## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	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 business.			Certificate Number: 2024-1140080				
	lythics, LLC							
2	irginia Beach, VA United States  ame of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 03/28/2024				
_	peing filed.							
	Williamson County	Date	Date Acknowledged:					
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	2024171							
	Mythics Q-22224: Additional licenses due to increase in Oper	ating Budget-Oracle Ent Reporting	g					
4	Name of the control Boots	City, State, Country (place of busine		Nature of interest				
	Name of Interested Party							
Pegasus ME Buyer, Inc.		Virginia Beach, VA United Stat	es	X				
Smutz, Shane		Virginia Beach, VA United Stat	A United States					
Altamura, Doug		Virginia Beach, VA United Stat	es	Х				
Seifert, Paul		Virginia Beach, VA United Stat	es	Х				
Ne	eedleman, Scott	Virginia Beach, VA United Stat	es	х				
Hodgkiss, Kevin		Virginia Beach, VA United Stat	es	х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION		CERTIFICATION OF FILING Certificate Number: 2024-1140080  Date Filed: 03/28/2024  Date Acknowledged:  Jency to track or identify the contract, and provide a econtract.  Toracle Ent Reporting  Country (place of business)  Peach, VA United States  Peach, VA United States					
Ŭ					Ī			
	My name is Deonte J. Watters, CCMAP	, and my date o	of birth is	S	·			
	My address is	,	_,		USA .			
	(street)	(city)	(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in _ City of Virginia BeachCount	y, State of Virginia, on the	28th	day of _March_	, 20_24			
				(month)	(year)			
	Death J. Watter							
	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.  Name of business entity filing form, and the city, state and country of the business entity's place			OFFICE USE ONLY CERTIFICATION OF FILING				
_								
1	of business entity filing form, and the city, state and count	try of the business entity's place		Certificate Number: 2024-1140080				
	Mythics, LLC							
_	Virginia Beach, VA United States		<b>Date Filed:</b> 03/28/2024					
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.		03/	03/20/2024				
	Williamson County			Date Acknowledged: 03/28/2024				
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.							
	2024171 Mythics Q-22224: Additional licenses due to increase in Operating Budget-Oracle Ent Reporting							
	Mythics Q-22224: Additional licenses due to increase in Oper	rating Budget-Oracle Ent Report	ng					
4	Name of Interested Party City, State, Country (place of business)			Nature of interest				
			siness)	<del></del>				
_		Novicio Bossels MATHERS		Controlling	Intermediary			
Р	egasus ME Buyer, Inc.	Virginia Beach, VA United States		X				
Smutz, Shane		Virginia Beach, VA United States		X				
Altamura, Doug		Virginia Beach, VA United States		Х				
Seifert, Paul		Virginia Beach, VA United States		Х				
Needleman, Scott		Virginia Beach, VA United States		Х				
Hodgkiss, Kevin		Virginia Beach, VA United Sta	ates	х				
	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	ct.						
Executed inCounty		y, State of	he	day of	, 20 .			
		, , , , , , , , , , , , , , , , , , , ,	-	(month)	(year)			
		Ciamatura of authorized and a		ing busings				
		Signature of authorized agent of (Declarant)	contracti	ng business entity				