CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| | | | | | | 1011 | | |
|---|---|---|------------|---|-------------------------------------|----------------|--|--|
| | 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 | ame of business entity filing form, and the city, state and country of the business entity's place | | | | Certificate Number: 2024-1155380 | | | |
| | SEDALCO - Fort Worth, TX | | | | | 2024-1155380 | | |
| | Fort Worth, TX United States | | | | Date Filed: | | | |
| 2 | | of governmental entity or state agency that is a party to the contract for which the form is | | | 05/01/2024 | | | |
| - | being filed. | | | | | | | |
| | Collin County | | | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided | n number used by the governmental entity or state agency to track or identify the contract, and provide a es, goods, or other property to be provided under the contract. | | | | | | |
| | 023-398 CCADF Medical Exp. dditional scope for addition/renovation to existing jail facility. | | | | | | | |
| 4 | | City, State, Country (place of busin | | Nature of interest | | | | |
| | Name of Interested Party | | | · · · · · · · · | | | | |
| _ | | | | Co | ntrolling | Intermediary | | |
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| 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | 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 inCounty | y, State of TX | , on the _ | 1_day of | | , 20 <u>24</u> | | |
| | | | | | (month) | (year) | | |
| | Will Burgess DN: C=US, E=wburgess@sedalco.com, O=SEDALCO Construction, OU=SEDALCO Construction, CN=Will Burgess Date: 2024.05.01 14:2629-9500' | | | | | | | |
| | | Signature of authorized agent of contracting business entity | | | | | | |
| | (Declarant) | | | | | | | |