

# 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

Certificate Number:  
2025-1357815

Date Filed:  
09/02/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CENTURY INDUSTRIES, LLC  
SELLERSBURG, IN United States

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.

2025357  
Mobile Bleachers

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



## 6 UNSWORN DECLARATION

My name is Michelle McRae and my date of birth is [REDACTED]

My address is [REDACTED] (city) 0 (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in INDIANA County, State of INDIANA, on the 2 day of 28, 2025.  
(month) (year)

Michelle McRae

Signature of authorized agent of contracting business entity  
(Declarant)

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SELLERSBURG, IN United States

**Certificate Number:**  
2025-1357815

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Mobile Bleachers

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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)