

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**

Certificate Number:
2019-519044

Date Filed:
07/19/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
The Public Restroom Company
Minden, NV United States

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

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.
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Clay Madsen Soccer Field Prefabricated Restroom Building furnished and turnkey installation

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
The Public Restroom Company	Minden, NV United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Charles E. Kaufman, IV, and my date of birth is 3/11/1974.

My address is 4375 Great Falls Loop, Reno, NV, 89511, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Douglas County, State of Nevada, on the 19th day of July, 2019.
(month) (year)

Charles E. Kaufman, IV
Signature of authorized agent of contracting business entity
(Declarant)

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 Minden, NV United States

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			Controlling	Intermediary
	The Public Restroom Company	Minden, NV 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)