

# 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.

Novak Commercial Construction, LLC  
Georgetown, TX United States

Certificate Number:  
2023-1045959

Date Filed:  
07/13/2023

Date Acknowledged:

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

City of Round Rock

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.

000000 CORR Rockcare Wellness  
Remodel of existing space

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Novak, Jeff	Georgetown, TX United States	X	
	McLaughlin, Morgan	Georgetown, TX United States	X	

5 Check only if there is NO Interested Party.

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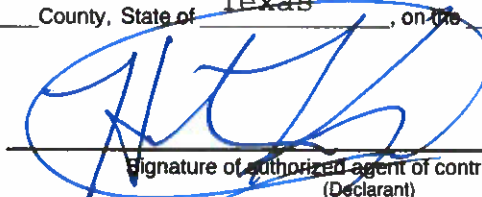
### 6 UNSWORN DECLARATION

My name is Hunter Konzen, and my date of birth is [REDACTED]

My address is 1500 Rivery Blvd, STE 2200, Georgetown, TX, 78628, 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 13 day of July, 2023  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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Georgetown, TX United States

**Certificate Number:**  
2023-1045959

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07/13/2023

**Date Acknowledged:**  
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City of Round Rock

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	Mclaughlin, Morgan	Georgetown, 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)