## **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.  |                                      |             | Certificate Number:<br>2025-1278475     |              |  |  |  |
|                   | Cobb, Fendley & Associates, Inc.  |                                      |             |   | 2020 1210410 |  |  |  |
|                   | Houston, TX United States   |                                      | Date Filed: |   |              |  |  |  |
| 2                 | ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.  |                                      |             | 03/06/2025                              |              |  |  |  |
|                   | Williamson County, Texas  |                                      |             | Acknowledged: 1/2025                    |              |  |  |  |
| 3                 |   |                                      |             |   |              |  |  |  |
| 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. |                                      |             |   |              |  |  |  |
|                   | RFQ #1811-273   |                                      |             |   |              |  |  |  |
|                   | Utility Coordination  |                                      |             |   |              |  |  |  |
| _                 | . Nature of interest  |                                      |             |   |              |  |  |  |
| 4                 | Name of Interested Party  | City, State, Country (place of busin | iess)       | (check ap                               | plicable)    |  |  |  |
| <u> </u>          |   |                                      |             | Controlling                             | Intermediary |  |  |  |
| Silver, Monica    |   | Houston, TX United States            |             | ×                                       |              |  |  |  |
| Warth, Dan        |   | Austin, TX United States             | Х           |   |              |  |  |  |
| Eastland, Charles |   | Houston, TX United States            | X           |   |              |  |  |  |
| Scurry, Floyd     |   | Houston, TX United States            | ×           |   |              |  |  |  |
| Ram, Vineeta      |   | Houston, TX United States            |             | х                                       |              |  |  |  |
|                   |   |                                      |             |   |              |  |  |  |
|                   |   |                                      |             |   |              |  |  |  |
|                   |   |                                      |             |   |              |  |  |  |
|                   |   |                                      |             |   |              |  |  |  |
| 5                 | Check only if there is NO Interested Party.   |                                      |             |   |              |  |  |  |
|                   | UNSWORN DECLARATION   |                                      |             |   |              |  |  |  |
|                   | UNGWORN DECLARATION   |                                      |             |   |              |  |  |  |
|                   | My name is  | , and my date of birth is            |             |   |              |  |  |  |
|                   | My address is   | ,                                    | ,           |   | .,           |  |  |  |
|                   | (street)  |                                      | state)      | (zip code)                              | (country)    |  |  |  |
|                   | I declare under penalty of perjury that the foregoing is true and correct.  |                                      |             |   |              |  |  |  |
|                   | Executed inCounty   | y, State of, on the                  |             | day of                                  | , 20         |  |  |  |
|                   |   |                                      |             | (month)                                 | (year)       |  |  |  |
|                   | Signature of authorized agent of contracting business entity (Declarant)  |                                      |             |   |              |  |  |  |

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|   |   |                                       |     |  | 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   | ame of business entity filing form, and the city, state and country of the business entity's place f business.  |                                       |     | Certificate Number:<br>2025-1278475        |              |  |  |  |  |
|   | Cobb, Fendley & Associates, Inc.<br>Houston, 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.  |                                       |     | 03/06/2025                                 |              |  |  |  |  |
|   | Villiamson County, Texas  |                                       |     | 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. |                                       |     |  |              |  |  |  |  |
|   | RFQ #1811-273 Utility Coordination  |                                       |     |  |              |  |  |  |  |
| 4   | Name of Interested Party  | City, State, Country (place of busine |     | Nature of interest ess) (check applicable) |              |  |  |  |  |
|   |   | , , , , , , , , , , , , , , , , , , , |     | Controlling                                | Intermediary |  |  |  |  |
| Silver, Monica                                |   | Houston, TX United States             |     | х  |              |  |  |  |  |
| Warth, Dan                                    |   | Austin, TX United States              |     | Х  |              |  |  |  |  |
| Eastland, Charles                             |   | Houston, TX United States             |     | Х  |              |  |  |  |  |
| Scurry, Floyd                                 |   | Houston, TX United States             |     | Х  |              |  |  |  |  |
| Ram, Vineeta                                  |   | Houston, TX United States             |     | x  |              |  |  |  |  |
|   |   |                                       |     |  |              |  |  |  |  |
|   |   |                                       |     |  |              |  |  |  |  |
| _   |   |                                       |     |  |              |  |  |  |  |
|   |   |                                       |     |  |              |  |  |  |  |
| 5 Check only if there is NO Interested Party. |   |                                       |     |  |              |  |  |  |  |
| 6   | UNSWORN DECLARATION   |                                       |     |  |              |  |  |  |  |
|   | My name is, and my date of birture.   |                                       |     |  |              |  |  |  |  |
|   | My address is   |                                       |     |  |              |  |  |  |  |
|   |   |                                       |     |  |              |  |  |  |  |
|   | Harrie  | - Toyas                               | 6th | March                                      | 25           |  |  |  |  |
|   |   | Lelv                                  |     |  |              |  |  |  |  |
|   | Signature of authorized agent of contracting business entity  |                                       |     |  |              |  |  |  |  |