

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.

Quorum Architects, Inc.
Fort Worth, TX United States

Certificate Number:
2025-1340326

Date Filed:
07/22/2025

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 Co

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.

P719-WCRAS

Design Services for Williamson County Regional Animal Shelter (WRAS) Building Addition

[illegible]

5 Check only if there is NO Interested Party.

☒

6 UNSWORN DECLARATION

My name is Kim Hickman, and my date of birth is 01/01/1970.

My address is _____, Fort Worth, TX, _____, United States.
(city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 22 day of July, 2025.
(month) (year)

Kinottickman

Signature of authorized agent of contracting business entity
(Declarant)

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Quorum Architects, Inc.
Fort Worth, TX United States

Certificate Number:
2025-1340326

Date Filed:
07/22/2025

Date Acknowledged:
07/29/2025

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Williamson Co

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P719-WCRAS
Design Services for Williamson County Regional Animal Shelter (WRAS) Building Addition

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(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)