CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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|---|---|---|--------------|---|------------------------------------|--|--|
| | 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 cou of business. | siness entity filing form, and the city, state and country of the business entity's place | | | Certificate Number: 2021-810233 | | |
| | Houk Air Conditioning | | | | 2021-010230 | | |
| | Arlington, TX United States | | Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | governmental entity or state agency that is a party to the contract for which the form is | | 10/06/2021 | | | |
| | lin County | | | Date Acknowledged: | | | |
| 3 | vide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a cription of the services, goods, or other property to be provided under the contract. | | | | | | |
| | 2021-244 MAINTENANCE AND REPAIRS / COLLIN COUNTY | | | | | | |
| 4 | | City, State, Country (place of business) | | Nature of interest | | | |
| | Name of Interested Party | | | | opticable) | | |
| Si | nclair, Jimmy | Arlington, TX United States | _ | Controlling | Intermediary | | |
| Bolt, Tracy | | Arlington, TX United States | | Х | | | |
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| 5 Check only if there is NO Interested Party. | | | | | | | |
| 3 (| UNSWORN DECLARATION | | | | | | |
| ı | My name is Landon Austin | , and my date of b | irth is _ | | · | | |
| 1 | My address is | | . , _ | (rin anda) | USA | | |
| | (street) | (city) (sta | ie) | (zip code) | (country) | | |
| - | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| ١ | Executed inCount | y, State of <u>Texas</u> , on the <u>6</u> | ith_day | y of <u>October</u> (month) | _, 20 <u>21</u> . (year) | | |
| | | 1/11 | _ | - | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
| | (Sociality) | | | | | | |