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	ame of business entity filing form, and the city, state and country of the business entity's place business.					Certificate Number:				
	Accessology Too, LLC					2023-986304				
	McKinney, TX United States					Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is					02/22/2023				
	being filed. City of Burleson, 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.									
	CPD2210734									
	ADA / Accessibility Consulting Services									
_						Nature of interest				
4	Name of Interested Party City, State, Country (place of bus				e of busine	ness) (check applicable)				
							Controlling	Intermediary		
Avalos, Kristi			McKinney, TX United States				X			
A۱	valos, Thomas		McKinne	ey, TX United S	States		X			
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is Kristi Avalos		, and my date of bi				04/24/1960	.		
	My address is1407 W. University Drive		,	McKinney	, <u>T</u>	〈 ,	75069	,USA		
	(street)			(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and	correct.								
	Executed in Collin	_County,	State of _	Texas	, on the _	<u>22nd</u> da				
				7	1		(month)	(year)		
Signature of authori½ed agent o (Declarant)							contracting business entity			