

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.
KSA Engineers, Inc.
Longview, TX United States

Certificate Number:
2021-815891

Date Filed:
10/22/2021

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, Texas

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.

100226
Professional Services in connection with the Gilmer Street Pavement and Sidewalk Improvements project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fortner, Mitchell L.	Longview, TX United States	X	
	Hicks III, Walter F.	Tyler, TX United States	X	
	Phipps, Craig	Sugar Land, TX United States	X	
	Burns, Michael	Longview, TX United States	X	
	Buck, Lanny	Longview, TX United States	X	
	Aylor, Christopher	Tyler, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Mitchell L. Fortner, and my date of birth is 4/17/1962.

My address is 140 E. Tyler Street, Suite 600, Longview, TX, 75601, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Gregg County, State of Texas, on the 22nd day of October, 20 21.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Buck, Lanny	Longview, TX United States	X	
	Aylor, Christopher	Tyler, 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)