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		
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:		
Birkhoff, Hendricks & Carter, LLP		2023-1078420	023-1078420	
		Date Filed:	ate Filed:	
		10/02/2023		
being filed.				
Collin County Da		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.				
Contract No. 2016-229 Frontier Parkway Engineering Services - Amendment No. 17				
4 Name of Interested Party City, State, Country (place of busin		Nature of interest ess) (check applicable)		
		Controlling	Intermediary	
Hendricks, Gary	Dallas, TX United States	X	Internetiary	
Kerkhoff, Craig	Dallas, TX United States	х		
Mata, Andrew	Dallas, TX United States	х		
Chaney, Derek	Dallas, TX United States	х		
Birkhoff, John	Dallas, TX United States	х		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is Gary C. Hendricks, P.E., R.P.L.S, and my date of birth is				
My address is				
(street)	(city) (st	ate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.				
Executed in Dallas Count	ty, State of, on the j	2nd_day ofOctobe	er, 20 <u>23</u> .	
Gary C. Hendricks, P.E., R.P.L.S (month) (year) Restor France (and a context, LP*, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Context, LP*, CN* Gary C. Hendricks, P.E., RPLS RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (month) (year) RPLS* (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (Month) (year) Restor (Scatter, Cuter, CN* Gary C. Hendricks, P.E., R.P.L.S (Scatter, Cuter, R.P.L.S (Scatter, R.P.L.S (Scatter, Cuter, R.P.L.S (Scatter, Cuter, R.P.L.S (Scatter, R.P.L.S (Scatte				
Signature of authorized agent of contracting business entity				
(Declarant)				