CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

| | | | 1 0f 1 | | |
|--|--|---|-----------------------|--|--|
| 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 coun of business. | Certificate Number: 2022-957177 | | | | |
| Freese and Nichols, Inc. | | Data Filled | | | |
| Fort Worth, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: 11/18/2022 | | | |
| being filed. City of Killeen | g filed. | | | | |
| 3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi Contract Lift Station #6 Rehabilitation | | the contract, and pro | vide a | | |
| | | Nature of interest | | | |
| 4 Name of Interested Party | City, State, Country (place of busin | ness) (check applicable) | | | |
| | | Controlling | Intermediary | | |
| Wolfhope, John | Austin, TX United States | Х | | | |
| Reedy, Mike | Houston, TX United States | Х | | | |
| Payne, Jeff | Fort Worth, TX United States | Х | | | |
| Johnson, Kevin | Dallas, TX United States | X | | | |
| Hatley, Tricia | Oklahoma City, OK United State | s X | | | |
| Greer, Alan | Fort Worth, TX United States | Х | | | |
| Archer, Charles | Raleigh, NC United States | X | | | |
| Coltharp, Brian | Fort Worth, TX United States | Х | | | |
| Pence, Bob | Fort Worth, TX United States | Х | | | |
| 5 Check only if there is NO Interested Party. | | | | | |
| 6 UNSWORN DECLARATION | | | | | |
| My name is <u>Stephanie Stephenson</u> | , and my date of | birth isJuly 19,] | | | |
| My address is 801 Cherry Street, Suite 2800 | Fort Worth T | TX . 76102 | . US . | | |
| (street) | | tate) (zip code) | (country) | | |
| I declare under penalty of perjury that the foregoing is true and corre | ct. | | | | |
| Executed in <u>Tarrant</u> Count | ty, State of <u>Texas</u> , on the | 18_day of Novem | oer 20 22 . (year) | | |
| | Stephanie Step | henson | | | |
| | Signature of authorized agent of contracting business entity | | | | |

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. | | CE | OFFICE USE ONLY | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place | | CERTIFICATION OF FILING Certificate Number: | | | |
| | of business. | | 202 | 2-957177 | | |
| | Freese and Nichols, Inc. | | L. | | | |
| _ | , and the second | | | Date Filed: 11/18/2022 | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 11/10/2022 | | |
| | City of Killeen | | Date Acknowledged: 01/11/2023 | | | |
| 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 | | | | | |
| | Lift Station #6 Rehabilitation | | | | | |
| 4 | 1 | City, State, Country (place of busin | | Nature of interest | | |
| | Name of Interested Party | | | (check ap | | |
| | | | | Controlling | Intermediary | |
| W | olfhope, John | Austin, TX United States | | X | | |
| R | eedy, Mike | Houston, TX United States | | X | | |
| Pa | ayne, Jeff | Fort Worth, TX United States | | X | | |
| Jo | hnson, Kevin | Dallas, TX United States | | X | | |
| Н | atley, Tricia | Oklahoma City, OK United Stat | es | X | | |
| G | reer, Alan | Fort Worth, TX United States | | X | | |
| Aı | cher, Charles | Raleigh, NC United States | | X | | |
| С | oltharp, Brian | Fort Worth, TX United States | | X | | |
| Р | ence, Bob | Fort Worth, 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 addrage is | | | | | |
| | My address is(street) | | state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | xt. | | | | |
| | Executed inCount | y, State of, on the | | _day of | , 20 | |
| | | | | (month) | (year) | |
| | | | | | | |
| | | Signature of authorized agent of contracting business entity (Declarant) | | | | |