

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.

MoboTrex, LLC
Davenport, IA United States

Certificate Number:
2026-1493869

Date Filed:
07/27/2026

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.

TRANSPORTATION
Traffic Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Astley, Chris	Davenport, IA United States	X	
	Katauskas, Brent	Pflugerville, TX United States		X
	Holdridge, Vincent	Davenport, IA United States		X

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Vincent Holdridge, and my date of birth is [REDACTED].

My address is 109 55th St, Davenport, IA, 52806, US.
(city) (state) (zip code) (country)

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

Executed in SCOTT County, State of IOWA, on the 27 day of JULY, 2026.
(month) (year)

Vincent Holdridge
Signature of authorized agent of contracting business entity
(Declarant)

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	Holdridge, Vincent	Davenport, IA 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)