CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

L 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: 2024-1119587		
	ort Bend Memorial Planning Center		Date Filed:			
2	Rosharon, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is		02/02/2024			
_	being filed.			Best Ashamalada d		
	ort Bend County			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.					
	B24-033					
	PAUPER BURIAL SERVICES					
4	Name of Interested Party City, State, Country (place of			Nature of interest		
			ess)	(check applicable) Controlling Intermediary		
Swearington, ROBERT		Fresno, TX United States		X	,	
					-	
		* .				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is Robert Swearington	, and my date of	birth is	53	37	
	My address is 938 W Lasmine St (street)	FYESHU T	tate)	77545 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed in					
	Control (year)					
	Signature of authorized agent of contracting business entity (Declarant)					