CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2025-1355792

Date Filed:
08/27/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
The Lawrence Group Architects of Austin, 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.
Medic 41 Restroom Addition
Architectural and Interior Design Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Conrad, Laura	Austin, TX United States	X	
Schnaare, Michael	Austin, TX United States	X	
Rowbottom, Timothy	Austin, TX United States	X	
Smith, Steve	Austin, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Luma Jaffar, and my date of birth is [redacted].

My address is [redacted], Austin (city), TX (state), [redacted] (zip code), Travis (country).

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

Executed in Travis County, State of TX, on the 29 day of 08 (month), 2025 (year).

Luma Jaffar, Managing Principal
Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING

Certificate Number:
2025-1355792

Date Filed:
08/27/2025

Date Acknowledged:
09/10/2025

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Austin, TX United States

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Medic 41 Restroom Addition
Architectural and Interior Design Services

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Schnaare, Michael	Austin, TX United States	X	
Rowbottom, Timothy	Austin, TX United States	X	
Smith, Steve	Austin, TX 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)