

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**

Certificate Number:
2024-1123992

Date Filed:
02/14/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Seiler/Lankes Group, LLC
Austin, TX United States

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.

24RFSQ11
Professional Engineering for RFSQ Engineering Services for Williamson County 2023 Road Bond Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Lankes, Gerald	Round Rock, TX United States	X	
	Seiler, Jeff	Lago Vista, TX United States	X	

5 Check only if there is NO Interested Party. ☐

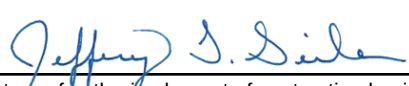
6 UNSWORN DECLARATION

My name is Jeff Seiler, and my date of birth is .

My address is 18101 Kingfisher Ridge Dr., Lago Vista, TX, 78645, USA.
(street) (city) (state) (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 14 day of Feb., 20 24.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Seiler/Lankes Group, LLC
Austin, TX United States

Certificate Number:
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02/14/2024

Date Acknowledged:
03/12/2024

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Williamson County

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	Lankes, Gerald	Round Rock, TX United States	X	
	Seiler, Jeff	Lago Vista, 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)