## 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.		Certificate Number: 2024-1182264						
	Cobos Design & Construction Inc Austin, TX United States			Date Filed:					
2	Name of governmental entity or state agency that is a party to the co	entract for which the form is	06/28/2024						
	being filed.			Date Acknowledged:					
	City of Round Rock, Texas								
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.								
	000000								
	All Painting and Drywall Construction Trade								
1.5		T	Nature of	interest					
4	Name of Interested Party City, State, Country (place of bus		iess)	(check ap	plicable)				
				Controlling	Intermediary				
8									
_									
-									
-									
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION 0 0								
	Bon < Came								
	My name is 4110 COUDS								
	My address is 1123 Mansell Ave. Austin Tx 18021, USA.								
	(street) (city) (state) (zip code) (country)								
	I declare under penalty of periury that the foregoing is true and correct								
	declare under penalty of perjury that the foregoing is true and correct.								
	Executed in								
	Q (month) (year)								
	LINDA M RODRIGUEZ			~					
	Notary ID #7772760								
	My Commission Expires  January 27, 2025  Signature of authorized agent of contracting business entity  (Declarant)								

## **CERTIFICATE OF INTERESTED PARTIES**

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				Controlling	intermediary			
				+				
				_				
5	Check only if there is NO Interested Party.							
,	x							
6	UNSWORN DECLARATION							
	y name is, and my date of birth is							
	My address is		_,	<b>-</b> ,	,·			
	(street)	(city)	(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
Executed in, on theday of					20			
	Executed IIICounty	y, State of, t	on the	day of (month)				
	Signature of authorized agent of contracting business entity (Declarant)							