## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			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: 2023-981428		
	Birkhoff, Hendricks & Carter, LLP					
2	Dallas, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 02/09/2023		
_	being filed.					
	Collin County			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.					
	2016-229					
Frontier Parkway Improvements - Engineering Services Amendment N0. 15						
4	Name of Interested Party	City, State, Country (place of busin		Nature of interess) (check applicat		
Name of interested Party		Only, State, Country (place of busines		Controlling	Intermediary	
Hendricks, Gary		Dallas, TX United States	х			
Birkhoff, John		Dallas, TX United States	х			
Carter, Joe		Dallas, TX United States		х		
Mata, Andrew		Dallas, TX United States		х		
Kerkhoff, Craig		Dallas, TX United States		х		
Chaney, Derek		Dallas, TX United States		Х		
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
My name is, and my date of birth is						
	My address is			,		
	(street)	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Count	y, State of,	on the 9th	day of Feb.	, 20 <mark>23</mark>	
	Digitally aligned by Gary C. Hendricks, P.E., R.P.L.S DN: Cridis, E-sphendricks(glicholic com, Or-Birkholf, DN: Cridis, E-sphendricks(glicholic com, Or-Birkholf, S. P.E., R.P.L.S P.E., R.P.L.S P.E., R.P.L.S Relacció: Location: Dates, TX Relacció: Location: Dates TX Relacció: Location: Date					
	Signature of authorized agent of contracting business entity (Declarant)					