

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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.

COMPLETE SUPPLY
 FARMERS BRANCH, TX United States

Certificate Number:
 2024-1133965

Date Filed:
 03/12/2024

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

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.

2024-223
 Supplemental Janitorial Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Complete Supply	Farmers Branch, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is DAVID BAHCALL, and my date of birth is [REDACTED].

My address is [REDACTED] (street) (city) (state) (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 12TH day of MARCH, 2024.
 (month) (year)

[Signature]
 Signature of authorized agent of contracting business entity
 (Declarant)