CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

L					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	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:						
	business. merican Structurepoint, Inc.			2024-1142666						
	ustin, TX United States			Date Filed:						
2	lame of governmental entity or state agency that is a party to the contract for which the form is			04/04/2024						
	eing filed. ity of Round Rock			Date Acknowledged:						
		by the governmental optity or state operated track as identify the section of the								
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.									
	Sam Bass at Hairy Man Road Int									
Sam Bass at Hairy Man Road Intersection Improvements										
4	Name of Interested Party	City, State, Country (place of busin		Nature of interest (check applicable)						
				Controlling	Intermediary					
С	onner, Willis	Indianapolis, IN United States		Х	,					
Henneke, Gregory		Indianapolis, IN United States		х						
Canfield, Cash		Indianapolis, IN United States		х						
Davidson, Steven		Indianapolis, IN United States		Х						
Hoopingarner, Michael		Indianapolis, IN United States		х						
Bastian, William		Indianapolis, IN United States		х						
Shebeck, Michael		Indianapolis, IN United States		х						
Moore, Kenton		Indianapolis, IN United States		х						
5 Check only if there is NO Interested Party.										
6 UNSWORN DECLARATION										
	My name is Cash E. Canfield, PE and my date of birth is									
	My address is 9025 River Road, Suite 200	, Indianapolis , I	N .	46240	, USA .					
	(street)		state)	(zip code)	(country)					
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed in Marion Count	y, State of Indiana , on the	4th	day of April	, 20 24 .					
				(month)	(year)					
		1100	111							
	Signature of authorized agent of contracting business entity									
	(Declarant)									

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011			
	omplete Nos. 1 - 4 and 6 if there are interested parties. Omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	ne of business entity filing form, and the city, state and country of the business entity's place		Certificate Number:					
	nerican Structurepoint, Inc.			2024-1142666				
	Austin, TX United States		Date	e Filed:				
2	Name of governmental entity or state agency that is a party to th	of governmental entity or state agency that is a party to the contract for which the form is			04/04/2024			
	being filed.			Date Acknowledged:				
	City of Round Rock			04/08/2024				
	Decided the Market of the Mark							
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided as a service of the services.	ty or state agency to track or iden led under the contract.	iity the	contract, and prov	vide a			
	Sam Bass at Hairy Man Road Int Sam Bass at Hairy Man Road Intersection Improvements							
4				Nature of interest				
_	Name of Interested Party	City, State, Country (place of busine						
				Controlling	Intermediary			
Conner, Willis		Indianapolis, IN United States	Х					
Henneke, Gregory		Indianapolis, IN United States		X				
Canfield, Cash		Indianapolis, IN United States		X				
Davidson, Steven		Indianapolis, IN United States		X				
Hoopingarner, Michael		Indianapolis, IN United States		X				
Bastian, William		Indianapolis, IN United States		Х				
Shebeck, Michael		Indianapolis, IN United States		X				
Moore, Kenton		Indianapolis, IN 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			_				
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCount	y, State of, on t	ne	_day of	, 20			
				(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							