## **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 country of the business entity's place of business.   |                                      | Certificate Nun                                  | nber:                                   |  |
|   | Gant Contractors Inc   |                                      | 2017-215100                                      |   |  |
|   | Leonard, 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  |                                      | 05/30/2017                                       |   |  |
|   | being filed. Collin 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.  |                                      |  |   |  |
|   | 2016-262   |                                      |  |   |  |
|   | Services, Mowing and String Tree Trimming  |                                      |  |   |  |
| _ | Nature of interest   |                                      |  |   |  |
| 4 | Name of Interested Party Ci  | ity, State, Country (place of busine |  |   |  |
|   |  |                                      | Control  | ling Intermediary                       |  |
|   |  |                                      |  |   |  |
|   |  |                                      |  |   |  |
|   |  |                                      |  |   |  |
|   |  |                                      |  |   |  |
|   |  |                                      |  |   |  |
|   |  |                                      | <del>                                     </del> |   |  |
|   |  | <u> </u>                             |  |   |  |
|   |  |                                      |  |   |  |
| _ |  |                                      |  |   |  |
| 5 | Check only if there is NO Interested Party.  |                                      |  |   |  |
| 6 | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.   |                                      |  |   |  |
| 1 | MARGARITA DAVIS Notary ID # 12880540 My Commission Expires February 9, 2020  AFFIX NOTARY STAMP / SEAL ABOVE   |                                      |  |   |  |
|   | Sworn to and subscribed before me, by the said   |                                      |  |   |  |
|   | Margarita Davis  Signature of Afficer administering oath  Printed name of officer administering oath  Title of officer administering oath  |                                      |  |   |  |
|   | Signature of photor during state in the distinction of the distinction |                                      |  |   |  |