## **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                                                                          | Name of business entity filing form, and the city, state and country of the business entity's place of business.                                                                                                          |                                       |            | Certificate Number:                     |              |  |
|                                                                            | Sam Pack's Five Star Ford                                                                                                                                                                                                 |                                       |            | 2018-324425                             |              |  |
|                                                                            | Carrollton, TX United States                                                                                                                                                                                              |                                       |            | Filed:                                  |              |  |
| 2                                                                          | Name of governmental entity or state agency that is a party to the contract for which the form is                                                                                                                         |                                       |            | 03/09/2018                              |              |  |
| _                                                                          | eing filed,                                                                                                                                                                                                               |                                       | 00,00,2020 |                                         |              |  |
|                                                                            | City of North Richland Hills                                                                                                                                                                                              |                                       |            | Date Acknowledged:                      |              |  |
| 3                                                                          | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. |                                       |            |                                         |              |  |
|                                                                            | 018-022                                                                                                                                                                                                                   |                                       |            |                                         |              |  |
|                                                                            | ehicles                                                                                                                                                                                                                   |                                       |            |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
| 4                                                                          | Name of Japanese and Broken                                                                                                                                                                                               |                                       | ,          | Nature of interest                      |              |  |
|                                                                            | Name of Interested Party                                                                                                                                                                                                  | City, State, Country (place of busine | _          |                                         | plicable)    |  |
| _                                                                          |                                                                                                                                                                                                                           |                                       |            | Controlling                             | Intermediary |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
| _                                                                          |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
| _                                                                          |                                                                                                                                                                                                                           |                                       | -          |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · · |            |                                         |              |  |
| _                                                                          |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            | <u> </u>                                                                                                                                                                                                                  |                                       |            |                                         |              |  |
| -                                                                          |                                                                                                                                                                                                                           |                                       | $\dashv$   |                                         |              |  |
| _                                                                          |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
| 5 Check only if there is NO Interested Party.                              |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
| UNSWORN DECLARATION                                                        |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            | My name is Alan Rosure. , and my date of birth is 10/13                                                                                                                                                                   |                                       |            |                                         |              |  |
|                                                                            | My address is 1635 TH 35E Carrolly Ty, 75006, USA.  (street) (city) (state) (zip code) (country)                                                                                                                          |                                       |            |                                         |              |  |
| I declare under penalty of perjury that the foregoing is true and correct. |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            | Executed in County, State of 12x45 on the day of 10x45.                                                                                                                                                                   |                                       |            |                                         |              |  |
|                                                                            |                                                                                                                                                                                                                           |                                       |            |                                         |              |  |
|                                                                            | Signature of authorized agent of contracting business entity (Declarant)                                                                                                                                                  |                                       |            |                                         |              |  |