

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:
2023-1004686

Date Filed:
04/10/2023

Date Acknowledged:

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

AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO. INC.
Round Rock, 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.

000000 AW GRIMES & TERAVIDA
Traffic Signal - AW GRIMES & TERAVIDA CLUB

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	SHIN, FRED	Roundrock, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Edward G. Schroeder, and my date of birth [REDACTED]

My address is 609 Lido (street), Lakeview (city), TX (state), 78734 (zip code), U.S. (country)

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

Executed in Texas County, State of TX, on the 10th day of April, 2023
(month) (year)

[Signature]

Signature of authorized agent of contracting business entity
(Declarant)

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AUSTIN TRAFFIC SIGNAL CONSTRUCTION CO. INC.
Round Rock, TX United States

Certificate Number:
2023-1004686

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CITY OF ROUND ROCK, TEXAS

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