CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

	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 if business.			Certificate Number: 2022-958371		
	Community Association of The Retreat, Inc.			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			11/23/2022		
	eing filed.		Date Acknowledged:			
	Community Association of The Retreat, Inc.					
3	Provide the Identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.					
	Donation Donation for Fort Bend County Constables Office Precinct 4					
4		City, State, Country (place of busine	Nature of interest (check applicable)			
	Name of Interested Party	on's ome cominy there a mantices)		Controlling	Intermediary	
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5 Check only if there is NO interested Party.						
6 UNSWORN DECLARATION						
My name is Method of Fix and my date of birth is 8/3/1965.						
	My address is 7002 Privil brook 4/40 Jugarland TL, 1945 (state) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in <u>FOLK BOW</u> County, State of <u>TOVAW</u> , on the <u>13 day of Well</u> , 20 <u>23</u> . (month) (year)					
	Signature of authorized agent of contracting business entity (Declarant)					