CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 2

	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. Halff Associates, Inc. Richardson, TX United States	Certificate Number: 2019-479246 Date Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/19/2019 Date Acknowledged:	

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.

100082

CentrePort Trail

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Crawford, Stephen	Richardson, TX United States	×	
Buchanan, David	Richardson, TX United States	х	
Zapalac, Russell	Richardson, TX United States	х	
Tanksley, Dan	Richardson, TX United States	×	
Murray, Menton	McAllen, TX United States	х	
Plugge, Roman	Richardson, TX United States	х	
Moya, Mike	Austin, TX United States	х	
Kunz, Pat	Richardson, TX United States	х	
Kuhn, Greg	Richardson, TX United States	×	
Killen, Russell	Richardson, TX United States	х	
Ickert , Andrew	Fort Worth, TX United States	×	
Jackson, Todd	Austin, TX United States	Х	
Edwards, Mark	Richardson, TX United States	Х	
Craig, Matthew	Richardson, TX United States	х	
Bargainer, Tim	Austin, TX United States	×	
Baker, Jessica	Richardson, TX United States	×	
Adams, Bobby	Houston, TX United States	×	
			W

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

of 2

				2 01 2			
	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 th of business.	Certificate Number:					
	Halff Associates, Inc.		2019-479246				
	Richardson, TX United States		Date Filed:				
2		not for which the form is	04/19/2019				
-	being filed.	tet for which the form is	0 113/2013				
	City of Fort Worth	Date Acknowledged:					
3	Provide the identification number used by the governmental entity or state description of the services, goods, or other property to be provided und	e the identification number used by the governmental entity or state agency to track or identify the contract, and provide a otion of the services, goods, or other property to be provided under the contract.					
	100082						
	CentrePort Trail						
4	Name of Interested Party City, State, Country (place of busin		Nature of interest ess) (check applicable)				
			Controlling	Intermediary			
_			Controlling	Intermediary			
_			_	-			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is <u>Stephen Crawford</u>	, and my date of b	birth is				
	My address is (street)	(city) (sta	ate) (zip code)	-· (country)			
	I dealers under nonelly of notion that the formation is to a set of						
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Dallas County, State of Texas, on the day of, 20						
	Stal RODO						
	Signature of authorized agent of contracting business entity (Declarant)						
		(Decidiality					