

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:
2026-1410656

Date Filed:
01/20/2026

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Network Sciences, Inc.
AUSTIN, 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 - Health & Human Services Department

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.
C-24-0029-03-05
Software to determine eligibility and manage its financial assistance programs

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wise, Rebecca	Austin, TX United States	X	
	Wise, William	Austin, TX United States	X	
	Gordon, Abram	Austin, TX United States	X	
	Schlett, Leigh	Austin, TX United States	X	
	Rodman, Felipe	Austin, TX United States	X	
	Bynum, Desmond	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

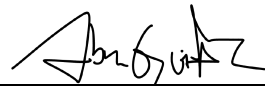
6 UNSWORN DECLARATION

My name is Abram Gordon, and my date of birth is [REDACTED].

My address is 2904 Kodiak Cv, Cedar Park, TX, 78613, USA.
(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 20th day of January, 2026.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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	Bynum, Desmond	Austin, 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 _____, _____, _____, _____, _____.
(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)