CERTIFICATE OF INTERESTED PARTIES

FORM 1295

of 1

				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 count	Certificate Number:					
	of business. Accelerated Card Company LLC d/b/a Certified Payments	2024-1124443					
	Ft. Worth, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	02/15/2024					
	being filed.	Date Automoted and					
	Williamson County, TX	Date Acknowledged:					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a			
	1708-179						
	Electronic Processing Services						
4	Name of Interested Burt		Nature of interest				
	Name of Interested Party	City, State, Country (place of busine		(check applicable) Controlling Intermediary			
Ce	ertified Payments	Ft. Worth, TX United States		intermediary			
5	autica i ayments	Ft. Worth, TA Officed States	Х				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isMichael LoMurro						
	IVIICIAEI LOWIUTO	and my date of b	oirth is	L			
	My address is, Suite 1800,	Ft Worth , TX	, 76104	. USA .			
	(street)	(city) (stat	e) (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Tarrant County,	State ofTexas, on the _	15th day of February	_, <u>2024</u>			
		1/	(month)	(year)			
		MAR	21-				
	-	Signature of authorized agent of control	racting business andit	-			
	Signature of authorized agent of contracting business entity (Declarant)						

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.		CF	OFFICE USE		
1	lame of business entity filing form, and the city, state and country of the business entity's place of business. Accelerated Card Company LLC d/b/a Certified Payments			ertificate Number: 124-1124443 Interpretation		
2		ounty, TX			02/15/2024 Date Acknowledged: 02/15/2024	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided in the services and the services are services. Services		ck or identify the	contract, and prov	vide a	
4	Name of Interested Party	City, State, Country (pl	ace of business)	ness) Nature of interest (check applicable) Controlling Intermediary		
Certified Payments		Ft. Worth, TX United States		X	,	
_						
	_					
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 corre	ct.				
	Executed inCoun	ty, State of	, on the	_day of(month)	, 20 (year)	
				()	()/	
		Signature of authorized	l agent of contracti	ng business entity		