## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|  |  |   |               |   |                    | 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  | ame of business entity filing form, and the city, state and country of the business entity's place business.                             |   |               | Certificate Number:                     |                    |              |  |  |  |
|  | DeNucci Constructors, LLC  |   | 2022-955435   |   |                    |              |  |  |  |
|  | Austin, TX United States   |   |               |   |                    | Date Filed:  |  |  |  |
| 2  | Name of governmental entity or state agency that is a party to the contract for which the form is  |   |               |   | 11/15/2022         |              |  |  |  |
|  | being filed.   |   |               |   |                    |              |  |  |  |
|  | City of Round Rock   |   |               |   | Date Acknowledged: |              |  |  |  |
| 3  | Provide the identification number used by the governmental enti-<br>description of the services, goods, or other property to be provided | e governmental entity or state agency to track or identify the contract, and provide a provide to be provided under the contract. |               |   |                    |              |  |  |  |
|  | 01.01  |   |               |   |                    |              |  |  |  |
|  | Change Order #9 to Contract 13001.01 University Blvd Wider   | ange Order #9 to Contract 13001.01 University Blvd Widening   |               |   |                    |              |  |  |  |
| 4  |  |   |               | Nature of interest                      |                    |              |  |  |  |
|  | Name of Interested Party   | City, State, Country (place of business)  |               |   |                    |              |  |  |  |
|  |  |   |               | Co                                      | ontrolling         | Intermediary |  |  |  |
|  |  |   |               |   |                    |              |  |  |  |
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| _  | Cheek and if there is NO Interceted Porty  |   |               |   |                    |              |  |  |  |
|  | Check only if there is NO Interested Party.  |   |               |   |                    |              |  |  |  |
| 6  | UNSWORN DECLARATION  |   |               |   |                    |              |  |  |  |
|  | My name isPaul T. DeNucci  | , and   |               | ·                                       |                    |              |  |  |  |
|  | My address is <u>8310-1 N. Capital of Texas Hwy., Ste.2</u>  | 75, Austin  | ,TX           | Κ_,                                     | 78731              | ,_USA        |  |  |  |
|  | (street)   | (city)  | (sta          | ate)                                    | (zip code)         | (country)    |  |  |  |
| I declare under penalty of perjury that the foregoing is true and correct. |  |   |               |   |                    |              |  |  |  |
|  | Executed in TRAVISCounty   | , State of TEXAS  | on the 1      | 5th day o                               | f Novembe          | er 20.22     |  |  |  |
|  | County   | , 51010 01  | , טוז נוופ _! | uay 0                                   | (month)            | (year)       |  |  |  |
|  |  |   |               |   |                    |              |  |  |  |
|  | I'cal 1. Clott   |   |               |   |                    |              |  |  |  |
|  | Signature of authorized agent of contracting business entity (Declarant)   |   |               |   |                    |              |  |  |  |

## **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.  |                                   |          | Certificate Number:<br>2022-955435      |                    |  |  |  |  |  |
|   | eNucci Constructors, LLC  |                                   |          | 2022-933433                             |                    |  |  |  |  |  |
|   | Austin, TX United States  |                                   |          |   | Date Filed:        |  |  |  |  |  |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is   |                                   |          | 11/15/2022                              |                    |  |  |  |  |  |
|   | being filed. City of Round Rock   |                                   |          | Date Acknowledged:<br>11/23/2022        |                    |  |  |  |  |  |
|   |   |                                   |          |   |                    |  |  |  |  |  |
| 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. |                                   |          |   |                    |  |  |  |  |  |
|   | 13001.01  |                                   |          |   |                    |  |  |  |  |  |
|   | Change Order #9 to Contract 13001.01 University Blvd Widening   |                                   |          |   |                    |  |  |  |  |  |
| 4 |   |                                   |          |   | Nature of interest |  |  |  |  |  |
|   | Name of Interested Party  | City, State, Country (place of bu | usiness) | (check ap                               | <u> </u>           |  |  |  |  |  |
|   |   |                                   |          | Controlling                             | Intermediary       |  |  |  |  |  |
|   |   |                                   |          |   |                    |  |  |  |  |  |
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|   |   |                                   |          |   |                    |  |  |  |  |  |
|   |   |                                   |          |   |                    |  |  |  |  |  |
| 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)                         | (ctota)  | ,(zip code)                             | ,<br>(country)     |  |  |  |  |  |
|   | (Street)  | (City)                            | (state)  | (zip code)                              | (country)          |  |  |  |  |  |
|   | I declare under penalty of perjury that the foregoing is true and correct   |                                   |          |   |                    |  |  |  |  |  |
|   | Executed inCounty   | y, State of, on                   | the      |   | , 20               |  |  |  |  |  |
|   |   |                                   |          | (month)                                 | (year)             |  |  |  |  |  |
|   |   |                                   |          |   |                    |  |  |  |  |  |
|   | Signature of authorized agent of contracting business entity (Declarant)  |                                   |          |   |                    |  |  |  |  |  |