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 Certificate Number: 2020-657140		
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.						
Freese & Nichols, Inc.			202	2020 001 140		
Fort Worth, TX United States			Date	Date Filed:		
2 Name of governmental entity or state agency that is a party to the contract for which the form is			08/1	08/14/2020		
being filed.		-				
Collin County			Date	Date Acknowledged:		
3 Provide the identification number description of the services, good		tal entity or state agency to track or ide provided under the contract.	entify the o	contract, and pro	vide a	
2018-359 Professional Services, General	Civil Engineering					
4 Name of Interested Party		City, State, Country (place of I	usiness)	Nature of interest (check applicable)		
		City, State, Country (place of	enty, entre, country (prace of business)		Intermediary	
Johnson, Kevin		Dallas, TX United States		Controlling X	Internetially	
Nichols, Mike		Fort Worth, TX United State	Fort Worth, TX United States			
Cole, Scott		Fort Worth, TX United State	Fort Worth, TX United States			
Coltharp, Brian		Fort Worth, TX United State	Fort Worth, TX United States			
Pence, Bob		Fort Worth, TX United State	Fort Worth, TX United States			
Taylor, Jeff		Houston, TX United States		x		
Milrany, Cindy		Fort Worth, TX United State	S	x		
Greer, Alan		Fort Worth, TX United State	Fort Worth, TX United States			
Wolfhope, John		Austin, TX United States	Austin, TX United States			
5 Check only if there is NO Interest	ed Party.					
6 UNSWORN DECLARATION						
My name is LaToy	a Goodwin	, and my da	ite of birth i	is _		
My address is	(street)	(city)	, (state)	, (zip code)	_,US (country)	
I declare under penalty of perjury th	at the foregoing is true and	d correct.				
Executed in Harris	5	_County, State of Texas , or	n the <u>14th</u>	_day of <u>August</u> (month)	, 20 <u>_20</u> . (year)	
	_		LaToya Goodwin			
		Signature of autborized agent of (Declarant)	Signature of autorized agent of contracting business entity (Declarant)			