

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.
 EMS LINQ, LLC
 Austin, TX United States

Certificate Number:
 2025-1281305

Date Filed:
 03/13/2025

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

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.
 25-0139
 LINQ ERP Professional Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
WCAS XIV, LP	New York, NY United States	X	
Banneker (EMS) Investors II, LLC	San Francisco, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Mark Fredericks, and my date of birth is [REDACTED].

My address is 2801 Via Fortuna, Terrace VII, Suite 400 Austin, TX, 78746, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 13 day of March, 2025.
(month) (year)

DocuSigned by:

Mark Fredericks

Signature of authorized agent of contracting business entity (Declarant)

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			Controlling	Intermediary
	WCAS XIV, LP	New York, NY United States	X	
	Banneker (EMS) Investors II, LLC	San Francisco, CA 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)