FORM **1295** 

1 of 2

	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.  Halff Associates, Inc.	Certificate Number: 2024-1179596
	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	06/24/2024
	City of Round Rock	Date Acknowledged:

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.

Wyoming Springs Drive Segment

SC#4 Environmental Services: Consultation with US Fish & Wildlife

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
,	,	Controlling	Intermediary
Baker Daily, Jessica	Richardson, TX United States	X	
Bertram, Shawn	Austin , TX United States	Х	
Cranston, Shaun	Austin, TX United States	Х	
Delgado, Jose	McAllen, TX United States	Х	
Engelhardt, Cindy	Austin, TX United States	х	
French, Sherri	Frisco, TX United States	Х	
Hollis, Leigh	Frisco, TX United States	Х	
Ickert, Andrew	Fort Worth, TX United States	Х	
Jackson, Todd	Austin, TX United States	Х	
Miller, Steven	Austin, TX United States	х	
Moya, Michael	Austin, TX United States	Х	
Murray, Menton	McAllen, TX United States	х	
Pylant, Ben	Fort Worth , TX United States	Х	
Sagel, Joseph	Richardson, TX United States	Х	
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FORM **1295** 

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	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 US	
1	lame of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1179596	
	Halff Associates, Inc.			[	2024-1179390	
	Richardson, TX United States			ı	Date Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract	for which the fo	orm is	06/24/2024	
	being filed.					
	City of Round Rock				Date Acknowledged	:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			or identify t	he contract, and pro	ovide a
	Wyoming Springs Drive Segment SC#4 Environmental Services: Consultation with US Fish & W	Vildlife				
1				Nature o	Nature of interest	
4	Name of Interested Party		City, State, Country (place of busin		ss) (check a	pplicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
			, and	my date of bi	irth is	
	My address is 13620 Briarwick Dr Bldg. C, Ste. 10	Λ	Austin	TX	. 78729	. USA .
	(street)	<u>o</u> ,	(city)	(stat		(country)
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed in Williamson County	y, State of	Texas	, on the <u>2</u> 4	4th <sub>day of</sub> June	, 20_24
					(month)	(year)
			6 ii	06	1	
Signature of authorized agent of contracting business entity (Declarant)				,		
			(Dec	ciarant)		

FORM **1295** 

1 of 2

	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	Certificate Number:
	of business.	2024-1179596
	Halff Associates, Inc.	
	Richardson, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	06/24/2024
	City of Round Rock	Date Acknowledged: 06/25/2024

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.

Wyoming Springs Drive Segment

SC#4 Environmental Services: Consultation with US Fish & Wildlife

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
Name of interested Party	City, State, Country (place of business)	Controlling	Intermediary
Baker Daily, Jessica	Richardson, TX United States	Х	
Bertram, Shawn	Austin , TX United States	Х	
Cranston, Shaun	Austin, TX United States	Х	
Delgado, Jose	McAllen, TX United States	х	
Engelhardt, Cindy	Austin, TX United States	х	
French, Sherri	Frisco, TX United States	Х	
Hollis, Leigh	Frisco, TX United States	х	
Ickert, Andrew	Fort Worth, TX United States	Х	
Jackson, Todd	Austin, TX United States	Х	
Miller, Steven	Austin, TX United States	х	
Moya, Michael	Austin, TX United States	х	
Murray, Menton	McAllen, TX United States	х	
Pylant, Ben	Fort Worth , TX United States	х	
Sagel, Joseph	Richardson, TX United States	х	
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FORM **1295** 

2 of 2

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	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.			Certificate Number:			
	Halff Associates, Inc.			2024-1179596			
	Richardson, TX United States			Date Filed:			
_		a contract for which the		06/24/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the	iorin is	0012412024			
	City of Round Rock				Date Acknowledged: 06/25/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		ck or identify t	the contract, and pro	vide a		
	Wyoming Springs Drive Segment	et ner					
	SC#4 Environmental Services: Consultation with US Fish & W	/IIalite					
4					f interest		
-	Name of Interested Party	City, State, Country (p	lace of busine				
				Controlling	Intermediary		
_							
_				-			
	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, ar	nd my date of b	irth is	·		
	My address is						
	My address is(street)	(city)	,, (sta	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of	, on the	day of	, 20 .		
		,	,9	(month)			
Signature of authorized agent of contracting b				acting business entity			
		,	,				