

# 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

Certificate Number:  
2025-1259778

Date Filed:  
01/22/2025

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SEDALCO - Fort Worth, TX  
Fort Worth, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Collin County

**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.**

2023-398 CCADF Medical Mental  
Added scope to Collin County Medical & Mental Health project.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**



**6 UNSWORN DECLARATION**

My name is Will Burgess, and my date of birth is [REDACTED]

My address is [REDACTED]  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of TX, on the 22 day of January, 20 25.  
(month) (year)

**Will Burgess**

Digitally signed by Will Burgess  
DN: C=US, E=wburgess@sedalco.com, O=SEDALCO  
Construction, OU=SEDALCO Construction, CN=Will Burgess  
Date: 2025.01.22 15:38:48-06'00'

Signature of authorized agent of contracting business entity  
(Declarant)