CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | 1011 | |
|---|---|--|-------------------------------------|--|
| | 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 count of business. FabriClean Supply of Dallas, LP | Certificate Number: 2025-1315029 | | |
| | Dallas, 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 | | 05/27/2025 | |
| | being filed. | | | |
| | 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. | | | |
| | 2025-017 Detergents and Dispensors for Laundry | | | |
| | Detergents and Dispensers for Laundry | | | |
| 4 | | | Nature of interest | |
| Ľ | Name of Interested Party | City, State, Country (place of busine | | |
| \vdash | | | Controlling Intermedia | |
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| 5 Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name isTerry Hammond | _Terry Hammond, and my date of b | | |
| | My address is,,, | ,,,,,, | te) (zip code) (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | |
| | Executed in _PinellasCounty, | State of _Florida, on the _27_ | day of _May, 2025 (month) (year) | |
| | Terry Hammond | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | |