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 | ame of business entity filing form, and the city, state and country of the business entity's place f business. | | Certificate Number: 2023-1087262 | | | |
| | omez Floor Covering, Inc. allas, 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. | | 10/24/2023 | | | |
| | Collin County | | Date Acknowledged: | | | |
| 3 | ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | |
| | 024-068 coring: Carpet Replacement | | | | | |
| 4 | Name of Interested Party City, State, Country (place of busin | | Nature of interest ess) (check applicable) | | | |
| | | | | Controlling | Intermediary | |
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| 5 Check only if there is NO Interested Party. | | | | | | |
| | UNSWORN DECLARATION | | _ | | | |
| | name is, and my date of birth is | | | | | |
| | My address is(street) | (city) (sta | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed in Dallas County. State of Texas , on the 24 day of October , 20 23 | | | | | |
| | (month) (year) | | | | | |
| | signature of authorized agent of contracting business entity (Declarant) | | | | | |