## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

	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	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Distributions of the business entity's place of business.  Distributions of the business entity's place of business entity's place of business.			Certificate Number: 2020-578692 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			01/17/2020		
	eing filed.		- 1	Date Acknowledged:		
	City of McKinney			Date Acknowledged.		
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.					
	20-004DA Type IV Landfill 1st Amendment to the Final Settlement Agreement					
4	Name of later and Borto	City, State, Country (place of busine		Nature of interest ess) (check applicable)		
	Name of Interested Party			Controlling	Intermediary	
					y	
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	name is Thomas F. Noons, and my date of birth is 08-28-1957.					
	My address is 4521 San Felipe Street, Apt # 2702 (street)	, Houston (city)	Texa (state)	s, 77027 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of <u>Texas</u>	_, on the _17	th day of <u>January</u> (month)	, 20 <u>20</u> . (year)	
	Chouse of Non-					
	Signature of authorized agent of contracting business entity (Declarant)					