## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

1 of 1

|    |   |   |  |  | 1011                      |  |  |
|----|---|---|--|--|---------------------------|--|--|
|    | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   |   |  | OFFICE USE ONLY<br>CERTIFICATION OF FILING |                           |  |  |
| 1  | Name of business entity filing form, and the city, state and count of business.   |   | <b>Certificate Number:</b><br>2023-1051330 |  |                           |  |  |
|    | Mobile Communications America   | 2025  | 020 1001000                                |  |                           |  |  |
|    |   |   |  | Date Filed:                                |                           |  |  |
| 2  | lame of governmental entity or state agency that is a party to the contract for which the form is   |   |  | 07/26/2023                                 |                           |  |  |
| 12 | being filed.  |   |  |  |                           |  |  |
|    | City of Burleson  | fBurleson   |  |  | Date Acknowledged:        |  |  |
| 3  | ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract. |   |  |  |                           |  |  |
|    | 20230501-001  |   |  |  |                           |  |  |
|    | Access control and cabling  |   |  |  |                           |  |  |
|    |   | Nature of   | ture of interest                           |  |                           |  |  |
| 4  | Name of Interested Party  | City, State, Country (place of business)                                    |  | (check applicable)                         |                           |  |  |
|    |   |   |  | Controlling                                | Intermediary              |  |  |
|    |   |   |  |  |                           |  |  |
|    |   |   |  |  |                           |  |  |
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|    |   |   |  |  |                           |  |  |
|    |   |   |  |  |                           |  |  |
|    | 5 Check only if there is NO Interested Party.   |   |  |  |                           |  |  |
| 6  | UNSWORN DECLARATION   |   |  |  |                           |  |  |
|    | My name is Troy Berry   | , and my date of birth is   |  |  |                           |  |  |
|    | My address is 501 Duncan Perry Rd,  |   | κ.   | 76011                                      | ,US                       |  |  |
|    | (street)  |   | tate)                                      | (zip code)                                 | (country)                 |  |  |
|    | I declare under penalty of perjury that the foregoing is true and correct.  |   |  |  |                           |  |  |
|    | Executed in Tarrant Count   | y, State of <b>_Texas</b> , on the  | <b>26</b> d                                | av of <b>Julv</b>                          | . 20 23 .                 |  |  |
|    |   |   | u  | (month)                                    | , 20 <u>3</u> .<br>(year) |  |  |
|    |   | 1~ 12   | _  |  |                           |  |  |
|    |   | Signature of authorized agent of contracting business entity<br>(Declarant) |  |  |                           |  |  |