CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 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 country of the business entity's place of business. Kennedy/Jenks Consultants, Inc. Austin, TX United States	Certificate Number: 2018-372364 Date Filed:
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	06/25/2018 Date Acknowledged:

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.

Arterial H Waterline Consulting Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Weiden, Don	San Francisco, CA United States	X	
Glaser, Harold	Murrietta, CA United States	X	
Cavaluzzi, Jerry	Croton on Hudson, NY United States	x	
Wojslaw, Joe	Pasadena, CA United States		
Carlton, Gary	Rancho Cordova, CA United States	Х	
Stephens, Heather	Portland, OR United States	X	
London, Keith	Murrietta, CA United States	x	
Kennedy, Laura	San Francisco, CA United States		
Sales, Joshua	Mission, KS United States	Х	
Taffler, Dawn	Pasadena, CA United States	×	
Brown, Paul	Carlsbad, CA United States	Х	
Messer, Ray	Houston, TX United States	×	
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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

						2 of 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				
	f business. ennedy/Jenks Consultants, Inc. ustin, TX United States				Certificate Number: 2018-372364 Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed. City of Round Rock	06/25/2018 Date Acknowledged:						
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide Arterial H Waterline Consulting Services	or state agency to d under the contra	track or identify ct.	the cont				
4	Name of Interested Party	City, State, Country	ity, State, Country (place of business)		Nature of interest (check applicable) 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 is05/10/1978							
	My address is6300 Bridge Point Parkway, Building 1, Suite 236 (street)	O , Austin (city)	,	X_,ate)	78730 ,,,,	USA . (country)		
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty,	, State of <u>Texas</u>	, on the	<u>25</u> day	y of <u>June</u> (month)	, 20 <u>18</u> . (year)		
			- Aly	1	/			
	Signature of authorized agent of contracting business entity (Declarant)							