## **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	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2024-1252187			
	DALCO - Fort Worth, TX						
	ort Worth, TX United States			Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is				12/27/2024		
	being filed.						
	ollin 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.						
	2023-398 CCADF Medical Mental						
	added scope to construction project.						
	Added Scope to Constitution project						
						interest	
4	Name of Interested Party	City, State, Country (place of busine					
					Controlling	Intermediary	
_				-			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isWill Burgess		and my date of	birth is_		·	
	My address is					-	
	(street)	(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	, State ofTX	, on the _	<b>27</b> _day	of December	er, 20 24 (year)	
	W	/ill Burge:	Olgitally sign DN: C=US, E OU=SEDAL6 Date: 2024.1	ed by Will Burges E=wburgess@sed CO Construction, 12.27 07:28:47-06	ss dalco.com, O=SEDALCO C CN=Will Burgess		
		Signature of authorized agent of contracting business entity (Declarant)					
	(Decision)						