CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2023-1008086

Date Filed:
04/17/2023

Date Acknowledged:

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

Fuquay, Inc.
New Braunfels, 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.

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.

36-inch Truss Pipe
Rehabilitation Under Dam

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is David M Kallfelz, and my date of birth is 05-12-1971.

My address is 4861 Old Hwy 81 (street), New Braunfels (city), TX (state), 78132 (zip code), USA (country).

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

Executed in Comal County, State of Texas, on the 17 day of April (month), 20 23 (year).

Signature of authorized agent of contracting business entity
(Declarant)

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Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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CERTIFICATION OF FILING

Certificate Number:
2023-1008086

Date Filed:
04/17/2023

Date Acknowledged:
04/21/2023

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Fuquay, Inc.
New Braunfels, TX United States

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36-inch Truss Pipe
Rehabilitation Under Dam

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

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)