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. Halff Associates, Inc.	Certificate Number: 2025-1379913
	Richardson, 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.	10/22/2025
	Collin County Texas	Date Acknowledged:

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.

2019-055

Professional Services, Engineering, Design of Park Blvd. From FM 2514 to SH 78

		Nature of interest	
Name of Interested Party	City, State, Country (place of business)	(check applicable)	
		Controlling	Intermediary
Atkinson , Erin	Fort Worth , TX United States	Х	
Baker Daily, Jessica	Richardson, TX United States	Х	
Cranston, Shaun	Austin, TX United States	Х	
Engelhardt, Cindy	Austin, TX United States	Х	
Hollis, Leigh	Richardson, TX United States	Х	
Ickert, Andrew	Fort Worth, TX United States	Х	
Jackson, Todd	Austin, TX United States	Х	
Logan, Josh	San Antonio, TX United States	Х	
Murray, Menton	McAllen, TX United States	х	
Pylant, Ben	Fort Worth , TX United States	х	
Sagel, Joseph	Richardson, TX United States	х	
Smith, Ryan	Frisco, TX United States	Х	
	!	<u> </u>	

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FORM **1295**

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	2019-055							
	Professional Services, Engineering, Design of Park Blvd. Fro	m FM 2514 to SH 78						
4		1		Nature o	f interest			
4	Name of Interested Party City, S	City, State, Country (place of bus	siness)	ess) (check applicable)				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Dennis Satre	and my date of birth is						
	My address is				_,			
		(city)	(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in Collin Count	ty, State of Texas, on the	_{ie} 22nc	day of Octobe (month)	r, 20_25 (year)			
		t) (((monun)	(year)			
		Signature of authorized agent of c	atu ontractin	a business entity				
	(Declarant)							