## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

|  |  |   |                 |  | 1011                               |  |  |
|--|--|---|-----------------|--|------------------------------------|--|--|
|  | 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 coun of business.   |   |                 |  | Certificate Number:<br>2019-537394 |  |  |
|  | K Hall LLC   |   |                 | 2013 301034                                  |                                    |  |  |
|  | RIS, TX United States  |   | Date Filed:     |  |                                    |  |  |
| 2  | Name of governmental entity or state agency that is a party to the contract for which the form is                                |   | 09/09/2019      |  |                                    |  |  |
| -  | being filed.   | int, or other agency time to a party to the commence time to the commence time.   |                 |  |                                    |  |  |
|  | Collin County  |   |                 |  | Date Acknowledged:                 |  |  |
| 3  | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi | ation number used by the governmental entity or state agency to track or identify the contract, and provide a rvices, goods, or other property to be provided under the contract. |                 |  |                                    |  |  |
|  | IFB 2019-302   | 02  |                 |  |                                    |  |  |
|  | ot Mix Asphalt and High Performance Cold Mix   |   |                 |  |                                    |  |  |
| 4  |  | City, State, Country (place of business)  |                 | Nature of interest                           |                                    |  |  |
|  | Name of Interested Party   |   |                 | (check applicable)  Controlling Intermediary |                                    |  |  |
| _  |  |   | $\dashv$        | Controlling                                  | intermediary                       |  |  |
|  |  |   |                 |  |                                    |  |  |
|  |  |   |                 |  |                                    |  |  |
|  |  |   |                 |  |                                    |  |  |
|  |  |   |                 |  |                                    |  |  |
|  |  |   | $\neg \uparrow$ |  |                                    |  |  |
| _  |  |   | _               |  |                                    |  |  |
|  |  |   | $\dashv$        |  |                                    |  |  |
|  |  |   | $\dashv$        |  |                                    |  |  |
|  |  |   | _               |  |                                    |  |  |
|  |  |   |                 |  |                                    |  |  |
| 5 Check only if there is NO Interested Party.                                |  |   |                 |  |                                    |  |  |
| 6  | UNSWORN DECLARATION  |   |                 |  |                                    |  |  |
|  | My name is Brandon 6:bson  | , and my date of birth is _   |                 |  |                                    |  |  |
|  | My address is _  |   |                 |  |                                    |  |  |
|  | (street)   | (city) (st  | ate)            | (zip code)                                   | (country)                          |  |  |
| I declare under penalty of perjury that the foregoing is true and correct.   |  |   |                 |  |                                    |  |  |
| Executed in Language County, State of Texas, on the 9th day of September (mo |  |   |                 |  | <u>~</u> , 20 <u>19</u> .          |  |  |
|  | (month) (year)   |   |                 |  |                                    |  |  |
|  | Signature of authorized agent of contracting business entity   |   |                 |  |                                    |  |  |
|  |  |   |                 |  |                                    |  |  |
|  |  | (Declarant)   |                 |  |                                    |  |  |