## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|   |   |   |                     |              |                     |  | 1011     |  |  |
|---|---|---|---------------------|--------------|---------------------|--|----------|--|--|
|   | 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 | ne of business entity filing form, and the city, state and country of the business entity's place   |   |                     |              | Certificate Number: |  |          |  |  |
|   | of business. The PlayWoll Group, Inc. /Playworks, Inc.  | lne   |                     |              |                     | 2022-845783                                  |          |  |  |
|   | The PlayWell Group, Inc. /Playworks, Inc<br>Boerne, TX United States  |   |                     |              | Date Filed:         |  |          |  |  |
| 2 | Name of governmental entity or state agency that is a party to the  | at is a party to the contract for which the form is |                     |              |                     | 02/01/2022                                   |          |  |  |
|   | being filed.  | iled.   |                     |              |                     | Date Acknowledged:                           |          |  |  |
|   | City of Round Rock  |   |                     | ľ            | Jate Ackilowieug    | jeu.   |          |  |  |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provided to the provided the identification number used by the governmental end description of the services. |   |                     | r identify t | he contract, and    | provide a                                    | l        |  |  |
|   | 00000   |   |                     |              |                     |  |          |  |  |
|   | Playground Equipment  |   |                     |              |                     |  |          |  |  |
| 4 |   |   |                     | Natu         | re of inter         | est  |          |  |  |
|   | Name of Interested Party City, State, Country   |   | ate, Country (place | of busines   |                     | (check applicable)  Controlling Intermediary |          |  |  |
|   |   | 1   |                     |              | Controllin          | g   inte                                     | rmediary |  |  |
|   |   |   |                     |              |                     |  |          |  |  |
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|   |   |   |                     |              |                     |  |          |  |  |
|   |   |   |                     |              | <u> </u>            |  |          |  |  |
| 5 | Check only if there is NO Interested Party.   |   |                     |              |                     |  |          |  |  |
| 6 | UNSWORN DECLARATION   |   |                     |              |                     |  |          |  |  |
|   | My name isMaria Powell  | , and my date of birth is                           |                     |              |                     |  |          |  |  |
|   | My address is203A State Highway 46 East   | ,   | Boerne              | ,T>          | X 78006             | , U\$  | S        |  |  |
|   | (street)  |   | (city)              | (stat        | te) (zip code)      | ) (cc  | ountry)  |  |  |
|   | I declare under penalty of perjury that the foregoing is true and corre   | ct.   |                     |              |                     |  |          |  |  |
|   | Executed in Kendall Coun  | ty, State o   | Texas<br>f          | _, on the    | 1st day of Febru    | uary . 20                                    | 0        |  |  |
|   |   |   |                     |              | (mo                 | onth)  | (year)   |  |  |
|   |   |   | Maria               | PAI          | well                |  |          |  |  |
|   |   | Signat  |                     |              |                     |  |          |  |  |
|   | 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.   |  |                         | OFFICE USE ONLY                 |            |  |  |  |  |
|---|--|--|-------------------------|---------------------------------|------------|--|--|--|--|
|   | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  |  | CERTIFICATION OF FILING |                                 |            |  |  |  |  |
| 1 | lame of business entity filing form, and the city, state and country of the business entity's place f business.                        |  |                         | Certificate Number: 2022-845783 |            |  |  |  |  |
|   | The PlayWell Group, Inc. /Playworks, Inc   |  | 2022 040100             |                                 |            |  |  |  |  |
|   | Boerne, TX United States   | oerne, TX United States  |                         |                                 |            |  |  |  |  |
| 2 | Name of governmental entity or state agency that is a party to the being filed.  | e agency that is a party to the contract for which the form is |                         |                                 |            |  |  |  |  |
|   | City of Round Rock   |  | te Acknowledged:        |                                 |            |  |  |  |  |
|   |  | 02/  | 02/17/2022              |                                 |            |  |  |  |  |
| 3 | Provide the identification number used by the governmental enti<br>description of the services, goods, or other property to be provide |  | dentify the             | contract, and prov              | vide a     |  |  |  |  |
|   | 00000  |  |                         |                                 |            |  |  |  |  |
|   | Playground Equipment   |  |                         |                                 |            |  |  |  |  |
|   |  | <u> </u>   |                         | Nature of                       | f interest |  |  |  |  |
| 4 | Name of Interested Party City, State, Country (place of busing   |  | business)               | (check applicable)              |            |  |  |  |  |
|   |  |  | Controlling             | Intermediary                    |            |  |  |  |  |
|   |  |  |                         |                                 |            |  |  |  |  |
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|   |  |  |                         |                                 |            |  |  |  |  |
|   |  |  |                         |                                 |            |  |  |  |  |
| 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 correc   | ct.  |                         |                                 |            |  |  |  |  |
|   | Evented in County  | . State of   | aa tha                  | dovide                          | 20         |  |  |  |  |
|   | Executed inCounty  | y, Sidle 01,   | JII IIIE                | day of<br>(month)               |            |  |  |  |  |
|   |  |  |                         |                                 |            |  |  |  |  |
|   |  |  |                         |                                 |            |  |  |  |  |
|   | Signature of authorized agent of contracting business entity (Declarant)   |  |                         |                                 |            |  |  |  |  |