

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

Certificate Number:
2024-1213301

Date Filed:
09/11/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

HotDocs Corporation
Bee Cave, TX United States

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

Hidalgo County District Attorney's Office

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.

24-0302
Purchase of HotDocs Classic Desktop User License

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mitratech Holdings, Inc.	Bee Cave, TX United States	X	
	Williams, Mike	Bee Cave , TX United States	X	
	Wade, Ben	Bee Cave , TX United States	X	
	Ontario Teachers' Pension Plan Board	Toronto Ontario Canada	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Adrian Jackson, and my date of birth is [REDACTED]

My address is 153 Broken Oak Dr., Liberty Hill, TX, 78642, US.
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 12th day of September, 2024.
(month) (year)

Adrian Jackson

Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
 2024-1213301

Date Filed:
 09/11/2024

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 09/16/2024

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	Wade, Ben	Bee Cave , TX United States	X	
	Ontario Teachers' Pension Plan Board	Toronto Ontario Canada	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)