

# 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.**  
SHADEPRO LLC  
New Braunfels, TX United States

Certificate Number:  
2025-1383170

Date Filed:  
10/30/2025

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Williamson County

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.**  
2026-090  
Screens for West Arena at Expo

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 Jenifer Harris, 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 Comal County, State of Texas, on the 30th day of October, 2024.  
(month) (year)

Jenifer A. Harris  
Signature of authorized agent of contracting business entity  
(Declarant)

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 SHADEPRO LLC  
 New Braunfels, TX United States

**Certificate Number:**  
 2025-1383170

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**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Williamson County

**Date Acknowledged:**  
 11/06/2025

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 2026-090  
 Screens for West Arena at Expo

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 \_\_\_\_\_, 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)