

# 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:  
2025-1393316

Date Filed:  
11/25/2025

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Workplace Solutions, Inc.  
DALLAS, 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.**  
25RFP86  
Wilco HQ Furniture, Fixtures, and Equipment (FF&E)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Workplace Solutions, Inc.	DALLAS, TX United States	X	

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

**6 UNSWORN DECLARATION**

My name is Lesle Hinds, and my date of birth is [REDACTED].

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

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

Executed in Dallas County, State of Texas, on the 25th day of November, 2025.  
(month) (year)

*Lesle Hinds*

Signature of authorized agent of contracting business entity  
(Declarant)

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1 of 1

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 Workplace Solutions, Inc.  
 DALLAS, TX United States

**Certificate Number:**  
 2025-1393316

**Date Filed:**  
 11/25/2025

**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:**  
 12/01/2025

**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.**  
 25RFP86  
 Wilco HQ Furniture, Fixtures, and Equipment (FF&E)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Workplace Solutions, Inc.	DALLAS, 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)