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.

Lentz Engineering, LLC
Houston, TX United States

Certificate Number:
2025-1301871

Date Filed:
04/28/2025

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 Management

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.

CPA ADA Parking Upgrade

A/E to perform engineering services associated with the Williamson County Cedar Park Annex parking lot in relation to possible Americans with Disabilities Act (ADA) accessibility and site-safety issue

4

Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Uwague, Ted	Austin, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is ___Ted Uwague___, and my date of birth is ___████___.

My address is ___████████___.

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

Executed in ___Harris___ County, State of ___Texas___, on the _31_ day of ___April___, 20_25_.
(month) (year)

ROBIN E. MCEATHRON
Notary Public, State of Texas
Comm. Expires 10/31/2026
Notary ID 128969963
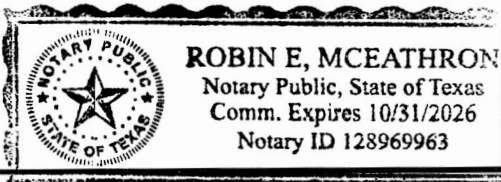
Robin E. Mc Eathron
Signature of authorized agent of contracting business entity
(Declarant)

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		Controlling	**Intermediary**
Uwague, Ted	Austin, TX United States	X	

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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)