

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.**

HNTB Corporation
 Austin, TX United States

Certificate Number:
 2024-1108450

Date Filed:
 01/04/2024

Date Acknowledged:

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

Williamson County

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.

82587

Engineering management services required to initiate and monitor production of contract documents and construction of road and drainage projects for the Williamson County

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Slimp, Robert J.	Atlanta, GA United States	X	
	O'Grady, Thomas D.	Overland Park, KS United States	X	
	Mann, Douglas L.	Plano, TX United States	X	
	Cahill, Timothy G.	Kansas City, MO United States	X	
	Denson, Craig	Kansas City, MO United States	X	
	Holdings Ltd, HNTB	Kansas City, MO United States	X	

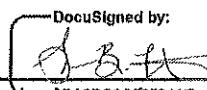
5 Check only if there is NO Interested Party.**6 UNSWORN DECLARATION**My name is Summer B. Lawton, and my date of birth is ____.

My address is 200 W 6th St, Suite 2400, Austin, Tx, 78701, US.
 (street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Tx, on the 4 day of January, 2024.
 (month) (year)

DocuSigned by:



Signature of authorized agent of contracting business entity
 (Declarant)

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	Denson, Craig	Kansas City, MO United States	X	
	Holdings Ltd, HNTB	Kansas City, MO 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)