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. RHB			Certificate Number: 2025-1311243			
	Round Rock, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.		05/18/2025				
	Villiamson County			Date Acknowledged: 05/22/2025			
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.						
	25IFB45						
	Bridge Riprap Replacement						
4				Nature of inte			
	Name of Interested Party City, State, Country (place of busi		siness)		(check applicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	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 inCounty	y, State of, on t	he	_day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity						

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	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2025-1311243						
	RHB							
	Round Rock, TX United States	Date Filed:						
2	Name of governmental entity or state agency that is a party to the	05/18/2025						
	being filed. Williamson County	Date Acknowledged:						
	Williamson County	Date Acknowledged.						
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	dentification number used by the governmental entity or state agency to track or identify the contract, and provide a of the services, goods, or other property to be provided under the contract.						
	25IFB45							
	Bridge Riprap Replacement							
_	· · · · · · · · · · · · · · · · · · ·		Nature of interest					
4	Name of Interested Party	City, State, Country (place of busine	ess) (check a	(check applicable)				
			Controlling	Intermediary				
	.50							
				h				
5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION		ī i					
	My name is, and my date of birth is							
	My address is	Round Rock . T	x 78664					
	(street)	(city) (st	tate) (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)							