## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: -2024-1134132 of business. Charm-Tex, Inc. Date Filed: Brooklyn, NY United States 03/13/2024 Name of governmental entity or state agency that Is a party to the contract for which the form is being filed. Date Acknowledged: Collin County 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. Bunk Beds for Collin County Adult Detention Facility Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Brooklyn, NY United States Charm-Tex, Inc. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is\_ My name is My address is I declare under penalty of perjury that the foregoing is true and correct. County, State of Signature of authorized agent of contracting business entity

(Declarant)