#### FORM 1295

				1 of 2	
Name of business entity filing form, and the city, state and country of the business entity's place of business.       C         Halff Associates, Inc.       2			OFFICE USE ONLY CERTIFICATION OF FILING		
		Certificate Number: 2022-844896 Date Filed:			
2 Name of governmental entity or state agency that is a p being filed. City of Round Rock	arty to the contract for which the form is	01/28/2022 Date Acknowledged:			
3 Provide the identification number used by the governme description of the services, goods, or other property to n/a Engineering services to provide an update to the City	be provided under the contract.	fy the co	ntract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of busi	ness)	Nature of interest ) (check applicable) Controlling Interme		
Baker, Jessica	Richardson, TX United States		х		
Bertram, Shawn	Austin, TX United States		х		
Edwards, Mark	Richardson, TX United States		х		
Ickert, Andrew	Fort Worth, TX United States		х		
Jackson, Todd	Austin, TX United States		х		
Killen, Russell	Richardson, TX United States		х		
Llewellyn, Sr, Mark	Tallahassee, FL United States		х		
Miller, Steve	Austin, TX United States		х		
Moya, Mike	Austin, TX United States		х		
Murray, Menton	McAllen, TX United States		х		
Pylant, Ben	Fort Worth, TX United States		х		
Sagel, Joseph	Richardson, TX United States		х		
Tanksley, Dan	Richardson, TX United States		х		
Zapalac, Russell	Austin, TX United States		Х		

#### FORM 1295

				2 01 2		
	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 countr of business.	<b>Certificate Number:</b> 2022-844896				
	Halff Associates, Inc.					
	Austin, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/28/2022			
1	being filed.					
	City of Round Rock	Date Acknowledged:				
3		ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.				
	n/a Engineering services to provide an update to the City's Stormy	water Master Plan				
			Nature o	f interest		
4	Name of Interested Party City, State, Country	City, State, Country (place of busin	ess) (check a	(check applicable)		
		<i></i>	Controlling	Intermediary		
	I					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date of birth is					
	My address is9500 Amberglen Blvd., Suite 125	,,,,,,,,	X, 78729	<u>, USA</u> .		
	(street)	(city) (st	ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct			22		
	Executed in Williamson County	y, State of <u>Texas</u> , on the _	28_day of _Januar (month)	<u>Y_,</u> 20 <u>22</u> . (year)		
	(	indu Engelhardt				
	— (-	Signature of authorized agent of cont (Declarant)	racting business entity			

#### FORM 1295

				1 of 2		
Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USI			
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business.		CERTIFICATION OF FILING Certificate Number: 2022-844896				
					Halff Associates, Inc. Austin, TX United States	
Austin, TX United States         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		Date Filed: 01/28/2022 Date Acknowledged: 02/18/2022				
					Provide the identification number used by the governmental entity or state agency to track or identify the	
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		y the ee	initiaet, and pro	viac a		
n/a Facilitation consider to annuide consider to the Oithle Other						
Engineering services to provide an update to the City's Storm	hwater Master Plan					
Name of Interested Party		Nature of inter				
	City, State, Country (place of busin	ness)	Controlling	pplicable)		
Baker, Jessica	Richardson, TX United States		X			
Bertram, Shawn	Austin, TX United States		х			
Edwards, Mark	Richardson, TX United States		х			
Ickert, Andrew	Fort Worth, TX United States		х			
Jackson, Todd	Austin, TX United States		х			
Killen, Russell	Richardson, TX United States		х			
Llewellyn, Sr, Mark	Tallahassee, FL United States		х			
Miller, Steve	Austin, TX United States		х			
Moya, Mike	Austin, TX United States		х			
Murray, Menton	McAllen, TX United States		х			
Pylant, Ben	Fort Worth, TX United States		х			
Sagel, Joseph	Richardson, TX United States		x			
Tanksley, Dan	Richardson, TX United States		Х			
Zapalac, Russell	Austin, TX United States		х			
				!		

#### FORM 1295

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	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		
1	Name of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING Certificate Number:		
	of business.			-844896		
	Halff Associates, Inc. Austin, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		B/2022		
1	being filed.					
	City of Round Rock			Date Acknowledged: 02/18/2022		
3	Provide the identification number used by the governmental entir description of the services, goods, or other property to be provid		y the co	ontract, and prov	ide a	
	n/a					
	Engineering services to provide an update to the City's Storm	water Master Plan				
4				Nature of	interest	
1	Name of Interested Party	City, State, Country (place of business)		(check ap		
				Controlling	Intermediary	
-						
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	i	·	
	My address is	,,,			,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	/. State of	ſ	dav of	. 20	
		, etate or, on the		(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity					
	(Declarant)					