

# 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.**  
Triple B Services, LLP  
Huffman, TX United States

**Certificate Number:**  
2020-622067

**Date Filed:**  
05/21/2020

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Fort Bend Grand Parkway Toll Road Authority

**Date Acknowledged:**  
05/21/2020

**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.**  
Project No. 126-1003  
Fort Bend Grand Parkway Toll Road Construction Widening From 0.05 Miles North of US 59 to 0.07 Miles North of East Riverpark Dr (Fort Bend Grand Parkway Toll Road Authority)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Burke, Kevin	Huffman, TX United States	X	
	Burke, Keith	Huffman, TX United States	X	
	Burke, Charles	Huffman, TX United States	X	

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

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)