

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.

Winston Financial Services, Inc.
Manasquan, NJ United States

Certificate Number:
2016-1434

Date Filed:
01/06/2016

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

Williamson 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 goods or services to be provided under the contract.

1509-011

Hosted Solution Services - Web Based Benefit Enrollment System & Benefit Administration System (BenefitInsite)

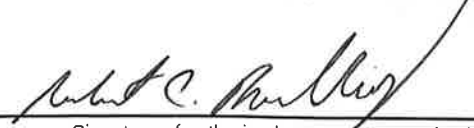
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Beam, Meredith	Marietta, GA United States		X
Bradley, Curry	Manasquan, NJ United States	X	
Bradley, Colin	Manasquan, NJ United States	X	
Bradley, Robert	Manasquan, NJ United States	X	

5 Check only if there is NO Interested Party.

☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


Signature of authorized agent of contracting business entity

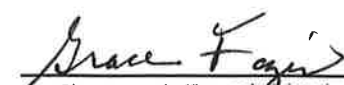
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said authorized agent, this the 7 day of JANUARY, 2016, to certify which, witness my hand and seal of office.

GRACE FAZIO

A Notary Public of New Jersey

My Commission Expires May 11, 2016


Signature of officer administering oath

Printed name of officer administering oath

Sr. Premium Accountant
Title of officer administering oath

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I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath