

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.

George Butler Associates, Inc.
 Leander, TX United States

Certificate Number:
 2024-1208428

Date Filed:
 08/30/2024

Date Acknowledged:

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

Williamson County Texas

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.

24RFP66
 Lease of Commercial Property: 1500 CR 269 Leander, TX

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	GBA Companies, Inc.	Lenexa, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is John Cooper, and my date of birth is [REDACTED].

My address is [REDACTED] Lenexa KS 66219 USA
(street) (city) (state) (zip code) (country)

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

Executed in Johnson County, State of Kansas, on the 3rd day of September, 2024.
(month) (year)

[Signature]
 Signature of authorized agent of contracting business entity
 (Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2024-1208428

Date Filed:
08/30/2024

Date Acknowledged:
09/05/2024

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George Butler Associates, Inc.
Leander, TX United States

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Williamson County Texas

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			Controlling	Intermediary
	GBA Companies, Inc.	Lenexa, KS 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)