CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

OFFICE USE ONLY

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

Date Received

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1 Name of person doing business with local governmental entity.

TCB INC. fka Turner Collie & Braden Inc.

Taile of person doing basiness with local governmental entity

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Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money.

No known affiliation or business relationship.

Describe each affiliation or business relationship with a person who is a local government officer who appoints or employs a local government officer of the governmental entity that is the subject of this questionnaire.

No known affiliation or business relationship.

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| 5 | | ne of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the wer to A, B, or C is YES.) |
|---|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | This | section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business ionship. Attach additional pages to this Form CIQ as necessary. |
| | A. | Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? Yes No |
| | В. | Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? Yes No |
| | C. | Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? Yes No |
| | D. | Describe each affiliation or business relationship. |
| | | |
| 6 | | cribe any other affiliation or business relationship that might cause a conflict of interest. |
| 7 | | |

TCB

5757 Woodway, Suite 101 West, Houston, Texas 77057-1599 T 713.780.4100 F 713.267.2911 www.tcb.aecom.com

October 23, 2006

Brazos River Authority P.O. Box 7555 Waco, TX 76714-7555

Attention: Records Management Officer

Subject:

Local Government Code

Title 5, Chapter 176

Disclosure of Certain Relationships with Local Government Officers

Dear Sir/Madam:

TCB INC. (formerly known as Turner Collie & Braden Inc.) is submitting the attached CONFLICT OF INTEREST QUESTIONNAIRE in accordance with the requirement of the above cited Local Government Code.

We currently know of no affiliations or business relationships that are required to be reported. If you disagree, we would appreciate it if you could provide us with a list of your local government officers, their spouses and the name of their employer, or firm if self-employed to verify this information and update the questionnaire.

We would also like to have the appropriate title and mailing address, if different from the above, of your Records Administrator.

Thank you for your assistance.

Todd L. Papes, PE

Chief Operation Officer