FORM 1295

1 of 2

	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	, , , , , , , , , , , , , , , , , , ,	Certificate Number:
	of business.	2021-783717
	Halff Associates, Inc.	
	Austin, 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 being filed.	07/27/2021
	City of Killeen	Date Acknowledged:

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.

n/a

Killeen Bermuda Ditch Mitigation Design Services

4 Nam	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
<u>,</u>			Controlling	Intermediary
Baker, Jessica	er, Jessica Richardson, TX United States		Х	
Bertram, Shawn Edwards, Mark Ickert, Andrew Jackson, Todd Killen, Russell Llewellyn Sr., Mark Miller, Steve Moya, Michael Murray, Menton Pylant, Ben Sagel, Joseph		Austin, TX United States	Х	
		Richardson, TX United States	х	
		Fort Worth, TX United States	Х	
		Austin, TX United States	х	
		Richardson, TX United States	х	
		Tallahassee, FL United States	×	
		Austin, TX United States	×	
		Austin, TX United States	х	
		McAllen, TX United States	х	
		Fort Worth, TX United States	х	
		Richardson, TX United States	х	
Tanksley, Dan		Richardson, TX United States	х	
Zapalac, Russell		Austin, TX United States	х	

FORM **1295**

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					2 01 2	
	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.			FFICE USE		
1	me of business entity filing form, and the city, state and country of the business entity's place business.		Certificate Number: 2021-783717			
	Halff Associates, Inc.		2021-7	03/1/		
	Austin, TX United States		Date Fil	ed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	07/27/2	2021		
	being filed.					
	City of Killeen		Date Ac	knowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.		the con	tract, and prov	ide a	
	n/a					
	Killeen Bermuda Ditch Mitigation Design Services					
1				Nature of interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	k applicable)	
				Controlling	Intermediary	
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is _	7-28-197	7	
	My address is 9500 Amberglen Blvd., Suite 125	, Austin <u>, T</u>	Χ,_	78729 ,	USA .	
	(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed in Williamson County.	State of Texas, on the	27 day	of July	_, 20 <u>21</u> .	
				(month)	(year)	
		() m Am				
Signature of authorized agent of contracting business entity (Declarant)						
		· (Decidiant)				

FORM 1295

1 of 2

	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	Certificate Number:
	of business.	2021-783717
	Halff Associates, Inc.	
	Austin, 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 being filed.	07/27/2021
	City of Killeen	Date Acknowledged: 08/26/2021

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.

n/a

Killeen Bermuda Ditch Mitigation Design Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
Name of Interested Party		City, State, Country (place of business)	Controlling	Intermediary
Baker, Jessica	Richardson, TX United States		Х	
Edwards, Mark Richardson, TX Unit Ickert, Andrew Fort Worth, TX Unit		Austin, TX United States	Х	
		Richardson, TX United States	Х	
		Fort Worth, TX United States	Х	
		Austin, TX United States	Х	
Killen, Russell		Richardson, TX United States	х	
Llewellyn Sr., Mark Miller, Steve Moya, Michael Murray, Menton Pylant, Ben Sagel, Joseph		Tallahassee, FL United States	Х	
		Austin, TX United States	Х	
		Austin, TX United States	Х	
		McAllen, TX United States	Х	
		Fort Worth, TX United States	Х	
		Richardson, TX United States	Х	
Tanksley, Dan		Richardson, TX United States	Х	
Zapalac, Russell		Austin, TX United States	Х	
-				

FORM **1295**

2 of 2

					2 01 2		
	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.			Certificate Number: 2021-783717			
	Halff Associates, Inc.		20	121-103111			
	Austin, TX United States		Da	ate Filed:			
2		contract for which the form		7/27/2021			
_	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.						
	City of Killeen				Date Acknowledged: 08/26/2021		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	per used by the governmental entity or state agency to track or identify the contract, and provide a					
	n/a						
	Killeen Bermuda Ditch Mitigation Design Services						
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of	of business	(check ap	plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my	date of birth	n is	·		
	My addrace is						
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	. State of	on the	day of	. 20		
		,,		(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity (Declarant)						