CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

	plete Nos. 1 - 4 and 6 if there are interested parties. plete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number:				
	Kasberg, Patrick & Associates, LP	2025	2025-1393119					
	Temple, 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.			11/24/2025				
	•			Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.							
	Round Rock C4-B34 (2025) Cycle 4 – Basins 3 & 4 WW Collection System Rehabilitation							
4		City, State, Country (place of business)		Nature of interest				
	Name of Interested Party				pplicable)			
17-	sahara DE BislaM	Tample TV United States		Controlling	Intermediary			
Κċ	asberg, PE, Rick N.	Temple, TX United States	X					
Patrick, PE, CFM, R. David		Temple, TX United States		Х				
Sutton, III, PE, CFM, Alvin R.		Georgetown, TX United States		Х				
Valle, PE, Thomas D.		Temple, TX United States	Х					
Tolbert, PE, Ginger R.		Temple, TX United States	Х					
Simcik, PE, CFM, John A.		Temple, TX United States		Х				
Crow, PLA, CNUa, Travis A.		Georgetown, TX United States		Х				
Bintz, CPA, CCIFP, Camryn R.		Temple, TX United States		Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Alvin R. Sutton, III	and my date of birth is						
	My address is 800 South Austin Avenue	, Georgetown , T	ΓX_,	78626	, <u>USA</u> .			
		(city) (st	tate)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
Executed in WilliamsonCounty, State of Texas, on the 24 day of Nover								
	(month) (year)							
	Signature of authorized agent of contracting business entity (Declarant)							

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	ame of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:					
	of business.	202	2025-1393119						
	Kasberg, Patrick & Associates, LP Temple, TX United States	Date	Date Filed:						
2	Name of governmental entity or state agency that is a party to the	11/2	11/24/2025						
	being filed. City of Round Rock	Date	Date Acknowledged:						
				12/17/2025					
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.								
	Round Rock C4-B34 (2025)	add and or the contract							
	Cycle 4 – Basins 3 & 4 WW Collection System Rehabilitation								
_		1		Nature of	interest				
4	Name of Interested Party	City, State, Country (place of busin		<u> </u>	. ,				
				Controlling	Intermediary				
Ka	sberg, PE, Rick N.	Temple, TX United States		X					
Pa	atrick, PE, CFM, R. David	Temple, TX United States	emple, TX United States						
Sutton, III, PE, CFM, Alvin R.		Georgetown, TX United State	Х						
Valle, PE, Thomas D.		Temple, TX United States	X						
То	lbert, PE, Ginger R.	Temple, TX United States		X					
Simcik, PE, CFM, John A.		Temple, TX United States	X						
Crow, PLA, CNUa, Travis A.		Georgetown, TX United State	S	Х					
Bintz, CPA, CCIFP, Camryn R.		Temple, 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								
	No. address to								
	My address is	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and corre	ct.							
	Executed inCount	by, State ofon t	he	dav of	. 20				
		, 5		(month)					
	Signature of authorized agent of contracting business entity (Declarant)								