

# 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.

Beck Architecture, LLC  
Austin, TX United States

Certificate Number:  
2024-1188001

Date Filed:  
07/16/2024

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

Williamson County Facilities Department

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.

Taylor Tax Office Expansion  
Design and Engineering Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Beck III, Henry	Dallas, TX United States	X	
	Prepall, Frederick	Dallas, TX United States	X	
	Bard, Benjamin	Dallas, TX United States	X	
	Fox, Stephanie	Dallas, TX United States	X	
	Morrow, Bryce	Dallas, TX United States	X	

5 Check only if there is NO Interested Party. ☐

## 6 UNSWORN DECLARATION

My name is Stephanie Fox, and my date of birth is [REDACTED].

My address is [REDACTED], Dallas, TX, 75238, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of TX, on the 16 day of July, 20 24.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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Austin, TX United States

**Certificate Number:**  
2024-1188001

**Date Filed:**  
07/16/2024

**Date Acknowledged:**  
07/18/2024

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Williamson County Facilities Department

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Design and Engineering Services

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	Morrow, Bryce	Dallas, 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)