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	at herein and	Certificate Number: 2024-1247348
	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.	12/10/2024
	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.

Wyoming Springs Segment 1 SC#5 Construction Phase Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Sagel, Joseph	seph Richardson, TX United States			
Baker Daily, Jessica	Richardson, TX United States	Х		
Bertram, Shawn	Austin , TX United States	Х		
Cranston, Shaun	Austin, TX United States	Х		
Delgado, Jose	McAllen, TX United States	Х		
Engelhardt, Cindy	Austin, TX United States	Х		
French, Sherri	Frisco, TX United States	Х		
Hollis, Leigh	Frisco, TX United States	X		
Ickert, Andrew	Fort Worth, TX United States	Х		
Jackson, Todd	Austin, TX United States	Х		
Miller, Steven	Austin, TX United States	Х		
Moya, Michael	Austin, TX United States	×		
Murray, Menton	McAllen, TX United States	Х		
Pylant, Ben	Fort Worth , TX United States	х		
		<u> </u>		

FORM **1295**

					2 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	
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place		cate Number: 1247348	
	Halff Associates. Inc.				
2	Richardson, TX United States Name of governmental entity or state agency that is a party to the	contract for which the form is	Date F 12/10		
_	being filed. City of Round Rock	contract for which the form is	Date A	e Acknowledged:	
	,				
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ntract, and pro	vide a
	Wyoming Springs Segment 1 SC#5 Construction Phase Services				
4					f interest
	Name of Interested Party City, State, Country (place of		ness)	(check applicable) Controlling Intermediary	
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is, and my date of birth				·
	My address is13620 Briarwick Dr Bldg. C, Ste. 100	,, 	X, _	78729	., _USA
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty,	State of, on the	<u>10th</u> da	-	
			1	(month)	(year)
		(ing	6		
		Signature of authorized agent of co	tracting	business entity	

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.	Certificate Number:
	Halff Associates. Inc.	2024-1247348
	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.	12/10/2024
	City of Round Rock	Date Acknowledged: 01/27/2025

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.

Wyoming Springs Segment 1 SC#5 Construction Phase Services

Name of Interested Party City, State, Country (place of business)		Nature of interest (check applicable)		
	Controlling	Intermediary		
Richardson, TX United States	×			
Richardson, TX United States	х			
Austin , TX United States	х			
Austin, TX United States	х			
McAllen, TX United States	х			
Austin, TX United States	Х			
Frisco, TX United States	Х			
Frisco, TX United States	х			
Fort Worth, TX United States	х			
Austin, TX United States	х			
Austin, TX United States	х			
Austin, TX United States	х			
McAllen, TX United States	х			
Fort Worth , TX United States	х			
	Richardson, TX United States Richardson, TX United States Austin , TX United States Austin, TX United States McAllen, TX United States Austin, TX United States Frisco, TX United States Frisco, TX United States Fort Worth, TX United States Austin, TX United States McAllen, TX United States	City, State, Country (place of business) Richardson, TX United States Richardson, TX United States X Austin, TX United States X McAllen, TX United States X Frisco, TX United States X Fort Worth, TX United States X Austin, TX United States X Fort Worth, TX United States X Austin, TX United States X Fort Worth, TX United States X Austin, TX United States X		

FORM **1295**

2 of 2

						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.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	business entity filing form, and the city, state and country of the business entity's place ess.			Certificate Number: 2024-1247348			
	Halff Associates, Inc.			2024	-1247340			
	Richardson, TX United States			Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which	the form is	12/10	0/2024			
	being filed.			Date Acknowledged: 01/27/2025				
	City of Round Rock							
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services of the se			/ the contract, and provide a				
	Wyoming Springs Segment 1 SC#5 Construction Phase Services							
4	1				Nature of	finterest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)		
					Controlling	Intermediary		
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is		and my date of t	oirth is		·		
	My addrace is							
	My address is(street)	(city)	(sta	, ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	xt.						
	Executed inCounty	y, State of	, on the	c	lay of	, 20		
					(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)							