## **CERTIFICATE OF INTERESTED PARTIES**

L						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			Certificate Number:				
	ACT PIPE AND SUPPLY CO. INC.				2023-1017014			
	PFLUGERVILLE, TX United States			Date Fi	led:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			05/05/2023				
Γ.	being filed.							
	CITY OF ROUND ROCK TEXAS		9	Date A	cknowledged:			
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.							
	000000 WATERWORKS, PLUMBING MATERIALS, AND/OR JOINT PUPS							
4					Nature of	interest		
[	Name of Interested Party	City, State, Country (place of busin						
					Controlling	Intermediary		
		<u></u>						
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Γ			an da ang a si sa ang a si					
F								
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5	5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Jon Lamb	,	and my date of I	birth is _				
	My address is	, Salado (city)	,,, (st	[X_,,	(zip code)	, USA. (country)		
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inBellCounty, State ofTX, on the _5th day ofAay20 23							
	(month) (year)							
	Signature of authorized agent of contracting business entity (Declarant)							

## **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.							
Name of business entity filing form, and the city, state and country of the business entity's place of business.							
ACT PIPE AND SUPPLY CO. INC.							
	Date Filed						
e contract for which the form is							
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.							
	Date Acknowledged	:					
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.							
PUPS							
1	Noturo	finterest					
City State Country (place of busin	ess) (check applicable)						
City, State, Country (place of busin		Intermediary					
5 Check only if there is NO Interested Party.							
y name is, and my date of birth is							
		_,					
(City) (s	tate) (zip code)	(country)					
I declare under penalty of perjury that the foregoing is true and correct.							
hy State of the	day of	20					
iy, State of, on the							
	(monu)	(your)					
Signature of authorized agent of contracting business entity (Declarant)							
	ity or state agency to track or identify   ity or state agency to track or identify   ded under the contract.   PUPS   City, State, Country (place of busin	2023-1017014         Date Filed:         05/05/2023         Date Acknowledged:         05/05/2023         Nature of duther the contract.         PUPS         City, State, Country (place of business)         Nature of controlling         Ontrolling         Ontrolling         Optimized agent of birth is         Optimized agent of contracting business entity					