## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

					1 01 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: 2021-767649		
	ess Lipscomb					
	IcKinney, TX United States			Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.			06/16/2021		
	ollin County, Texas – VALOR			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.					
	2021-306 Personal Services Agreement: (VALOR) Tess Lipscomb					
4			Nature of interest			
	Name of Interested Party	ity, State, Country (place of business)				
				Controlling	Intermediary	
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is Tess Lipscomb	, and my date of birth is				
	My address is	,,,,, (city) (s	tate)	(zip code)	., (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in <u>Collin</u> County, State of <u>Texas</u> , on the <u>16</u> day of <u>June</u> , 20 <u>21</u> .					
	(month) (year)					
	Signature of authorized agent of contracting business entity					
	(Declarant)					