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 | lame of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2024-1176051 | | |
| | | | | | | |
| | Katy, TX United States | | | Date Filed: | | |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is | | | 06/17/2024 | | |
| | being filed. | | | Date Acknowledged: | | |
| | City of Burleson | | Date | e 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. | | | | | |
| | Station 330 | | | | | |
| | Station 330 street light reimbursement | | | | | |
| 4 | | | | Nature of interest | | |
| • | Name of Interested Party City, State, Country (place of bu | | siness) | (check ap | | |
| | | | | Controlling | Intermediary | |
| Abrahamson, Barry | | Katy, 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 | | | | | |
| | My address is(street) | ,,, - | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | |
| | Executed inCounty | / State ofon ti | ne | day of | 20 | |
| | County | ,, 5.0.0 0, 011 ti | | (month) | (year) | |
| | | | | | | |
| | | Signature of authorized agent of o | contractir | ng business entity | | |
| (Declarant) | | | | | | |