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 country of the of business. Lewis Concrete Restoration Corporation Buda, TX United States	2024 Date	Certificate Number: 2024-1190841 Date Filed:							
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. city of Round Rock			07/23/2024 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. 0000 Rehab tunnel repair									
				Nature of interest						
4	Name of Interested Party City, State, Country (place of busing		iness)	(check ap	oplicable)					
				Controlling Interm						
	Check only if there is NO Interested Party.									
-	Sharry Laurie									
	My name is Sherry Lewis and my date of birth is									
	My address is 405 Ware	Buda	TX .	78610	US					
	(street)	(city)	(state)	(zip code)	(country)					
	I declare under penalty of perjury that the foregoing is true and correct.									
	Executed in Hays County, State of	Texas, on the	23 0	day of July (month)	, 20_24 (year)					
	Signati	re of authorized agent of co (Declarant)	ontracting	g business entity						

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011				
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1	ame of business entity filing form, and the city, state and country of the business entity's place		Certificate Number:						
	of business.	Destauration Communities		2024-1190841					
	Buda, TX United States	wis Concrete Restoration Corporation		Date Filed:					
2		ne of governmental entity or state agency that is a party to the contract for which the form is		07/23/2024					
_	being filed.	Date Acknowledged: 07/23/2024							
	city of Round Rock								
3		tification number used by the governmental entity or state agency to track or identify the contract, and provide a e services, goods, or other property to be provided under the contract.							
	0000								
	Rehab tunnel repair								
4				Nature of interest					
	Name of Interested Party City, State, Country (place of busin		ness)	(check applicable)					
				Controlling	Intermediary				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	s, and my date of birth is							
	My addrass is								
	My address is(street)	(city) (city)	state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct								
	Executed inCounty	v. State of		day of	. 20				
		,,, 011 110		(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								