

**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.**

CP&Y, Inc.  
Austin, TX United States

Certificate Number:  
2017-261405

Date Filed:  
09/15/2017

**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

Date Acknowledged:

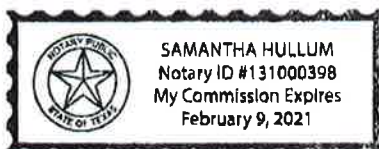
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

Chandler Creek Siphon Box Reha  
Professional Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|--|--|--------------|
|   |                          |  | Controlling                              | Intermediary |
|   | Boswell, Jeremy          | Oklahoma City, OK United States          | X  |              |
|   | Hays, David              | Dallas, TX United States                 | X  |              |
|   | Hartzler, Mike           | Dallas, TX United States                 | X  |              |
|   | Vergara, Marisa          | San Antonio, TX United States            | X  |              |
|   | Roohms, J.J.             | Austin, TX United States                 | X  |              |
|   | Chiang, Walter           | Dallas, TX United States                 | X  |              |
|   | Patel, Pete              | Dallas, TX United States                 | X  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |

**5 Check only if there is NO Interested Party.**☐**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*David Hays*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Hays, this the 15 day of September  
20 17, to certify which, witness my hand and seal of office.

*Samantha Hullum*  
Signature of officer administering oath

Samantha Hullum  
Printed name of officer administering oath

Project Accountant  
Title of officer administering oath