

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

Certificate Number:

2024-1116904

Date Filed:

101/27/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Best Friends

Kanab, UT United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County Health & Human Services

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.

BF2023

Mentorship Program Webinar and Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Fraily Rodriguez, and my date of birth is 04/22/1980.

My address is 5001 Angel Canyon Road, Kanab, UT, 84741, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Kane County, State of Utah, on the 27 day of January, 2024.
(month) (year)

Frain Rodriguez

Signature of authorized agent of contracting business entity
(Declarant)