

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**

Certificate Number:
2026-1406754

Date Filed:
01/09/2026

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Rodriguez Transportation Group, Inc.
Austin, TX United States

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, Texas

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.
R-2023-118
Roadway Design Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Carrillo, Robert	Austin, TX United States	X	
	Tomescu, Chris	Austin, TX United States	X	
	Davidson, Steve	Austin, TX United States	X	
	Enns, Brian	Dallas, TX United States	X	
	Sharma, Suvrat	Boerne, TX United States	X	
	Robbins, Robert	Frisco, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Steve F Davidson, and my date of birth is [REDACTED].

My address is 4210 Spicewood Springs Rd, Ste 108, Austin, TX, 78759, USA.
(city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 9th day of January, 2026.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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2026-1406754

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01/16/2026

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	Sharma, Suvrat	Boerne, TX United States	X	
	Robbins, Robert	Frisco, TX United States	X	

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)