

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 FILINGCertificate Number:
2025-1400756Date Filed:
12/16/2025

Date Acknowledged:

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

Cutler Repaving, Inc.
Lawrence, KS United States

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, TX

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.

2023 Arterial SMP C.O. # 3
Hot in Place Recycling of Arterial Streets

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Veskerna, Charles	Lawrence, KS United States	X	
	Cutler, Douglas	Los Ranchos, NM United States	X	
	Miles , John	Lawrence, KS United States	X	
	Rathbun, John	Lawrence, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Charles R. Veskerna and my date of birth is [REDACTED]My address is 11814 Pawnee Ln, Leawood, KS, 66211, U.S.
(city) (state) (zip code) (country)

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

Executed in Douglas County, State of Kansas, on the 16th day of Dec, 2025.
(month) (year)Charles R. VeskernaSignature of authorized agent of contracting business entity
(Declarant)

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	Rathbun, John	Lawrence, 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 _____, _____, _____, _____, _____, _____.
(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)