## **CERTIFICATE OF INTERESTED PARTIES**

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 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:		
	phnson, Mirmiran & Thompson, Inc.			2019-549851		
	Georgetown, 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		10/09/2019			
	eing filed.		Data Aaknowladaadi			
	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.					
	R-13-03-28-17 University Blvd University Blvd. Widening - Includes field surveying, acquisition documents, SUE, preliminary design, environmental services,					
	geotechnical studies, PS&E, & construction engineering.					
4	Name of Interested Party City, State, Cou		Nature of in			
		City, State, Country (place of busine	ess)    -	(check ap		
				Controlling	Intermediary	
Miller, Gary		Hunt Valley, MD United States		X		
Moeller, John		Hunt Valley, MD United States		X		
Smulovitz, Richard		Hunt Valley, MD United States		Х		
Osborne, James		Hunt Valley, MD United States		X		
Johnson, Mirmiran & Thompson Employee Stock Ownership		Hunt Valley, MD United States		Х		
Kennedy, John		Georgetown, TX United States		Х		
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is ROYARS SMULOVITE , and my date of birth is 05/20/1962.						
	My address is 40 Wil47 Avenue (street)	(city) (st	(D),	21030	, USA	
	(zneet)	(City) (SI	iale)	(∠ip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Barrings County, State of Macron , on the of day of conth (month) (year)					
	fill las					
	Signature of authorized agent of contracting business entity (Declarant)					