## **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 country of the business entity's place of business.  |   |  | Certificate Number: 2025-1334912        |                                   |  |  |
|   | Gary Machado  |   |  |   |                                   |  |  |
|   | Carrollton, TX United States  | •   |  |   |                                   |  |  |
| 2 | Name of governmental entity or state agency that is a party t   | to the contract for which the form is               | <b>Date Filed:</b> - 07/10/2025  |   |                                   |  |  |
|   | 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. |   |  |   |                                   |  |  |
|   | 2025-305  |   |  |   |                                   |  |  |
|   | Development Services Inspections  |   |  |   |                                   |  |  |
| 4 |   |   | Nature of interest   |   |                                   |  |  |
|   | Name of Interested Party  | City, State, Country (place of busin                | iess)  | (check ap                               |                                   |  |  |
|   |   |   |  | Controlling                             | Intermediary                      |  |  |
| _ |   |   |  |   |                                   |  |  |
|   |   |   | _  |   |                                   |  |  |
|   |   |   |  |   |                                   |  |  |
|   |   |   |  |   |                                   |  |  |
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|   |   |   |  |   |                                   |  |  |
|   |   |   |  |   |                                   |  |  |
|   |   |   |  |   |                                   |  |  |
| 5 | Check only if there is NO Interested Party.   |   |  |   |                                   |  |  |
| 6 | UNSWORN DECLARATION   |   |  |   |                                   |  |  |
|   | My name is Gary Machado   | and my date of birth is                             |  |   |                                   |  |  |
|   | My address is   |   |  |   |                                   |  |  |
|   |   | (city) (s   | state)   | (zip code)                              | (country)                         |  |  |
|   | I declare under penalty of perjury that the foregoing is true and correct.  |   |  |   |                                   |  |  |
|   | Executed in Collin Co   | county, State of <u>Texas</u> , on the              | _ <b>17</b> _c   | day of                                  | , 20 <u><b>25</b></u> .<br>(year) |  |  |
|   | _9\   |   |  |   |                                   |  |  |
|   |   |   |  |   |                                   |  |  |
|   |   | Signature of authorized agent of cor<br>(Declarant) | Signature of authorized agent of contracting business entity (Declarant) |   |                                   |  |  |