CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| | | | | | | | 1011 | | |
|---|--|--|--------------------------------------|-------------|---|---------------------|--------------|--|--|
| | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | | |
| 1 | · · · · · | e of business entity filing form, and the city, state and country of the business entity's place | | | | Certificate Number: | | | |
| | FireTron, Inc. | | | | 2024 | 1-1233778 | | | |
| | Stafford , TX United States | | | | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a p | party to the | contract for which the for | m is | | 1/2024 | | | |
| | being filed. | | | | L | | | | |
| | Fort Bend County | | | | Date | Acknowledged | : | | |
| | | | | | <u> </u> | | | | |
| 3 | Provide the identification number used by the government description of the services, goods, or other property to | | | or identify | the co | ontract, and pro | ovide a | | |
| | 18378 | | | | | | | | |
| | Fire Alarm Replacment | | | | | | | | |
| 4 | | | | | Nature of interest | | | | |
| - | Name of Interested Party | | City, State, Country (place of busin | | ess) | (check applicable) | | | |
| | | | | | | Controlling | Intermediary | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | My name is Patti Kutzer | , and my date of birth is May 2, 1975 | | | | | | | |
| | | | Stafford | | | 77471 | USA | | |
| | (street) | | (city) | | ate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | |
| | Executed in Fort Bend | County | , State of Texas | , on the _ | 1st _ | day of Novemb | er , 20_24 | | |
| | | | | | | (month) | (year) | | |
| | | _ Pot | ti Kutzel | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |