

# 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:  
2024-1176613

Date Filed:  
06/17/2024

Date Acknowledged:

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

ALPHA PAVING INDUSTRIES LLC  
Round Rock, TX United States

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

Williamson County

**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.**

24IFB55  
Cul-de-Sac and Straight Section – Fog Seal Spring 2024

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Alpha Paving Industries LLC	Round Rock, TX United States	X	

5 Check only if there is NO Interested Party.

☐

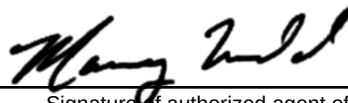
**6 UNSWORN DECLARATION**

My name is Manny Trinidad, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 17th day of June, 2024.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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ALPHA PAVING INDUSTRIES LLC  
Round Rock, TX United States

**Certificate Number:**  
2024-1176613

**Date Filed:**  
06/17/2024

**Date Acknowledged:**  
06/21/2024

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Williamson County

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24IFB55  
Cul-de-Sac and Straight Section – Fog Seal Spring 2024

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			Controlling	Intermediary
	Alpha Paving Industries LLC	Round Rock, TX United States	X	

**5 Check only if there is NO Interested Party.**

☐

## 6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)