CERTIFICATE OF INTERESTED PARTIES **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. CERTIFICATION OF FILING Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2025-1264382 of business. COMPLETE SUPPLY INC Date Filed: FARMERS BRANCH, TX United States 02/04/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Collin County 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. JANITORIAL SUPPLIES Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary X FARMERS BRANCH, TX United COMPLETE SUPPLY INC States 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is PRICE BAHCALL and my date of birth is My address is (state) (country) (city) I declare under penalty of perjury that the foregoing is true and correct. County, State of TEXAS Executed in DALLAS on the 4 day of FEB (month) (year) Signature of authorized agent of contracting business entity (Declarant)