FORM **1295** 

1 of 2

	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.  Halff Associates, Inc.	Certificate Number: 2023-1076037
	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	09/26/2023
	City of Round Rock	Date Acknowledged:

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.

000000 Wyoming Springs Seg. 1

Professional and Environmental Services for Construction Phase

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		, , , , , , , , , , , , , , , , , , , ,	Controlling	Intermediary
Baker, Jessica	, Jessica Richardson, TX United States		×	
Bertram, Shawn		Austin , TX United States	х	
Delgado, Jose		McAllen, TX United States		
Ickert, Andrew  Jackson , Todd		Richardson, TX United States	х	
		Fort Worth, TX United States	×	
		Austin, TX United States	×	
		Richardson, TX United States	х	
Hollis, Leigh		Frisco, TX United States	×	
Miller, Steven		Austin, TX United States	Х	
Moya , Mike		Austin, TX United States	х	
Murray, Menton		McAllen, TX United States	Х	
French, Sherri		Tampa, FL United States	х	
Sagel, Joseph		Richardson, TX United States	×	
Tanksley, Dan		Richardson, TX United States	×	
		1		<u> </u>

FORM **1295** 

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						2 01 2
	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.			CEF	OFFICE US	E ONLY N OF FILING
1	lame of business entity filing form, and the city, state and country of the business entity's place f business.				ficate Number:	
	Halff Associates, Inc.			2023	-1076037	
	Richardson, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which t	he form is		6/2023	
_	being filed.	ic contract for which t	iic ioiiii is			
	City of Round Rock			Date	Acknowledged	:
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services of the ser			the co	ontract, and pro	ovide a
	000000 Wyoming Springs Seg. 1 Professional and Environmental Services for Construction Ph	nase				
4				Nature of in		
	Name of Interested Party City, State, Country (place o		(place of busin	ess)		ipplicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Eric J. Ratzman	,	and my date of	oirth is		·
	My address is 13620 Briarwick Drive Bld. C Suite 1	101 <sub>,</sub> Austin	, <u>T</u> >	<b>(</b> , _	78729	_, <u>USA</u>
	(street)	(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	xecuted in WilliamsonCounty, State of Texas, on the		e 26th day of September, 2023.			
			- ii		(month	) (year)
			wy	!(	70	
		Signature of authori	zed agent of cont (Declarant)	racting	g business entity	/
			(Decidianit)			

**FORM 1295** 

1 of 2

	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	Certificate Number:
	of business.	2023-1076037
	Halff Associates, Inc.	
	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	09/26/2023
	City of Round Rock	Date Acknowledged: 09/27/2023

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.

000000 Wyoming Springs Seg. 1

Professional and Environmental Services for Construction Phase

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Intermediary
Baker, Jessica	Richardson, TX United States	X	
Bertram, Shawn	Austin , TX United States	Х	
Delgado, Jose	McAllen, TX United States	Х	
Edwards , Mark	Richardson, TX United States	Х	
Ickert, Andrew	Fort Worth, TX United States	Х	
Jackson , Todd	Austin, TX United States	х	
Killen, Russell	Richardson, TX United States	Х	
Hollis, Leigh	Frisco, TX United States	Х	
Miller, Steven	Austin, TX United States	Х	
Moya , Mike	Austin, TX United States	Х	
Murray, Menton	McAllen, TX United States	Х	
French, Sherri	Tampa, FL United States	х	
Sagel, Joseph	Richardson, TX United States	Х	
Tanksley, Dan	Richardson, TX United States	Х	

FORM **1295** 

					2 of 2	
	Complete Nos. 1 - 4 and 6 if there are interested parties.	_		OFFICE USE		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business er		Certificate Number: 2023-1076037		
	Halff Associates, Inc.			2020 10.001		
	Richardson, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which	the form is	09/26/2023		
	City of Round Rock			Date Acknowledged: 09/27/2023	:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid			the contract, and pro	vide a	
		led under the contra	.Ct.			
	000000 Wyoming Springs Seg. 1 Professional and Environmental Services for Construction Pha	ase				
4				Nature o	of interest	
-	Name of Interested Party	City, State, Country	y (place of busine	· · - · · · · · · · · · · · · · · · · ·	(check applicable)	
				Controlling	Intermediary	
					-	
					<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		_, and my date of t	oirth is	·	
	My address is					
	(street)	(city)		ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ነተ				
			on the	day of	20	
	Executed iii	/, State of	, On the _	day of (month)		
		Signature of author		tracting business entity		
ı			(Declarant)			