## **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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2016-108275				
	Motorola Solutions		2010 100210					
	Austin, TX United States		Date Filed:					
2	ame of governmental entity or state agency that is a party to the contract for which the form is			09/06/2016				
	eing filed.		Date Acknowledged:					
	Williamson County Texas			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.							
	RA05-15 DAS Expansion IN-BUILDING DISTRIBUTED ANTENNA SYSTEM EXPANSION FOR WILLIAMSON COUNTY COURTHOUSE							
_			Nature of interest					
4	Name of Interested Party City, State, Country (pla	Name of Interested Party City, State, Country (place of busine		(check ap				
				Controlling	Intermediary			
	•							
		w						
		53550 (Az Antonio 1900)						
		<u></u>						
5	Check only if there is NO Interested Party.							
6	6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.							
BETH SHELTON Notary ID # 11199507 My Commission Expires April 23, 2018  BETH SHELTON Signature of authorized agent of contracting business entity								
Sworn to and subscribed before me, by the said <u>Richarl R. Russek</u> , this the <u>7</u> day of <u>September</u> , 20								
	Signature of officer administering oath  Signature of officer administering oath  Deth. She Hoo  No tary  Title of officer administering oath							

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FORM 1295

1 of 1

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	ing filed.			Date Acknowledged:					
	liamson County Texas			09/08/2016					
-	Describe the identification made and but the common teleposition								
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•			ess)	(check applicable)					
-				Controlling	Intermediary				
			,						
5	Check only if there is NO Interested Party.	Check only if there is NO Interested Party.							
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	e disclosure is true	e and correct.				
	Signature of authorized agent of contracting business entity								
	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.								
TOTAL DESIGNATION OF THE PERSON OF THE PERSO									
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								
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