

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.

Plummer Associates, Inc.
Fort Worth, TX United States

Certificate Number:
2025-1323277

Date Filed:
06/11/2025

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.

0982-018-02

Round Rock BCRWWS East WWTP Expansion to 40 MGD Rehab – Additional Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Young, Chris	Fort Worth, TX United States	X	
	McDonald, Ellen	Fort Worth, TX United States	X	
	Davis, Alan	Fort Worth, TX United States	X	
	O'Brien, Patrick	Durango, CO United States	X	
	Portillo, Mary	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Susan Beaman, and my date of birth is [REDACTED]

My address is 1320 S. University Dr., Suite 300, Fort Worth, TX, 76107, USA
(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 Texas, on the 11th day of June, 2025
(month) (year)

Susan Beaman

Signature of authorized agent of contracting business entity
(Declarant)

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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 _____, _____, _____, _____, _____.
(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)