## **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 of business.  Camelback& Co. LLC dba Servpro of Pflugerville, Round Rock, Georgetown, IPFLUGERVILLE, TX United States	Certificate Number: 2025-1365053 Date Filed:							
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Williamson County			09/18/2025  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.  2025358  Addendum to Remediation Services Agreement								
4	Name of Interested Party  City, State, Cou	City, State, Country (place of busines		Nature of interest (check applicable)  Controlling Intermediary					
_			$\dashv$						
5	5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	(Declarant)								

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

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1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:				
	Camelback& Co. LLC dba Servpro of Pflugerville, Round Rock	2025-1365053						
	PFLUGERVILLE, TX United States	Date Filed:						
2	ame of governmental entity or state agency that is a party to the contract for which the form is			09/18/2025				
	being filed.	<u>.</u>	Data Asknowledged					
	Villiamson County			Date Acknowledged: 09/22/2025				
L								
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		tne c	ontract, and prov	vide a			
	2025358							
	Addendum to Remediation Services Agreement							
4			Nature of interest					
•	Name of Interested Party City, State, Country (place of busin		iess)	(check applicable)				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	birth is	·	·				
	My address is,,							
	iniy addi 655 15	,,,,	tate)	(zip code)	(country)			
		( ),	,	( 1/				
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCounty	/, State of , on the		day of	, 20 .			
				(month)	(year)			
	Signature of authorized agent of contracting business entity  (Declarant)							