CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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.		Certificate Number: 2017-198411			
	imley-Horn and Associates, Inc.					
	allas, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is		04/26/2017			
	peing filed.		Date Acknowledged:			
	City of Fort Worth, Texas		Date Acknowledged:			
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.					
	100987 Design of water main relocations in conflict with the TxDOT North Tarrant Express Segment 4 highway expansion project					
Nature of intere					f interest	
4	Name of Interested Party	City, State, Country (place of busine				
				Controlling	Intermediary	
Atz, John		Dallas, TX United States		х		
Peed, Brooks		Dallas, TX United States		Х		
Schiller, Mike		Dallas, TX United States		Х		
Wilson, Mark		Dallas, TX United States		Х		
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.						
	MIRIAM CASTILLEJA Notary Public, State of Texas Comm. Expires 03-13-2021 Notary ID 131041344 Signature of authorized agent of contracting business entity					
	2.5					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Correla Modernaland					
	Sworn to and subscribed before me, by the said Sarah UnderWOOd , this the 20th day of April ,					
	20, to certify which, witness my hand and seal of office.					
	Miriam Castilleja Accounting Assistant					
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					