

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 business entity's place of business.

Star of Texas Events
Austin, TX United States

Certificate Number:
2025-1272197

Date Filed:
02/20/2025

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, Texas - Purchasing Division

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.

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Professional tent and event rental services to support multiple events held annually throughout the City. This solicitation aims to establish a five-year contract for as-needed services to ensure well

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



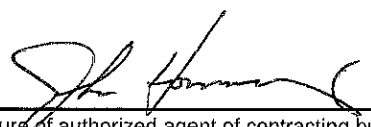
6 UNSWORN DECLARATION

My name is JOHN HONNING, and my date of birth is [REDACTED].

My address is 7803 FM 969 (street), AUSTIN (city), TX (state), 78724 (zip code), USA (country).

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

Executed in TRAVIS County, State of TEXAS, on the 24 day of FEBRUARY, 2025.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Star of Texas Events
Austin, TX United States

Certificate Number:
2025-1272197

Date Filed:
02/20/2025

Date Acknowledged:
02/24/2025

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City of Round Rock, Texas - Purchasing Division

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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)