

# 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.**

Fuquay, Inc.  
New Braunfels, TX United States

Certificate Number:  
2021-834321

Date Filed:  
12/20/2021

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 Farmers Branch

**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.**

Pipe Burst  
Rehabilitation- Pyramid & Heartside, Stardust & Birchlaw, Heartside & Janwood, Damascus & Brincrest, Belfield & Castleton

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is DAVID M. KALLIFELZ, and my date of birth is 05-12-1971.

My address is 4861 OLD Hwy 81 (street), NEW BRAUNFELS TX (city), 78132 (state), USA (zip code), (country)

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

Executed in COMAL County, State of TEXAS, on the 20 day of DECEMBER 2021 (month) (year)

David M. Kallifelz  
Signature of authorized agent of contracting business entity (Declarant)

# 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.**  
 Fuquay, Inc.  
 New Braunfels, TX United States

**Certificate Number:**  
 2021-834327

**Date Filed:**  
 12/20/2021

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

**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.**  
 Pipe Burst  
 Rehabilitation - Colchester & Chatsworth, Colchester & Valley View, Mount Castle & Challaburton, Challaburton & Shahan

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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

**6 UNSWORN DECLARATION**

My name is DAVID M. KAUFFELZ, and my date of birth is 5-12-1971.

My address is 4861 OLD Hwy 81 (street), NEW BRAUNFELS (city), TX (state), 78132 (zip code), USA (country).

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

Executed in COMAL County, State of TEXAS, on the 20 day of DECEMBER, 2021.  
 (month) (year)

David M. Kauffelz  
 Signature of authorized agent of contracting business entity (Declarant)