

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**

Certificate Number:
2021-834646

Date Filed:
12/21/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Texas Materials Group
Cedar Park, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
The 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
Change order / quantity adjustment for asphalt pavement repairs on CORR 2021 SMP Arterials project. Adjustments / extensions on Hester's Crossing and Harvey Penick Dr.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Jarma, Tim	Bertram, TX United States		X
	Shogren, John	Cedar Park, TX United States	X	

5 Check only if there is NO Interested Party.

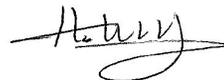
6 UNSWORN DECLARATION

My name is Hedieh Yazdani, and my date of birth is .

My address is 5604 Southwest Parkway APT 2021, Austin, TX, 78735, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Fairfax County, State of Virginia, on the 21 day of December, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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

Date Acknowledged:
01/06/2022

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	Jarma, Tim	Bertram, TX United States		X
	Shogren, John	Cedar Park, 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)