

# 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

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

The Estes Group, LLC  
Liberty Hill, TX United States

**Certificate Number:**  
2025-1339885

**Date Filed:**  
07/22/2025

**Date Acknowledged:**

**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

**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.**

Smyers Ln & CR 122  
Professional Services for roadway rehab/reconstruction

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Estes, Kristina	Liberty Hill, TX United States	X	
	Estes, Robert	Liberty Hill, TX United States	X	

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

☐

**6 UNSWORN DECLARATION**

My name is Kristina N. Estes, and my date of birth is [REDACTED].

My address is 9025 W. SH 29, Suite 205, Liberty Hill, TX, 78642, USA.  
(city) (state) (zip code) (country)

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

Executed in Williamson County, State of TX, on the 22 day of July, 2025.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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Liberty Hill, TX United States

**Certificate Number:**  
2025-1339885

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07/22/2025

**Date Acknowledged:**  
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	Estes, Kristina	Liberty Hill, TX United States	X	
	Estes, Robert	Liberty Hill, 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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)