

# 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.**  
Freese and Nichols, Inc.  
Fort Worth, TX United States

Certificate Number:  
2016-66932

Date Filed:  
06/07/2016

Date Acknowledged:

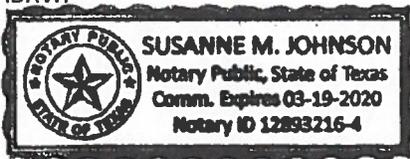
**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
City of Fort Worth

**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.**  
46771 Amd #1  
Construction Management Services for the TRA Central City Project Bridges N. Main Street, Henderson Street & White Settlement Rd.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Herchert, Bob	Fort Worth, TX United States	X	
	Pence, Bob	Fort Worth, TX United States	X	
	Milrany, Cindy	Fort Worth, TX United States	X	
	Coltharp, Brian	Fort Worth, TX United States	X	
	Gooch, Tom	Fort Worth, TX United States	X	
	Haster, Thomas	Fort Worth, TX United States	X	
	Payne, Jeff	Dallas, TX United States	X	
	New, John	San Antonio, TX United States	X	
	Hatley, Tricia	Oklahoma City, OK United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

*Kelly J. Shriver*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kelly J. Shriver, this the 7th day of June, 20 16, to certify which, witness my hand and seal of office.

*Susanne M. Johnson*  
\_\_\_\_\_  
Signature of officer administering oath

Susanne M. Johnson  
\_\_\_\_\_  
Printed name of officer administering oath

Notary  
\_\_\_\_\_  
Title of officer administering oath