CERTIFICATE OF INTERESTED PARTIES

Name of business entity filing form, and the city, state and country of the business entity's place of business. Orardy Plumbing Company Fort Worth, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Other Fled: Other Fled:					1011	
Centrificate Number of business entity filing form, and the city, state and country of the business entity's place of business. Ordrady Plumbing Company Fort Worth. TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Fort Worth 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. 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. Plumbing Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling intermediary Check only if there is NO Interested Party. I sweat, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of acilhonzed agent of contracting business entity AFFIDAVIT I sweat, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of acilhonzed agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Victoria. Printed Parame Signature of officer administering oath Printed name of officer administering oath Fitte of officer administering oath	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
Orange Plumbing Company Fort Worth, TX United States Allower State agency that is a party to the contract for which the form is being filed. City of Fort Worth 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. 17-0007 Plumbing Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermediary Check only if there is NO Interested Party. AFFIDAVIT 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 subsolibed before me, by the said VICA As a tribute of authorized agent of contracting business entity AFFIX NOTARY STAMP is SEAL ABOVE Sworn to and subsolibed before me, by the said VICA As a tribute of authorized agent of contracting business entity AFFIX NOTARY STAMP is SEAL ABOVE Sworn to and subsolibed before me, by the said VICA As a tribute of authorized agent of officer administering oath Primed name of officer administering oath Primed name of officer administering oath Title of officer administering oath	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION OF FILING			
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