

# 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.  
Killeen, TX United States

Certificate Number:  
2019-438194

Date Filed:  
01/04/2019

**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

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.**

KPW - 519-001 - CKIL1800624  
Septic Tank Elimination Program (STEP) XI - Engineering Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Patel, Pete	Dallas, TX United States	X	
	Chiang, Walter	Dallas, TX United States	X	
	Boswell, Jeremy	Dallas, TX United States	X	
	Vergara, Marisa	Dallas, TX United States	X	
	Hays, David	Dallas, TX United States	X	
	Roohms, JJ	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is R.E. Wallace, and my date of birth is 09/30/1940.

My address is 200 W. 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 4th day of January, 20 19.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)

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**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)