

# 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:  
 2025-1363827

Date Filed:  
 09/16/2025

Date Acknowledged:

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

American Structurepoint, 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.**

24RFSQ11  
 RFSQ Engineering Services for Williamson County 2023 Road Bond Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Conner, Willis	Indianapolis, IN United States	X	
	Henneke, Gregory	Indianapolis, IN United States	X	
	Canfield, Cash	Indianapolis, IN United States	X	
	Davidson, Steven	Indianapolis, IN United States	X	
	Hoopingarner, Michael	Indianapolis, IN United States	X	
	Bastian, William	Indianapolis, IN United States	X	
	Shebeck, Michael	Indianapolis, IN United States	X	
	Moore, Kenton	Indianapolis, IN United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Cash E. Canfield, and my date of birth is [REDACTED].

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

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

Executed in Marion County, State of Indiana, on the 16th day of September, 2025.  
 (month) (year)

Cash E. Canfield  
 Signature of authorized agent of contracting business entity  
 (Declarant)

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2025-1363827

**Date Filed:**  
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**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)