

# 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:  
2024-1232025

Date Filed:  
10/28/2024

Date Acknowledged:

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

Yellowstone Landscape  
Pflugerville, 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.

City of 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.

24/048MR-09  
Landscape Maintenance

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Yellowstone Landscape	Pflugerville, TX United States		X

5 Check only if there is NO Interested Party.

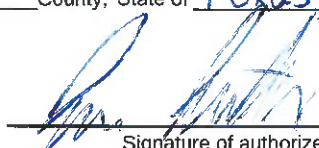
### 6 UNSWORN DECLARATION

My name is Ryan Lawton, and my date of birth is 

My address is 3204 Rowe Ln, Pflugerville, TX, 78660, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 14 day of November, 2024.  
(month) (year)

  
Signature of authorized agent of contracting business entity (Declarant)

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 CERTIFICATION OF FILING**

**Certificate Number:**  
 2024-1232025

**Date Filed:**  
 10/28/2024

**Date Acknowledged:**  
 11/14/2024

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 Yellowstone Landscape  
 Pflugerville, TX United States

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 24/048MR-09  
 Landscape Maintenance

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			Controlling	Intermediary
	Yellowstone Landscape	Pflugerville, 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)