

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.
 Mayans Concrete LLC
 Georgetown, TX United States

Certificate Number:
 2025-1391468

Date Filed:
 11/19/2025

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

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.
 26.4509.1048.001
 JP4 ADA Sidewalk

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 Salvador Santos, and my date of birth is [REDACTED].

My address is [REDACTED]
(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 19th day of November, 2025.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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 Mayans Concrete LLC
 Georgetown, TX United States

Certificate Number:
 2025-1391468

Date Filed:
 11/19/2025

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

Date Acknowledged:
 11/26/2025

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.
 26.4509.1048.001
 JP4 ADA Sidewalk

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)