

# 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.

LCCx LLC  
 SAN ANTONIO, TX United States

Certificate Number:  
 2025-1398227

Date Filed:  
 12/09/2025

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

Williamson County Lake Creek Annex

Date Acknowledged:

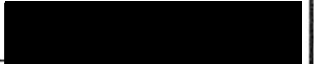
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

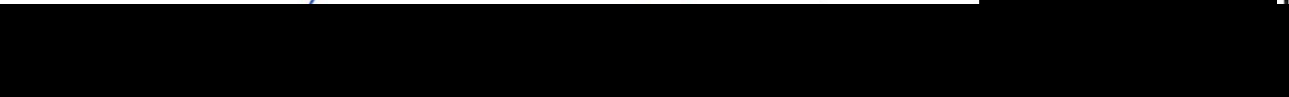
25.1107R1  
 Commissioning

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.

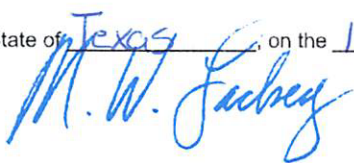
6 UNSWORN DECLARATION

My name is Michael W. Lackey, and my date of birth is 

My address is 

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

Executed in Bexas County, State of Texas, on the 10 day of December, 2025.  
(month) (year)



\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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**Certificate Number:**  
2025-1398227

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LCCx LLC  
SAN ANTONIO, TX United States

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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)