## **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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1111587							
	Emergency Management Solutions, Inc.	2022	2024-1111587							
	Savannah, GA United States	Date	Date Filed:							
2		01/1	01/12/2024							
	being filed.		Date	Acknowledged:						
	Williamson County, Texas			01/12/2024						
3	Provide the identification number used by the governmental entit	ity or state agency to track or identi	ify the contract, and provide a							
3	description of the services, goods, or other property to be provide		y tile c	ontract, and prov	nue a					
	24RFP3  Hazardous Materials Response Team Organizational Assessment, Can Analysis, and Stratogic Plan									
	Hazardous Materials Response Team Organizational Assessment, Gap Analysis, and Strategic Plan									
4				Nature of interest						
7	Name of Interested Party City, State, Country (place of busin		ness)	(check applicable)						
				Controlling	Intermediary					
				-						
				1						
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 inCounty	y, State of, on the	e	_day of	, 20					
				(month)	(year)					
	Signature of authorized agent of contracting business entity (Declarant)									

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

						1011		
	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.	CEL	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				Certificate Number:			
_	business.				2024-1111587			
	Emergency Management Solutions, Inc.	Data	Date Filed:					
2	Savannah, GA United States							
_	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				01/12/2024			
	Williamson County, Texas				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 pr			ientity the co	miraci, and pro	nue a		
	24RFP3							
	Hazardous Materials Response Team Organizational Ass	sessment, Gap Anal	ysis, and Stra	tegic Plan				
4				Nature of interest				
	Name of Interested Party	City, State, Co	City, State, Country (place of business)			(check applicable)		
					Controlling	Intermediary		
	N/A							
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	Joseph J. Leonard, Jr.	, and my date of birth is						
	4306 Evergreen Elm Ct.	,	ouston	_, TX _,,	77059	, USA		
	(street)	(0	city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	orrect.						
	Hamia		TX .	12th	JAN	<sub>20.</sub> 24		
	Executed inCo	ounty, State of	,(	лгите <u> с</u>	$\int_{\text{ay of}} \frac{\text{JAN}}{\text{(month)}}$	, 20 <u></u> . (year)		
	(	Joseph (	Q. 1	eonas	d. Os	,		
		7 7 7	7', ~		7			
	<del></del>	Signature of a	ithorized agent (Declaran		business entity	<u> </u>		
			\	,				