

# 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.**  
Kimley-Horn and Associates, Inc.  
Dallas, TX United States

Certificate Number:  
2017-295290

**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

Date Filed:  
12/19/2017

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.**

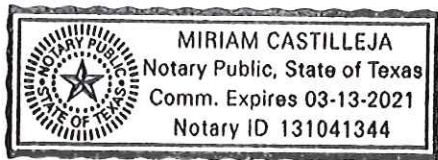
Roadway Impact Fees  
Consultant to complete a Roadway Impact Fee Study per Chapter 395 of the LGC

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   | Atz, John                | Dallas, TX United States                 | X                                     |              |
|   | Peed, Brooks             | Dallas, TX United States                 | X                                     |              |
|   | Schiller, Mike           | Dallas, TX United States                 | X                                     |              |
|   | Wilson, Mark             | Dallas, TX United States                 | X                                     |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

5 Check only if there is NO Interested Party.

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

*Sarah Underwood*  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Sarah Underwood, this the 19th day of December 2017, to certify which, witness my hand and seal of office.

*Miriam Castilleja*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath  
Accounting Assistant