

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

Certificate Number:
 2023-1072583

Date Filed:
 09/18/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

CENTERLINE SUPPLY
 AUSTIN, 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.

ROUND ROCK

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.

23-008
 STREET SIGNS

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
CENTERLINE SUPPLY	R, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jason Byrd, and my date of birth is [REDACTED].

My address is 1345 Terrace View, Georgetown, TX, 78628, Williamson,
(street) (city) (state) (zip code) (country)

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

Executed in TCSU, S County, State of TX, on the 18 day of 9, 2023
(month) (year)

Jason Byrd
 Signature of authorized agent of contracting business entity
 (Declarant)

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 AUSTIN, TX United States

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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Date Acknowledged:
 09/22/2023

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 23-008
 STREET SIGNS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CENTERLINE SUPPLY	R, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)