## **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  | Name of business entity filing form, and the city, state and country of the business entity's place of business.  Camelot Roofing  Fort Worth, TX United States  |                                      |   | Certificate Number: 2016-71560  Date Filed: 06/15/2016  Date Acknowledged: |        |  |
| 2  | ame of governmental entity or state agency that is a party to the contract for which the form is<br>ing filed.<br>ty of Fort Worth   |                                      |   |  |        |  |
| 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.<br>13-0124<br>Priority Repair Services Program-Roofing   |                                      |   |  |        |  |
| 4  | Name of Interested Party   | City, State, Country (place of busin | ess) Nature of interest (check applicable) Controlling Intermediary |  |        |  |
| Br   | own, Tonie   | Fort Worth, TX United States         |   | X  |        |  |
| Br   | own, Anthony   | Fort Worth, TX United States         |   | X  |        |  |
|  | v  |                                      |   |  |        |  |
|  |  |                                      |   |  |        |  |
|  |  |                                      |   |  |        |  |
|  |  |                                      |   |  |        |  |
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|  |  |                                      | $\neg$  |  |        |  |
| -  |  |                                      |   |  |        |  |
| i  | Check only if there is NO Interested Party.  |                                      |   |  |        |  |
| 5  | FFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.   |                                      |   |  |        |  |
| Signature of authorized agent of contracting business entity |  |                                      |   |  |        |  |
| AFFIX NOTARY STAMP / SEAL ABOVE                              |  |                                      |   |  |        |  |
| Sworn to and subscribed before me, by the said               |  |                                      |   |  | ine.   |  |
|  | Signature of officer administering oath Printed name of contractions of the second sec | ficer administerin                   | g oath  |  |        |  |