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 | lame of business entity filing form, and the city, state and country of the business entity's place f business. | | | Certificate Number: 2023-970353 - | | | |
| | ohnson-Burks Supply Co., Inc. SHERMAN, TX United States | | | Date Filed: 01/10/2023 | | | |
| 2 | me of governmental entity or state agency that is a party to the contract for which the form is ng filed. | | | Date Acknowledged: | | | |
| | Collin County | ication number used by the governmental entity or state agency to track or identify | | | the contract and provide a | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 2020-221 Plumbing Supplies | led under the contract. | у ціс С | ontidot, and pro | The sa | | |
| _ | | | | Nature of interest | | | |
| 4 | Name of Interested Party | City, State, Country (place of busi | ly, State, Country (place of business) | | pplicable) Intermediary | | |
| Terrell, Lester | | Sherman, TX United States | TX United States | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
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| 5 Check only if there is NO Interested Party. | | | | | | | |
| 6 | 6 UNSWORN DECLARATION | | | | | | |
| | My name is, 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 corre | ect. | | | | | |
| | Executed in County | nty, State of TX on the | 10 | _day of <u>Janua</u> (month | <u>Y</u> , 20 <u>73</u> . n) (year) | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
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