CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | 1 01 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 business. | Certificate Number: 2024-1114931 | | | |
| | gle Brush & Chemical | | | | |
| | as, TX United States | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 01/23/2024 | | |
| | Collin County | Date 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. | | | | |
| | 2023-108 Janitorial Supplies | | | | |
| , | Nature of inter | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) (check a | pplicable) | |
| | | | Controlling | Intermediary | |
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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) (sta | ate) (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed in County, S | State of Texas, on the 2 | 23rd day of January (month) | , 20 <u>24</u> (year) | |
| | Signature of authorized agent of contracting business entity | | | | |
| | (Declarant) | | | | |