## **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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1335531				
	Taknek LLC				Data Filada			
_	Gainesville, TX United States	a contract for which the form is	Date Filed: 07/11/2025					
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.							
	City Of Round Rock	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.							
	RFP 25-502 Stone Oak Pump Station Modifications							
4				Nature of interest (check applicable)				
35	Name of Interested Party	City, State, Country (place of busin	Controlling		Intermediary			
			$\neg$	Controlling	Intermedialy			
			_					
_								
_								
-					/			
_								
L								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	name is Charanjeet Singh , and my date of birth is							
	My address is 4400 West Highway 82	Gainesville	exas	76240	, USA			
	(street)	(city) (s	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in CookeCount	y, State of Texas, on the	11 ,	<sub>day of</sub> July	, 20 <u>25</u> _			
	(month) (year)							
	Signature of authorized agent of contracting business entity (Declarant)							

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	Taknek LLC		202	1000001				
	Gainesville, TX United States		Dat	e Filed:				
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	being filed.			Date Acknowledged:				
	City Of Round Rock			07/2025				
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	RFP 25-502							
	Stone Oak Pump Station Modifications							
_				Nature of	finterest			
4	Name of Interested Party City, State, Country (place of busi		business)	(check ap	plicable)			
				Controlling	Intermediary			
	-							
_	Check only if there is NO Interceted Party							
	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	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 inCounty	y, State of, or	n the	_day of	, 20			
				(month)	(year)			
	_							
	Signature of authorized agent of contracting business entity (Declarant)							