## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY					
1	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING					
1	of business.	country of the business entity's place	Certificate Number: 2023-1033360						
	Plummer Associates, Inc. FORT WORTH, 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			06/12/2023					
	being filed. City of Round Rock			Date Acknowledged:					
	City of Nouriu Nock								
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.								
	0982-003-05								
	Round Rock Brushy Creek East – PLC/HMI Replacemen	nt							
4	Name of Interested Party  City, State, Country (place of			Nature of interest					
			siness)	(check ap	plicable) Intermediary				
Young, Chris		Fort Worth, TX United States	Fort Worth, TX United States						
McDonald, Ellen		Fort Worth, TX United States	Fort Worth, TX United States						
Gratz, Dean		White Bear Lake, MN United	White Bear Lake, MN United States						
Davis, Alan		Fort Worth, TX United States	Fort Worth, TX United States						
Caffey, Jeff		Fort Worth, TX United States	Fort Worth, TX United States						
O'Brien, Patrick		Durango, CO United States	Durango, CO United States						
Coonan, Steve		Austin, TX United States		х					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Cylena Eason	, and my date of birth is _							
	my nume is <u>square busin</u>	, and my date	OI DII III IC	'-					
	My address is 1320 S. University Drive, Suite 300	, <u>Fort Worth</u> , city)	TX,		, <u>USA</u> .				
	(street)	(City)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in _ Tarrant	_County, State of <u>Texas</u> , on the <u>12</u>		<u>2th_day of _June, 20_23</u>					
		· ———		(month)	(year)				
Signature of authorized agent of contracting business entity									

## **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 coun	try of the business entity's plac		Certificate Number:				
	of business.		2023-1033360					
	Plummer Associates, Inc. FORT WORTH, TX United States	Da	Date Filed:					
2	Name of governmental entity or state agency that is a party to the		06/12/2023					
	being filed. City of Round Rock	Dat	Date Acknowledged:					
	City of Round Rock		06/16/2023					
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 on the services, goods, or other property to be provided on the services.	ded under the contract.						
	Round Rock Brushy Creek East – PLC/HMI Replacement							
_		Nature o	Nature of interest					
4	Name of Interested Party	City, State, Country (place of busin						
				Controlling	Intermediary			
Yo	oung, Chris	Fort Worth, TX United Sta	rt Worth, TX United States					
M	cDonald, Ellen	Fort Worth, TX United Sta	X					
Gı	atz, Dean	White Bear Lake, MN Unit	Х					
Davis, Alan		Fort Worth, TX United States		x				
Caffey, Jeff		Fort Worth, TX United Sta	Х					
O'Brien, Patrick		Durango, CO United State	Х					
Coonan, Steve		Austin, TX United States		х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
Ü								
	My name is	is	·					
	My address is	,	_,	_,	.,			
	(street)	(city)	(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	ty, State of,	on the	day of	, 20			
				(month)	(year)			
	Signature of authorized agent of contracting business entity							
	(Declarant)							