

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.
J.D. Abrams, LP
Austin, TX United States

Certificate Number:
2023-999364

Date Filed:
03/27/2023

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 Transportation Department

Date Acknowledged:

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.
091405195
000000 Kenney Fort Blvd. Segs. 2&3 Change Order #6

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Abrams, Jon	Austin, TX United States	X	
	Everett, Brad	Austin, TX United States	X	
	Gallagher, Kelley	Austin, TX United States	X	
	Fernandez, Alfonso	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

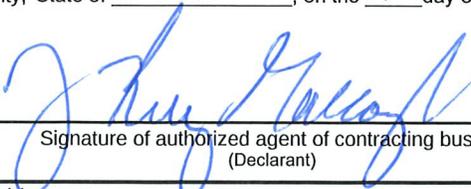
6 UNSWORN DECLARATION

My name is Kelley Gallagher, and my date of birth is [REDACTED].

My address is 5811 Trade Center Dr., Bldg. 1, Austin, TX, 78744, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 27th day of March, 2023.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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	Everett, Brad	Austin, TX United States	X	
	Gallagher, Kelley	Austin, TX United States	X	
	Fernandez, Alfonso	Austin, 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)