CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2024-1117576 Minority Authority Uniform LLC BOYD, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/29/2024 being filed. Collin County Date Acknowledged: 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. Uniforms, Corporate/Casual Apparel, Flame Resistant & High Visibility Work-wear, Industrial & Chef Work-wear, Maintenance Uniforms, Scrubs, Caps, Coats, Bags, Safety Glasses, Safety Gloves, etc. Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) controlling Intermediary 5 Check only if there is NO Interested Party. X **UNSWORN DECLARATION** aymude My name is and my date of birth is

Forms provided by Texas Ethics Commission

I declare under penalty of perjury that the foregoing is true and correct.

My address is

Executed in #

www.ethics.state.tx.us

County, State of

Version V3.5.1.9000c47f

(country)

(zip code)

Signature of authorized agent of contracting business entity (Declarant)