

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.

Mythics, LLC
Virginia Beach, VA United States

Certificate Number:
2024-1140080

Date Filed:
03/28/2024

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Williamson County

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

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pegasus ME Buyer, Inc.	Virginia Beach, VA United States	X	
	Smutz, Shane	Virginia Beach, VA United States	X	
	Altamura, Doug	Virginia Beach, VA United States	X	
	Seifert, Paul	Virginia Beach, VA United States	X	
	Needleman, Scott	Virginia Beach, VA United States	X	
	Hodgkiss, Kevin	Virginia Beach, VA United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Deonte J. Watters, CCMAP, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], 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 Beach County, State of Virginia, on the 28th day of March, 20 24.
(month) (year)

Deonte J. Watters

Signature of authorized agent of contracting business entity
(Declarant)

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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)