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. | | | Certificate Number: 2016-113627 | | |
| | icrosoft Corporation | | | 2010-113027 | | |
| | ustin, 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 | | | 09/19/2016 | | |
| | ing filed. Illiamson County | | | Date Acknowledged: | | |
| | VIIIIAITISOTI COBITE | | | Date Acknowledged. | | |
| _ | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a | | | | | |
| 3 | description of the services, goods, or other property to be provided under the contract. | | | | | |
| | 001455192 | | | | | |
| | Microsoft Premier | | | | | |
| _ | | | | | | |
| 4 | Name of Interested Party City, State, Country (place of bus | | | Nature of interest | | |
| | Name of interested Party | ony, state, country (place of business) | | (check applicable) Controlling Intermediary | | |
| Н | | ·- | | Controlling | memary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| | annum. IXI | | | | | |
| 6 | AFFIDAVITATION MELISSA | | | | | |
| | AFFIDAVITHE LISSA I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity David T. Gallagher, Director of Contracts | | | | | |
| | The Man The State of the State | | | | | |
| | | | | | | |
| | Months (Market) | | | | | |
| | Signature of authorized agent of contracting business entity David T. Gallagher, Director of Contracts | | | | | |
| | Signature of authorized agent of contracting business entity David T. Gallagher, Director of Contracts | | | | | |
| | | | | | | |
| | Sworn to and subscribed before me, by the said David T. Gallagher, this the 20th day of September | | | | | |
| | 20_16, to certify which, witness my hand and seal of office. | | | | | |
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| | maliana to 10/1 | | \cap | 1. r <u>1</u> | 10 | |
| | Simulation of the second of th | lissa Kanslem (| 00 | tracts 1 | <u>nanager</u> | |
| | Signature of efficer administering oath Printed name of efficer administering oath Cotory Title of efficer administering oath Notary | | | | | |
| | 00 0 | J | - 1 | 2012401 | | |