

## 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.**

Atlas Technical Consultants  
Austin, TX United States

**Certificate Number:**  
2024-1134992

**Date Filed:**  
03/15/2024

**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, Texas

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.

24RFSQ12

## Testing and Inspection Services

[illegible]

**5 Check only if there is NO Interested Party.**

☐

## 6 UNSWORN DECLARATION

My name is Joe Fiello, and my date of birth is [REDACTED].

My address is \_\_\_\_\_, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Hays County, State of Texas, on the 15 day of March, 2024.  
(month) (year)

Joe Fiello

Digitally signed by Joe Fiello  
Date: 2024.03.19 10:03:37 -05'00'

Signature of authorized agent of contracting business entity  
(Declarant)

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24RFSQ12  
Testing and Inspection Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	GI Partners	San Francisco, CA 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)