CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Certain 200 Braun & Butler Construction, Inc. Date Leander, TX United States Date | OFFICE US ERTIFICATION rtificate Number: 25-1300331 te Filed: /24/2025 te Acknowledged | I OF FILING | |
|---|--|---------------------|--|
| of business. 201 Braun & Butler Construction, Inc. 201 Leander, TX United States Date 2 Name of governmental entity or state agency that is a party to the contract for which the form is 04/ | 25-1300331 te Filed: /24/2025 te Acknowledged | : | |
| Braun & Butler Construction, Inc. Leander, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is 04/ | te Filed: /24/2025 te Acknowledged | : | |
| Leander, TX United States Date 2 Name of governmental entity or state agency that is a party to the contract for which the form is 04/ | /24/2025 te Acknowledged | : | |
| 2 Name of governmental entity of state agency that is a party to the contract for which the form is | te Acknowledged | : | |
| being filed. | - | : | |
| | - | : | |
| City of Round Rock Dat | contract, and pro | ale Acknowledged: | |
| 3 Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract. | | ovide a | |
| 000000 Griffith Remodel &Paseo | | | |
| Change Order #1 Construction Services | | | |
| | Nature of interest | | |
| 4 Name of Interested Party City, State, Country (place of business) | ess) (check applicable) | | |
| | Controlling | Intermediary | |
| Heinze, Kenton Leander, TX United States | х | | |
| Lauterjung, Brian Leander, TX United States | х | | |
| Juren, Colin Leander, TX United States | х | | |
| Roberts, Kaci Leander, TX United States | х | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5 Check only if there is NO Interested Party. | | | |
| 6 UNSWORN DECLARATION | | | |
| My name is Kaci Roberts, and my date of birth | nis | · | |
| My address is 300 Hazelwood Street, Suite 100 Leander , TX | , 78641 | USA | |
| (street) (city) (state) | (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | |
| Executed in Williamson County, State of Texas , on the 24 | day of | , ₂₀ _25 | |
| Executed in Williamson County, State of Texas, on the 24 | (month) | (year) | |
| Signature of authorized agent of contract | ting business entity | | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | 2012 |
|--|--------------------------------------|-------------------------------------|--|----------------|
| 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 | |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. | | Certificate Number: 2025-1300331 | | |
| Braun & Butler Construction, Inc. | | | | |
| Leander, TX United States | | | Date Filed: | |
| 2 Name of governmental entity or state agency that is a party to t being filed. | he contract for which the form is | orm is 04/24/2025 | | |
| City of Round Rock | | Date Acknowledged: 04/24/2025 | | |
| | | | | |
| 3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov | | / the co | ontract, and prov | ride a |
| 000000 Griffith Remodel &Paseo Change Order #1 Construction Services | | | | |
| 4 | | | Nature of | |
| Name of Interested Party | City, State, Country (place of busin | ness) | (check ap | . , |
| | | | Controlling | Intermediary |
| Heinze, Kenton | Leander, TX United States | | x | |
| Lauterjung, Brian | Leander, TX United States | | х | |
| Juren, Colin | Leander, TX United States | | х | |
| Roberts, Kaci | Leander, TX United States | | х | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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) | ,,,, (sity) | ,, | (zip code) | , (country) |
| I declare under penalty of perjury that the foregoing is true and corre | ect. | | | |
| | | | | |
| Executed inCoun | ty, State of, on the | d | ay of(month) | , 20 (year) |
| | Signature of authorized agent of cor | ntracting | business entity | |
| | (Declarant) | -9 | | |