PO #188794 - Fire Pump PO # 188789 - Side walk Repair - Bollards							
Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable)				
	businessy		Controlling	Intermediary			
5 Check only if there is NO Interested Party.							

6							
			,			•	
		perjury that the foregoing is tru Villiamson	ue and correct. County, State of	Texas	_, on the _24_day of _	April	_, _{20_} 25_
Ī	Executed in			STATE OF THE STATE		(month)	(year)
	LACCATCA III		Signatüre		gent of contracting busi arant)	iness entity	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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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.			Certificate Number: 2025-1300129				
	Mayans Concrete LLC		202	.5-1500129	ſ			
	Georgetown, TX United States		Date	e Filed:	ſ			
2		e contract for which the form is	04/2	04/24/2025				
	being filed.		Date	o Acknowledged:	ſ			
	Williamson County Facilities Management				Date Acknowledged: 05/05/2025			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		entify the o	contract, and prov	vide a			
	25.4509.1026.004 PO #188794 - Fire Pump PO # 188789 - Side walk Repair - B	ollards						
4				Nature of interest				
•	Name of Interested Party	City, State, Country (place of b	usiness)	<u> </u>	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 correc	at.						
	Executed inCounty	y, State of, on	the	_day of	, 20			
				(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							