

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.
 Auto Dent Quality
 Pflugerville, TX United States

Certificate Number:
 2024-1187566

Date Filed:
 07/15/2024

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

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.
 RFP 24-017
 Repair of fleet vehicles from hail damage and collision

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 Darshan Shah, and my date of birth is [REDACTED]

My address is 6600 Ed Blueskin Blvd, Apt 1014, Austin, TX, 78723, 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 15 day of July, 2024.
(month) (year)

D. Shah
 Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
 2024-1187566

Date Filed:
 07/15/2024

Date Acknowledged:
 07/16/2024

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 Auto Dent Quality
 Pflugerville, TX United States

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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)