

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:
2026-1433320

Date Filed:
03/13/2026

Date Acknowledged:

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

Carollo Engineers, Inc.
Austin, 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, Texas

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.

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Hesters Crossing and CR172 Water System Improvements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Narayanan, Balakrishnan	Walnut Creek, CA United States	X	
	Prudhel, Anne	Walnut Creek, CA United States	X	
	Powers, Kristi	Walnut Creek, CA United States	X	
	Hedlund, Troy	San Diego, CA United States	X	
	Hoff, Scott	Dallas, TX United States	X	
	Sobeck, David	Phoenix, AZ United States	X	
	Cannon, Michelle	Phoenix, AZ United States	X	
	Hart, Vincent	Tampa, FL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Hani E. Michel, and my date of birth is [REDACTED].

My address is 10900 Stonelake Blvd. Bldg. 2, Suite 126, Austin, TX, 78759, USA
(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 13 day of March, 2026
(month) (year)

Hani E. Michel

Signature of authorized agent of contracting business entity
(Declarant)

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	Sobeck, David	Phoenix, AZ United States	X	
	Cannon, Michelle	Phoenix, AZ United States	X	
	Hart, Vincent	Tampa, FL 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)