

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.
MCCi, LLC
Tallahassee, FL United States

Certificate Number:
2023-1099943

Date Filed:
12/02/2023

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 services, goods, or other property to be provided under the contract.

202474
Consulting Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|----------------------------|--|---------------------------------------|--------------|
| | | Controlling | Intermediary |
| CPC MCCi Holding, LLC | Tallahassee, FL United States | X | |
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Emery Jones, and my date of birth is [REDACTED].

My address is 316 Bethany Curve, Santa Cruz, CA, 95060, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Santa Cruz County, State of California, on the 2 day of December 2023.
(month) (year)

E-SIGNED by Emery Jones
on 2023-12-04 22:30:55 GMT

Signature of authorized agent of contracting business entity
(Declarant)

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| | CPC MCCi Holding, LLC | Tallahassee, FL United States | X | |
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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)