CERTIFICATE OF INTERESTED PARTIES

FORM 1295

| F | | | | | 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. | | | Certificate Number: 2018-332537 | | |
| | McKinney Ranch Ltd McKinney, TX United States | | | 2010-332537 | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form in | | | Date Filed: 03/30/2018 | | |
| | being filed. City of Mckinney | | | | | |
| _ | | 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. | | | | | |
| | 17-009DA Honey Creek SS | | | | | |
| | Sanitary Sewage Line | | | | | |
| 4 | Name of Interested Party City, State, Country (place of business) | | Nature of interest | | | |
| | | City, State, Country (place of business) | | (check applicable) Controlling Intermediary | | |
| Sa | antiago, Jorba | Dallas, TX United States | | X | mermediary | |
| Karben SARL | | Dallas, TX United States | | X | | |
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| 202 | | | | | | |
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| 5 Check only if there is NO Interested Party. | | | | | | |
| UNSWORN DECLARATION | | | | | | |
| | My name is, and my date of birth is \\ \(\text{Q} \) \\ \(| | | | | |
| My address is 11520 N. Central Expur. Dallas TX 75943 (XA | | | | | Azc) | |
| (street) (city) (state) (zip code) (country) | | | | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| Executed inCounty, State of, on theday of March | | | | | _, 20 | |
| | (month) (year) | | | | | |
| | Jantago data | | | | | |
| | | Signature of authorized agent of contra (Declarant) | acting I | business entity | | |