

# 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.**

Fuquay, Inc.  
New Braunfels, TX United States

**Certificate Number:**  
2024-1139905

**Date Filed:**  
03/27/2024

**Date Acknowledged:**

**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

**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.**

CORR Manhole Rehabilitation:  
Cycle 3 Basin 4 & 5

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fuquay, John	New Braunfels, TX United States	X	
	Jackson, Dauphen	New Braunfels, TX United States	X	
	Kallfelz, David	New Braunfels, TX United States	X	
	Trevillion, John	New Braunfels, TX United States	X	

**5 Check only if there is NO Interested Party.**

☐

**6 UNSWORN DECLARATION**

My name is David M Kallfelz, and my date of birth is [REDACTED].

My address is 4861 Old Hwy 81, New Braunfels, TX, 78610, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Comal County, State of Texas, on the 27 day of March, 2024.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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Fuquay, Inc.  
New Braunfels, TX United States

**Certificate Number:**  
2024-1139905

**Date Filed:**  
03/27/2024

**Date Acknowledged:**  
04/18/2024

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City of Round Rock

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**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)