## **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.			OFFICE USE ONLY CERTIFICATION OF FILING		
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> </ol>		<b>Certificate Number:</b> 2024-1215115			
MRB Group, P.C.					
Temple, 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		09/16/2024			
being filed. City of Killeen		Date Acknowledged:			
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.					
Emergency Homeless Facility Professional Architectural and Engineering Services					
4		Nature of interest			
4 Name of Interested Party	City, State, Country (place of busin	ess) (check applicable)			
			Controlling	Intermediary	
Colvin, P.E., Ryan T.	Rochester, NY United States		Х		
Oberst, P.E., James J.	Rochester, NY United States		Х		
Doyle, P.E., David M.	Rochester, NY United States		Х		
Nicoletta, P.E., Patrick A.	Rochester, NY United States		Х		
Sciarrone, P.E., Robert A.	Rochester, NY United States		Х		
Reed, AIA, Tanya	Temple, TX United States		Х		
Davis, William	Rochester, NY United States		Х		
Hotaling, P.E., Gregory J.	Rochester, NY United States		Х		
Taylor, P.E., Trey	Temple, 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					
	Deeksster	V	14600	110	
My address is <u>145 Culver Road, Suite 160</u>	,,,,,,,	Y,	14620	., <u>US</u> .	
(street)	(city) (st	tate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.					
Executed in MonroeCounty, State of <u>New York</u> , on the <u>16th</u> day of <u>September</u> , 20 <u>24</u> . (month) (year)					
Signature of autorized agent of contracting business entity (Declarant)					