

# 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:  
2025-1282076

Date Filed:  
03/17/2025

Date Acknowledged:

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

American Structurepoint, Inc.  
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.**

25RFSQ26  
Engineering Services for the Extension of Tracy Chambers Lane (future Wilco Way)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Conner, Willis	Indianapolis, IN United States	X	
	Henneke, Gregory	Indianapolis, IN United States	X	
	Canfield, Cash	Indianapolis, IN United States	X	
	Davidson, Steven	Indianapolis, IN United States	X	
	Hoopingarner, Michael	Indianapolis, IN United States	X	
	Bastian, William	Indianapolis, IN United States	X	
	Shebeck, Michael	Indianapolis, IN United States	X	
	Moore, Kenton	Indianapolis, IN United States	X	

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

☐

**6 UNSWORN DECLARATION**

My name is Cash E. Canfield, and my date of birth is [REDACTED].

My address is [REDACTED] (street) [REDACTED] (city) [REDACTED] (state) [REDACTED] (zip code) [REDACTED] (country).

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

Executed in Marion County, State of Indiana, on the 17th day of March, 2025.  
(month) (year)

Cash E. Canfield  
Signature of authorized agent of contracting business entity  
(Declarant)

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**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)