CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | | | 1011 | | | | |
|--|---|---|---------------------------------------|-----------------|--|--------------------|--|--|--|--|
| | 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 | lame of business entity filing form, and the city, state and country of the business entity's place of business. | | | | Certificate Number: 2024-1179442 | | | | | |
| | HOT Inspection Services, Inc. | 2024-1179442 | | | | | | | | |
| | Round Rock, TX United States | Date Filed: | | | | | | | | |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is | | | | 06/24/2024 | | | | | |
| 2 | being filed. | | | | | | | | | |
| | City of Round Rock | | | | Date Acknowledged: | | | | | |
| 3 | | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | | | | |
| | 000000 Consulting Services | | | | | | | | | |
| | Consulting and Construction Inspection | | | | | | | | | |
| | | | | | | | | | | |
| 4 | | | | | | Nature of interest | | | | |
| 4 | Name of Interested Party | City, State, Country | City, State, Country (place of busine | | ess) (check applica | | | | | |
| | | | | | Controlling | Intermediary | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | | |
| | | | | | | | | | | |
| | My name is John Konzen, and my date of | | | | | | | | | |
| | My address is 15370 Spotted Horse Lane | , Salado | , <u></u> | , _ | 76571 | USA . | | | | |
| | (street) | (city) | (st | ate) | (zip code) | (country) | | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | | | |
| | Executed in Bell Count | ty, State of Texas | , on the _ | 24 _c | lay of | , <u>20</u> 2024 | | | | |
| | | | | | (month) | (year) | | | | |
| | John H. Konzen | | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | | 1011 | | | | | |
|----------|--|---|---------------------|--|---------------------------|--|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING | | | | | | | | | |
| 1 | Name of business entity filing form, and the city, state and count of business. | e Cer | Certificate Number: | | | | | | | |
| | HOT Inspection Services, Inc. | 202 | 2024-1179442 | | | | | | | |
| | Round Rock, TX United States | • | | | | | | | | |
| 2 | | | | | Date Filed: 06/24/2024 | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is 06/24/2024 being filed. | | | | | | | | | |
| | City of Round Rock | Dat | Date Acknowledged: | | | | | | | |
| | , | 06/ | 06/25/2024 | | | | | | | |
| 3 | | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | | | | |
| | 000000 Consulting Services | | | | | | | | | |
| | Consulting and Construction Inspection | | | | | | | | | |
| | | | | | | | | | | |
| 4 | | | Nature of interest | | | | | | | |
| ו | Name of Interested Party | City, State, Country (place of | business) |) (check applicable) Controlling Intermedia | | | | | | |
| L | | | | | Intermediary | | | | | |
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| 5 | 5 Check only if there is NO Interested Party. | | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | | |
| | ly name is, and my date of birth is | | | | | | | | | |
| | My address is | , | , | _7 | , | | | | | |
| | (street) | (city) | (state) | (zip code) | (country) | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | | | | | |
| | Executed inCounty | , State of | on the | _day of | , 20 . | | | | | |
| | | , , , , , , , , , , , , , , , , , , , | | (month) | ,o (year) | | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | | | |
| | (Declarant) | | | | | | | | | |