## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

|   |  |                                     |          |   | 1 of 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.  Assured Mechanical Solutions LLC                           |                                     |          | Certificate Number:<br>2022-924046<br>Date Filed: |                          |  |
|   | Desoto, TX United States   |                                     |          |   |                          |  |
| 2   | ne of governmental entity or state agency that is a party to the contract for which the form is ng filed.  Ilin County   |                                     |          | 08/18/2022  Date Acknowledged:                    |                          |  |
|   | Commicounty  |                                     |          | <b>-</b>  |                          |  |
| 3   | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided 2021-244  HVAC Maintenance and Repairs |                                     | y the co | ontract, and pro                                  | vide a                   |  |
| 4   |  |                                     |          | Nature of interest                                |                          |  |
|   | Name of Interested Party   | City, State, Country (place of busi | ness)    | (check applicable)                                |                          |  |
|   |  |                                     |          | Controlling                                       | Intermediary             |  |
| Roberts, Sonya  |  | Lancaster, TX United States         |          |   | X                        |  |
| Bailey, Byron   |  | Lancaster, TX United States         |          | X   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
|   |  |                                     |          |   |                          |  |
| 5   | Check only if there is NO Interested Party.  |                                     |          |   |                          |  |
| 6   | UNSWORN DECLARATION  |                                     |          |   |                          |  |
|   | My name is Sonya Roberts   | , and my date of birth is           |          |   |                          |  |
|   | My address is  | (city)                              | etato)   | (zip codo)  |                          |  |
|   | (street)   | ,                                   | state)   | (zip code)  | (country)                |  |
|   | I declare under penalty of perjury that the foregoing is true and correct  |                                     | 10       | dov of August                                     | 20.22                    |  |
|   | Executed in <u>Dallas</u> County   | , State of <u>Texas</u> , on the    | 10 (     | day of August (month)                             | , 20 <u>22</u><br>(year) |  |
| Signature of authorized agent of contracting busine (Declarant) |  |                                     |          |   |                          |  |