CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1373741 **HYDROPRO SOLUTIONS** GEORGETOWN, TX United States Date Filed: 10/07/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Round Rock 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. MSA Meters Meters and Installation Nature of interest 4 City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is Greg Broyles _, and my date of birth is My address is 705 Dream Catcher Dr. **USA** Tx 78641 (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Williamson on the 7th day of October

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

nature of authorized agent of contracting business entity

(Declarant)

Version V4.1.0.f10d0fd8

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 Of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
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	YDROPRO SOLUTIONS			2020 10101 11		
	GEORGETOWN, TX United States			Date Filed:		
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	ity of Round Rock			Date Acknowledged: 10/07/2025		
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	MSA Meters					
	Meters and Installation					
_				Nature of interest		
4	Name of Interested Party City, State, Country (place of busing		business)	(check ap	ck applicable)	
				Controlling	Intermediary	
				+ +		
				-		
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	et.				
	Executed inCounty, State of, on the		n the	_day of	, 20	
		,		(month)	(year)	
Signature of authorized agent of contracting business entity						