## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|   |   |                           |                  |                      |   | 1011         |  |
|---|---|---------------------------|------------------|----------------------|---|--------------|--|
|   | 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   |                           |                  |                      | Certificate Number:                     |              |  |
|   | of business.  |                           |                  |                      | 2022-895288                             |              |  |
|   | Krystal A. Ervin Greenville, TX United States   |                           |                  |                      | te Filed:                               |              |  |
| 2 |   | n the contract f          | or which the for |                      | /06/2022                                |              |  |
| _ | being filed.  |                           |                  |                      |   |              |  |
|   | Collin County, Texas - VALOR  |                           |                  | Da                   | te 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. |                           |                  |                      |   |              |  |
|   | 2022-146  |                           |                  |                      |   |              |  |
|   | Personal Services Agreement - Krystal A. Ervin  |                           |                  |                      |   |              |  |
| 4 |   |                           |                  |                      | Nature of interest                      |              |  |
|   | Name of Interested Party City, State, Country (place of busing  |                           |                  | of business)         |   | pplicable)   |  |
|   |   |                           |                  |                      | Controlling                             | Intermediary |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
|   |   |                           |                  |                      |   |              |  |
| 5 | Check only if there is NO Interested Party.   |                           |                  |                      |   |              |  |
| 6 | UNSWORN DECLARATION   |                           |                  |                      |   |              |  |
|   | My name is Krystal A. Ervin   | , and my date of birth is |                  |                      |   |              |  |
|   | My address is   | ,                         |                  | ,                    | _,                                      | _,           |  |
|   | (street)  |                           | (city)           | (state)              | (zip code)                              | (country)    |  |
|   | I declare under penalty of perjury that the foregoing is true and con   | rrect.                    |                  |                      |   |              |  |
|   | Executed in Collin Co   | unty, State of _          | Texas            | _, on the <u>6th</u> |   | , 2022       |  |
|   |   | (                         | W +0             | 12                   | (month)                                 | (year)       |  |
|   |   | Signature                 | of authorized an | ent of contract      | ing business entity                     | ,            |  |
|   |   | Signature                 | Decla)           |                      | ang business entity                     |              |  |