## **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.  Assured Mechanical Solutions LLC Desoto, TX United States     |  |            | Certificate Number:<br>2024-1169603  Date Filed:<br>06/01/2024  Date Acknowledged: |                   |  |
| 2  | lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.  Collin County  |  |            |  |                   |  |
| 3  | Provide the identification number used by the governmental ent<br>description of the services, goods, or other property to be provi<br>2021-244<br>HVAC MAINTENANCE AND REPAIRS |  | tify the c | ontract, and pro   | vide a            |  |
| 4  | Name of Interested Party  | City, State, Country (place of bu            | siness)    | Nature of interest (check applicable)  Controlling Intermediary                    |                   |  |
| Ва | ailey, byron  | Lancaster, TX United States                  |            | х  |                   |  |
| R  | oberts, Sonya   | Lancaster, TX United States                  |            | ×  |                   |  |
|    |   |  |            |  |                   |  |
|    |   |  |            |  |                   |  |
|    |   |  |            |  |                   |  |
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|    |   |  |            |  |                   |  |
|    |   |  |            |  |                   |  |
| 5  | Check only if there is NO Interested Party.   |  |            |  |                   |  |
| 6  | UNSWORN DECLARATION   |  |            |  |                   |  |
|    | My name is Sonya Roberts  | , and my date of birth is                    |            |  |                   |  |
|    | My address is (street)  | ,  | (state)    | (zip code)   | <br>(country)     |  |
|    | I declare under penalty of perjury that the foregoing is true and corre   | ct.  |            |  |                   |  |
|    | Executed in Count   | ty, State of Texas , on t                    | he 1st     | day of June (month)  | , 20_24<br>(year) |  |
|    |   | And  |            |  |                   |  |
|    |   | Signature of authorized agent of (Declarant) | contractin | g business entity  |                   |  |