

# 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:  
2025-1373104

Date Filed:  
10/06/2025

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Made In The Shade WINDOW TINTING, LLC  
GEORGETOWN, TX 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.**  
2026-028  
Window TINTING, Safety tint, Shades

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WILLIAMSON COUNTY	GEORGETOWN, TX United States	X	
	Made In The Shade WINDOW TINTING, LLC	Georgetown, Tx United States	X	

**5 Check only if there is NO Interested Party.**


**6 UNSWORN DECLARATION**

My name is Gabriel Carrasco, and my date of birth is ██████████.

My address is ██████████, ██████████, TX, ██████████, US.  
(city) (state) (zip code) (country)

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

Executed in WILLIAMSON County, State of TEXAS, on the 06 day of OCTOBER, 2025.  
(month) (year)

  
Gabriel Carrasco  
Signature of authorized agent of contracting business entity  
(Declarant)

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WILLIAMSON COUNTY

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10/09/2025

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2026-028  
Window TINTING, Safety tint, Shades

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WILLIAMSON COUNTY	GEORGETOWN, TX United States	X	

**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)