CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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 count of business. | g form, and the city, state and country of the business entity's place | | | Certificate Number: 2024-1176687 | | |
| | ollin County | | | | | | |
| | cKinney, TX United States | | | Date Filed: 06/17/2024 | | | |
| 2 | | rernmental entity or state agency that is a party to the contract for which the form is | | | | | |
| | peing filed. Collin County | | | Date Acknowledged: | | | |
| 3 | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | | |
| | 2024-357 | | | | | | |
| | Professional Services Agreement | | | | | | |
| _ | | | | | Nature of interest | | |
| 4 | Name of Interested Party | City, State, Country (place of business) | | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| bil | yeu, william | mckinney, TX United States | | х | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is W: Il B: 1424 | , and my date of birth is | | | | | |
| | My address is(street) | (city) (st | ate) | (zip code) | (country) | | |
| | (Silect) | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in | | | | | | |
| | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |