l	CERTIFICATE OF INTERESTED PARTIES			FORM 1295		
L					1 of 1	
Г	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.			Certificate Number: 2024-1209101		
	TK Elevator Addsion , TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			09/03/2024		
	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.					
	2022-422 Elevator Maintenance and Repairs					
4	Name of Interested Party	City, State, Country (place of busi	ness)	Nature of interest (check applicable)		
L				Controlling	Intermediary	
L						
L						
L						
L						
L						
L						
L						
L						
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
l	Kory Marino My name is, and my date of birth is					
l						
	My address is(street)	(city) (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Dallas Executed inCount	y, State of, on the	on theday of September 20_24			
		DocuSigned by:		(month)	(year)	
		kory Marino				
	Signature of authorized agent of contracting business entity (Declarant)					