

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:
2025-1347159

Date Filed:
08/07/2025

Date Acknowledged:

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

Water Engineering, Inc.
Mead, NE 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.

25RFP53
Water Treatment Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wagenfuhr, David	Mead, NE United States	X	
	Wagenfuhr, Katie	Mead, NE United States	X	
	Aiello, Tony	Mead, NE United States		X
	Heddens, Paul	Mead, NE United States		X
	Jeansonne, Katie	Belle Chasse, LA United States		X

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Tony Aiello, and my date of birth is [REDACTED].

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

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

Executed in Saunders County, State of Nebraska, on the 7 day of August, 20 25.
(month) (year)

Tony P Aiello

Signature of authorized agent of contracting business entity
(Declarant)

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Mead, NE United States

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	Heddens, Paul	Mead, NE United States		X
	Jeansonne, Katie	Belle Chasse, LA United States		X

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)