CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1303306 COMPLETE SUPPLY INC FARMERS BRANCH, TX United States Date Filed: 05/01/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County Date Acknowledged: 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. 2024-174 Jail and Personal Inmate Supplies Renewal Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary COMPLETE SUPPLY INC FARMERS BRANCH, TX United X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** PRICE BAHCALL My name is , and my date of birth is My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. _County, State of _TEXAS Executed in ____ DALLAS ₂₀ 25 Signature of authorized agent of contracting business entity (Declarant)