## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|   | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   |   |                    | OFFICE USE ONLY CERTIFICATION OF FILING |                             |  |
|---|--|---|--------------------|---|-----------------------------|--|
| 1 | lame of business entity filing form, and the city, state and country of the business entity's place of business.   |   |                    | Certificate Number: 2025-1362924        |                             |  |
|   | ma Salera  |   |                    | 2020 1002024                            |                             |  |
|   | lckinney, TX United States   |   |                    | Date Filed:                             |                             |  |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is<br>eing filed.  |   |                    | 09/13/2025                              |                             |  |
|   | Collin County  |   |                    | Date Acknowledged:                      |                             |  |
| 3 | ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. |   |                    |   |                             |  |
|   | 2024-175<br>Contract 2024-175 Personal Services Agreement, VALOR, Irr  | ma Salera   |                    |   |                             |  |
| 4 |  |   | Nature of interest |   |                             |  |
|   | Name of Interested Party   | City, State, Country (place of busin                                      | ess)               | (check applicable)                      |                             |  |
|   |  |   | -+                 | Controlling                             | Intermediary                |  |
|   |  |   |                    |   |                             |  |
|   |  |   |                    |   |                             |  |
|   |  |   | $\neg$             |   |                             |  |
|   |  |   | _                  |   |                             |  |
|   |  |   | _                  |   |                             |  |
|   |  |   | _                  |   |                             |  |
|   |  |   |                    |   |                             |  |
|   |  |   |                    |   |                             |  |
|   |  |   |                    |   |                             |  |
|   |  |   |                    |   |                             |  |
| 5 | Check only if there is NO Interested Party.  |   |                    |   |                             |  |
| 6 | UNSWORN DECLARATION  |   |                    |   |                             |  |
|   | My name isIrma Salera  | and my date of birth is   |                    |   |                             |  |
|   | My address is  | (city) (st  | tate)              | (zin codo)                              | (country)                   |  |
|   | I doglove upday penalty of a singular that the f   |   | tate)              | (zip code)                              | (country)                   |  |
|   | declare under penalty of perjury that the foregoing is true and correct.   |   |                    |   |                             |  |
|   | Executed in CollinCounty   | y, State of Texas , on the  | 13 <sub>da</sub>   | ay of Septem                            | ber <sub>20</sub> 25 (year) |  |
|   |  | Arma Salera   |                    |   |                             |  |
|   |  | Signature of authorized agent of contracting business entity  (Declarant) |                    |   |                             |  |