# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



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**

**Certificate Number:**
2026-1418692

**Date Filed:**
02/10/2026

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
SEDALCO - Fort Worth, TX
Fort Worth, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**
SEDALCO Construction Servives

**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.**
2023-398 CCADF Medical Mental
Added scope to construction project.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Will Burgess, and my date of birth is [redacted].

My address is [redacted]
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of TX, on the 10 day of February, 20 26.
(month) (year)

Will Burgess
Digitally signed by Will Burgess
DN: C=US, E=wburgess@sedalco.com, O=SEDALCO Construction, OU=SEDALCO Construction, CN=Will Burgess
Date: 2026.02.10 09:58:51-06'00'

Signature of authorized agent of contracting business entity
(Declarant)