## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

								1 of 1
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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.  Assured Mechanical Solutions LLC					Certificate Number: 2020-605621		
	Cedar Hill, TX United States					Date Filed:		
2	Name of governmental entity or state agency that is a party being filed.	to the c				04/07/2020		
	Collin County					Date Acknowledged:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be purely 1FB 2018-233  HVAC Contractor Services				or identify	the contra	act, and pro	vide a
_						Nature of interest		
4	Name of Interested Party	(	City, State, Country (place of busin			_ · <del>                                   </del>		pplicable)
						C	ontrolling	Intermediary
R	oberts, Sonya	Lancaster, TX United States						X
Ва	ailey, Byron		Dallas, TX United States					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Byron Bailey			,				
	(street)			(city)	(sta	nte)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and o	correct.						
	Executed in	County,	State of	Texas	, on the _	7th_day o	of April	, 2020
			/-	55/200	Su		(month)	(year)
		Signature of authorized agent of contracting business entity (Declarant)						