## CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

					1011				
	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: 2022-931937					
	RCain Law/Law Office of Randy Cain		2022-931937						
	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			09/09/2022					
	being filed.			Date Acknowledged:					
	City of Round Rock								
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	ber used by the governmental entity or state agency to track or identify the contract, and provide a cods, or other property to be provided under the contract.							
	2022-A	g g							
	State legislative services								
4				Nature of interest (check applicable)					
	Name of Interested Party	City, State, Country (place of business)		Controlling	Intermediary				
-			$\overline{}$	Controlling	intermediary				
			$\rightarrow$						
		2							
5	5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Randy C. Cain, and my date of birth is_								
	My address is 1122 Colovado St, Ste106 Austra TX, 78701 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 9 day of Sept, 2022.								
	TM C.C.								
	Signature of authorized agent of contracting business entity								
	(Declarant)								

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

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	RCain Law/Law Office of Randy Cain		202	2-931931					
	Austin, TX United States		Date	e Filed:	ſ				
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	eing filed.			Date Acknowledged:					
	City of Round Rock			15/2022					
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	2022-A State legislative services								
	State registative services								
4				Nature of interest					
•	Name of Interested Party City, State, Country (place of busin		usiness)	(check ap					
				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 inCounty	v. State of , on	the	day of	, 20 .				
		·		(month)	(year)				
	Signature of authorized agent of contracting business entity								
		(Declarant)							