

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.

M&C Fonseca Construction Co., Inc.
Granite Shoals, TX United States

Certificate Number:
2023-979836

Date Filed:
02/06/2023

Date Acknowledged:

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, TX

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 2022 Arterial Sidewalk
000000 2022 Arterial Sidewalk Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fonseca, Matias	Granite Shoals, TX United States	X	
	Fonseca, Carmen	Granite Shoals, TX United States	X	

5 Check only if there is NO Interested Party.

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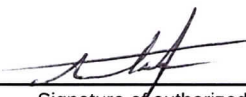
6 UNSWORN DECLARATION

My name is Matias Fonseca, and my date of birth is .

My address is 1422 Kings Cove Dr., Granite Shoals, TX, 78654, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Burnet County, State of Texas, on the 6th day of February, 20 23.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Granite Shoals, TX United States

Certificate Number:
2023-979836

Date Filed:
02/06/2023

Date Acknowledged:
02/08/2023

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	Fonseca, Carmen	Granite Shoals, 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)