CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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			
1	lame of business entity filing form, and the city, state and country of the business entity's place					CERTIFICATION OF FILING			
	business.					Certificate Number: 2023-1065984			
	Certified Arbor Care Inc Round Rock, TX United States								
			Date Filed:						
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				08/30/2023				
	City of Round Rock				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.								
	23-018	or other property to be provided under the contract.							
	Tree Pruning and Removal Services								
ļ.	Name of Interested Party		0.4		Nature of interest				
	rame of interested Party		City, State, Country (place of business			(The second of			
		\rightarrow				Controlling	Intermediary		
		_							
					_				
		\dashv							
		\top			\dashv				
		+			\dashv				
Check only if there is NO Interested Party.									
U	NSWORN DECLARATION								
M	y name is Deboie Evans		,	and my date of bir	rth is				
N 4	y address is 133 Acabian Ave S		1 100 -	11:11 Ti	,	70/187	/16		
IVI	(street)			, (state	<u>X_</u> , _ ∋)	/ (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct.									
_	recuted in Williamson C		Tarra	2		A.	12		
_	C. C	ounty,	State of LEXA	$S_{\underline{}}$, on the $S_{\underline{}}$	<u>O</u> da		_, 20 <u>0</u> 2.		
			V			(month)	(year)		
		ſ	M		-				
	Signature of authorized agent of contracting business entity								
				(Declarant)	oung t	ousiness entity			
m	s provided by Texas Ethics Commission www	othic	s state ty us			Version V2			

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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 count of business.		Certificate Number: 2023-1065984							
	Certified Arbor Care Inc	202								
	Round Rock, TX United States	Date	Date Filed:							
2	Name of governmental entity or state agency that is a party to the	08/3	08/30/2023							
	being filed. City of Round Rock	Date	Date Acknowledged:							
	City of Round Rock		09/06/2023							
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.									
	23-018									
	Tree Pruning and Removal Services									
4	!				Nature of interest					
	Name of Interested Party	City, State, Country (place of busin		(check ap						
				Controlling	Intermediary					
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is	, and my date of birth is								
	My addraga is									
	My address is(street)	(city)	(state)	(zip code)	(country)					
	I declare under penalty of perjury that the foregoing is true and correct.									
	Executed inCounty	y, State of, on	the	_day of	, 20					
				(month)	(year)					
	Signature of authorized agent of contracting business entity (Declarant)									