

# 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:  
 2021-832507

Date Filed:  
 12/14/2021

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Howden USA  
 Springfield, MO United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Brushy Creek WWTP 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.**  
 0000  
 3 year service agreement for Howden Turblex compressors

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	KPS Capitol Partners	New York, NY United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Matthew Mosier \_\_\_\_\_, and my date of birth is [REDACTED]

My address is \_\_\_\_\_ 4654 West Junction Street \_\_\_\_\_, \_\_\_\_\_ Springfield \_\_\_\_\_, \_\_\_\_\_ MO \_\_\_\_\_, \_\_\_\_\_ 65802 \_\_\_\_\_, \_\_\_\_\_ USA \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ Greene \_\_\_\_\_ County, State of \_\_\_\_\_ MO \_\_\_\_\_, on the \_\_18th\_\_ day of January \_\_\_\_\_, 2022\_\_\_.  
(month) (year)

*Matt Mosier*  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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	KPS Capitol Partners	new york, NY 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)