

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.

NICE Systems, Inc.
 Hoboken, NJ United States

Certificate Number:
 2024-1235025

Date Filed:
 11/05/2024

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

Hidalgo County, TX

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.

24-0401
 NICE Justice Cloud Service Subscription

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hidalgo County, TX	Edinburg, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is John Rennie and my date of birth is [REDACTED]

My address is 221 River Street, 10th and 11th Floors, Hoboken, NY 07030, U.S.
(street) (city) (state) (zip code) (country)

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

Executed in Loudoun County, State of Virginia, on the 5th day of November, 2024.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

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 CERTIFICATION OF FILING**

Certificate Number:
 2024-1235025

Date Filed:
 11/05/2024

Date Acknowledged:
 11/08/2024

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 NICE Systems, Inc.
 Hoboken, NJ United States

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 Hidalgo County, TX

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