## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

F					1 of 1	
L	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		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Law Office of Carolyn Skogman, PLLC			CERTIFICATION OF FILING Certificate Number: 2020-668802		
2	Austin, TX United States  Name of governmental entity or state agency that is a party to the contract for th			Date Filed: 09/17/2020		
	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.  2019-314  Legal Services					
4	Name of Interested Party	City, State, Country (place of busine				
La	w Office of Carolyn Skogman, PLLC	Austin, TX United States		X	Intermediary	
Sk	ogman, Carolyn	Austin, TX United States		Х		
_						
5	Check only if there is NO Interested Party.					
6 l	JNSWORN DECLARATION					
My name is, and my date of birth is						
١	My address is _	(ony) (sum	e)	(ZIP code)	(country)	
į	declare under penalty of perjury that the foregoing is true and correct.		e i Pi		(550,)	
E	Executed inCounty,	State of TEXAS, on the I	1_da	ay of Septem	(year)	
		Signature of authorized agent of contra	acting I	business entity	a	