| | 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 coun of business. Central Texas Refuse, Inc | try of the business entity's place | Certificate Number: 2016-120611 | | | |
| | Austin, TX United States | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 10/05/2016 | | | |
| | The 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. | | | | | |
| | Refuse Collection Contract Waste and Recycling Collection | | | | | |
| 4 | | City, State, Country (place of busine | | | finterest | |
| | Name of Interested Party | | | (check ap | pplicable) Intermediary | |
| Tolin, David | | Houston, TX United States | | Controlling | X | |
| Lavengco, Michael E. | | Austin, TX United States | | | Х | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | One Office and office of the Association of the Control of the One | |
| | | | | | | |
| _ | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | |
| 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | | |
| | HEATHER A. RAKOWITZ Notary Public, State of Texas Comm. Expires 03-11-2020 Notary ID 12229661 Signature of authorized agent of contracting business entity | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| | Sworn to and subscribed before me, by the said | | | | | |
| | Heathur A. Rakowitz | | | | | |

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath