

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 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 country of the business entity's place of business.**

CP&Y, Inc.
Waco, TX United States

Certificate Number:
2022-948957

Date Filed:
10/26/2022

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Killeen

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.

Pump Station No. 2 Rehab
Field, Planning, Design, and Construction Related Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kohler, Chuck	New York City, NY United States	X	
	Kelly, Greg	New York City, NY United States	X	
	Roohms, J.J.	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

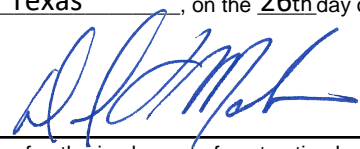
☐**6 UNSWORN DECLARATION**

My name is David L. Marek, and my date of birth is 8/1/1968.

My address is 200 West State Highway 6, Suite 620, Waco, TX, 76712, US.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLennan County, State of Texas, on the 26th day of October, 20 22.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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CP&Y, Inc.
Waco, TX United States

Certificate Number:
2022-948957

Date Filed:
10/26/2022

Date Acknowledged:
12/07/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Killeen

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Pump Station No. 2 Rehab
Field, Planning, Design, and Construction Related Services

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			Controlling	Intermediary
	Kohler, Chuck	New York City, NY United States	X	
	Kelly, Greg	New York City, NY United States	X	
	Roohms, J.J.	Dallas, TX United States	X	

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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)