**FORM 1295** 

1 of 2

|   | 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.  DBR Engineering Consultants, Inc. | Certificate Number:<br>2025-1294496     |
|   | San Antonio, 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.                                      | 04/11/2025                              |
|   | Williamson County Facilities Department   | Date Acknowledged:                      |

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.

CTTC - CO Monitor Install

Central Texas Treatment Center (CTTC) CO Monitor Install

| 4 Name of Interested Party |  | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |  |
|----------------------------|--|--|--|--------------|--|
|                            |  |  | Controlling                              | Intermediary |  |
| Morton, Zac                |  | San Antonio, TX United States            | ×  |              |  |
| Uhlrich, Brian             |  | San Antonio, TX United States            | X  |              |  |
| Puentes, Edward            |  | Austin, TX United States                 | ×  |              |  |
| Roland, Kenny              |  | Dallas, TX United States                 | Х  |              |  |
| West, Carrie               |  | Houston, TX United States                | ×  |              |  |
|                            |  | Houston, TX United States                | Х  |              |  |
|                            |  | Houston, TX United States                | Х  |              |  |
| Jones, Adam                |  | Houston, TX United States                | Х  |              |  |
| Erik, MacDonald            |  | Houston, TX United States                | Х  |              |  |
| Pfeiffer, Kevin            |  | Houston, TX United States                | Х  |              |  |
| Meister, Will              |  | Houston, TX United States                | Х  |              |  |
|                            |  |  |  |              |  |
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FORM **1295** 

2 of 2

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|---|--|-------------------------------------|----------------|--------------|---------------------|--------------------|-------------------|----------|
|   | 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.      |                                     |                |              |                     | FICE USE           | ONLY<br>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: |                    |                   |          |
|   | DBR Engineering Consultants, Inc.  |                                     |                |              | 2025-12             | 94496              |                   |          |
|   | San Antonio, TX United States  |                                     |                |              | Date File           | d:                 |                   |          |
| 2 | Name of governmental entity or state agency that is a party to the   | ne contract for                     | which the forn | ı is         | 04/11/20            | )25                |                   |          |
|   | being filed.   |                                     |                |              |                     |                    |                   |          |
|   | Williamson County Facilities Department  |                                     |                |              | Date Ack            | nowledged:         |                   |          |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided. | ity or state age<br>ded under the o | ncy to track o | r identify t | the contr           | act, and pro       | vide a            | _        |
|   | CTTC – CO Monitor Install  |                                     |                |              |                     |                    |                   |          |
|   | Central Texas Treatment Center (CTTC) CO Monitor Install   |                                     |                |              |                     |                    |                   |          |
| 4 |  | <u> </u>                            |                |              |                     | Nature o           | f interest        | _        |
| 4 | Name of Interested Party   | City, State, C                      | Country (place | of busine    | ss)                 | (check applicable) |                   |          |
|   |  |                                     |                |              | С                   | ontrolling         | Intermediary      | <u>/</u> |
|   |  |                                     |                |              |                     |                    |                   |          |
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|   |  |                                     |                |              |                     |                    |                   | _        |
| 5 | Check only if there is NO Interested Party.  |                                     |                |              |                     |                    |                   |          |
| 6 | UNSWORN DECLARATION  |                                     |                |              |                     |                    |                   |          |
|   | My name is Zac D. Morton   |                                     | , and m        | y date of b  | irth is             |                    |                   |          |
|   | My address is  |                                     |                | Join         |                     |                    |                   |          |
|   | (50,561)   |                                     | (Oity)         | (Old         | /                   | (Zip 0000)         | (Soundy)          |          |
|   | I declare under penalty of perjury that the foregoing is true and corre  | ct.                                 |                |              |                     |                    |                   |          |
|   | Executed in Bexar Count  | ty, State of                        | Texas          | , on the 1   | 1th day             | of April           | , 20 25 .         |          |
|   |  | <u> </u>                            |                | <u>.</u>     |                     | (month)            | (year)            |          |
|   |  |                                     | ZM             | 5            |                     |                    |                   |          |
|   |  | Signature of                        | authorized age |              | acting bu           | siness entity      |                   |          |
|   |  |                                     | (Declar        | ant)         |                     |                    |                   |          |

FORM **1295** 

1 of 2

|   | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>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                               | Certificate Number:                     |
|   | of business.  | 2025-1294496                            |
|   | DBR Engineering Consultants, Inc.   |   |
|   | San Antonio, 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.                    | 04/11/2025                              |
|   | Williamson County Facilities Department   | Date Acknowledged:<br>04/22/2025        |

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.

CTTC - CO Monitor Install

Central Texas Treatment Center (CTTC) CO Monitor Install

| 4               | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |  |
|-----------------|--------------------------|--|---------------------------------------|--------------|--|
|                 |                          |  | Controlling                           | Intermediary |  |
| Morton, Zac     |                          | San Antonio, TX United States            | x                                     |              |  |
| Uhlrich, Brian  |                          | San Antonio, TX United States            | Х                                     |              |  |
| Puentes, Edward |                          | Austin, TX United States                 | х                                     |              |  |
| Roland, Kenny   |                          | Dallas, TX United States                 | х                                     |              |  |
| Jenkins, Brian  |                          | Houston, TX United States                | х                                     |              |  |
| West, Carrie    |                          | Houston, TX United States                | х                                     |              |  |
| Moe, Brent      |                          | Houston, TX United States                | х                                     |              |  |
| Jones, Adam     |                          | Houston, TX United States                | х                                     |              |  |
| Erik, MacDonald |                          | Houston, TX United States                | х                                     |              |  |
| Pfeiffer, Kevin |                          | Houston, TX United States                | х                                     |              |  |
| Meister, Will   |                          | Houston, TX United States                | х                                     |              |  |
|                 |                          |  |                                       |              |  |
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FORM **1295** 

|   |   |                        |                    |                                  | 2 of 2       |  |
|---|---|------------------------|--------------------|----------------------------------|--------------|--|
|   | 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 US                        | _            |  |
|   |   |                        |                    | CERTIFICATION OF FILING          |              |  |
| 1 | Name of business entity filing form, and the city, state and count of business.   | ry of the business en  | ntity's place      | Certificate Number: 2025-1294496 |              |  |
|   | DBR Engineering Consultants, Inc.   |                        |                    | 2025-1294496                     |              |  |
|   | San Antonio, TX United States   |                        |                    | Date Filed:                      |              |  |
| 2 | Name of governmental entity or state agency that is a party to the  | e contract for which t | the form is        | 04/11/2025                       |              |  |
|   | being filed. Williamson County Facilities Department  |                        |                    | Date Acknowledged                | :            |  |
|   | Williamson County Facilities Department   |                        |                    | 04/22/2025                       |              |  |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid |                        |                    | the contract, and pro            | ovide a      |  |
|   | CTTC – CO Monitor Install   |                        |                    |                                  |              |  |
|   | Central Texas Treatment Center (CTTC) CO Monitor Install  |                        |                    |                                  |              |  |
| _ |   |                        |                    | Nature o                         | of interest  |  |
| 4 | Name of Interested Party  | City, State, Country   | / (place of busine | ess) (check a                    | pplicable)   |  |
|   |   |                        |                    | Controlling                      | Intermediary |  |
|   |   |                        |                    |                                  |              |  |
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|   |   |                        |                    |                                  |              |  |
| 5 | Check only if there is NO Interested Party.   |                        |                    |                                  |              |  |
| 6 | UNSWORN DECLARATION   |                        |                    |                                  |              |  |
|   |   |                        |                    |                                  |              |  |
|   | My name is  |                        | , and my date of t | birth is                         | ·            |  |
|   | My address is   | ,                      | ,                  | ,                                | _,           |  |
|   | (street)  | (city)                 |                    | ate) (zip code)                  | (country)    |  |
|   | I declare under penalty of perjury that the foregoing is true and correc  | it.                    |                    |                                  |              |  |
|   |   | y, State of            | on the             | day of                           | 20           |  |
|   | County  | , State of             | , on the _         | day or<br>(month)                |              |  |
|   |   |                        |                    |                                  |              |  |
|   |   | Signature of author    |                    | tracting business entity         | ,            |  |
|   |   |                        | (Declarant)        | _                                |              |  |