CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

				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 ERTIFICATION OF FILING		
being filed.			Certificate Number: 2024-1190436 Date Filed: 07/22/2024 Date Acknowledged:		
4 Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediar		
Sagel, Joseph	Richardson, TX United States		X		
Baker Daily, Jessica	Richardson, TX United States		Х		
Bertram, Shawn	Austin , TX United States		Х		
Cranston, Shaun	Austin, TX United States		Х		
Delgado, Jose	McAllen, TX United States		Х		
Engelhardt, Cindy	Austin, TX United States		Х		
French, Sherri	Frisco, TX United States		Х		
Hollis, Leigh	Leigh Frisco, TX United States		Х		
Ickert, Andrew	Fort Worth, TX United States		Х		
Jackson, Todd	son, Todd Austin, TX United States		Х		
Miller , Steven	Austin, TX United States		Х		
Moya, Michael	Austin, TX United States		Х		
Murray, Menton	McAllen, TX United States		Х		
Pylant, Ben	Fort Worth , TX United States		Х		

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	CERTIFICATE OF INTERESTED PARTIES				FORM 1295		
					2 of 2		
╞			<u> </u>	OFFICE USE			
	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.		CEF	RTIFICATION			
1		try of the business entity's pl		Certificate Number:			
	of business. Halff Associates, Inc.		2024	2024-1190436			
	Richardson, TX United States		Date File				
2	Name of governmental entity or state agency that is a party to th being filed.	he contract for which the form is 07/22/2024					
	Collin County		Date	Acknowledged:			
Ļ	The state the strength of the second second by the merchanism state and	·		ttd-mma	• •		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		identify the co	ontract, and prov	/ide a		
	Agreement 2024-405			~1			
	Agreement 2024-405 Professional Service Engineering Service	ce Collin County Regional T	rails Master F	Plan			
4	Name of Interacted Party	City, State, Country (place of business)		Nature of interest (check applicable)			
	Name of Interested Party			Controlling	Intermediary		
┡							
┢							
┞							
	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Kendall Howard	, 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 correc	.t.					
	Executed in Dallas County	y, State of Texas	, on the 22nd	day of July	, 20 <u>24</u>		
			11	(month)	(year)		
		Kendall Haward					
		Signature of authorized agent of contracting business entity (Declarant)					