CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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: 2020-701641			
	GRAY UTILITY & REHAB CO.			2020 1000 12		
	Cypress, TX United States			Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is			12/28/2020		
	eing filed.		Date Acknowledged:			
	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.					
	QA No. 1 Basin 2 and 3, Cycle 3 Manhole Rehab - QA No. 1					
_	Natur					
4	Name of Interested Party	Name of Interested Party City, State, Country (place of busin		(check applicable)		
				Controlling	Intermediary	
Tamez, Marcus		Cypress, TX United States		X		
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5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is, and my date of birth is						
	My address is 9402 BUTTON BENSH CT CYPETSS TK 77433 VSA					
	(street) / (city) (state) (zip code) (country)					
	l declare under penalty of perjury that the foregoing is true and correct. Executed in					
	Executed inCounty, State of, on theday of, 20 (month) (year)					
	Maha					
	Signature of authorized agent of contracting business entity (Declarant)					