CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

				1 0f 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.		Certificate Number:		
	Assured Mechanical Solutions LLC		2018-402636		
2	Cedar Hill, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is		Date Filed:		
_	being filed.	contract for which the form is	Date Acknowledged:		
	lin County		Date Ackilowieugeu.		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		the contract, and pro	ovide a	
	IFB 2018-233 HVAC Contractor Services				
	HVAC Contractor Services				
4	Name of Interested Party	City, State, Country (place of busin		Nature of interest (check applicable)	
			Controlling	Intermediary	
			<u> </u>	<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>Byron Bailey</u>	, and my date of birth is			
	My address is _		,	_,	
	(street)	(city) (s	tate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the			
(monun)				(year)	
Signature of authorized agent of contracting business entity					