	ERTIFICATE OF INTERESTED PARTIES			FORM <b>1295</b>		
					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			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Law Office of Carolyn Skogman, PLLC		Certificate Number: 2025-1355819			
2	ustin, TX United States ame of governmental entity or state agency that is a party to the contract for which the form is eing filed. ollin County		Date Filed: - 08/27/2025 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.  2025-364, PSA, Attorney, Law L  Legal Service / Law Library Form Review					
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest siness) (check applicable) Controlling Intermediary			
Sk	kogman, Carolyn	Austin, TX United States	X		intermediary	
La	w Office of Carolyn Skogman, PLLC	Austin, TX United States		х		
_						
_						
5 Check only if there is NO interested Party.						
6	My name is and my date of birth is					
	My name is, and my date of birth is  My address is,					
		(city) (s	iate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.  Executed in					
	Signature of authorized age/it of contracting business entity (Declarant)					