## **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.	Certificate Number:
	Halff Associates, Inc.	2020-701624
	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 being filed.	12/28/2020
	Wyoming Springs Segment 1 SC#1	Date Acknowledged:
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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.

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Wyoming Springs Segment 1 Project

4 Name of Interested Party	City, State, Country (place of business)	(check a	of interest pplicable)
		Controlling	Intermediary
Ratzman , Eric	Austin, TX United States	х	
Bertram, Shawn	Austin, TX United States	×	
Zapalac, Russell	Austin, TX United States	Х	
Tanksley , Dan	Richardson, TX United States	х	
Sagel , Joseph	Richardson, TX United States	×	
Murray , Menton	McAllen, TX United States	×	
Moya , Mike	Austin, TX United States	х	
Miller , Steve	Austin, TX United States	х	
Llewellyn Sr., Mark	Tallahassee, FL United States	×	
Jackson , Todd	Richardson, TX United States	х	
Kunz, Pat	Richardson, TX United States	×	
Ickert , Andrew	Fort Worth, TX United States	×	
Edwards, Mark	Richardson, TX United States	х	
Baker , Jessica	Richardson, TX United States	х	
Bargainer, PE, Tim	Austin, TX United States	×	
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## CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2020-701624 of business. Halff Associates, Inc. Date Filed: Austin, TX United States 12/28/2020 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Wyoming Springs Segment 1 SC#1 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. Wyoming Springs Segment 1 Project Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_, My address is 9500 Amberglen Blud, Bldy F, Ste 135. Austin , TX , 78739 . USA . (street) (city) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Williamson County, State of Texas on the 28 day of December, 20 20. Signature of authorized agent of contracting business entity