CERTIFICATE OF INTERESTED PARTIES

FORM 1295

| L | | | | | 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. Collision Repair Unit 3, LLC Wylie, TX United States | | | Certificate Number: 2023-1106386 Date Filed: | | |
| 2 | | g filed. | | | 20/2023 e 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. 2023-080 Services: Body Repair and Painting for Light, Medium & Heavy Duty Vehicles | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | Nature of interest (check applicable) Controlling Intermediary | | | |
| Collision Repair Unit 3, LLC | | Wylie, TX United States | | × | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | | AND THE RESERVE OF THE PERSON | | L | | |
| Check only if there is NO Interested Party. | | | | | | |
| | My name is Helmoth Mayer Jr. | , and my date of | birth is | | | |
| 1 | My address is(street) | (aty) (st | ate) | (zip code) | (country) | |
| Executed in County, State of | | | | | | |
| | Signature of authorized agent of contracting business entity (Decharit) | | | | | |
| _ | | | | | | |