CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2024-1134947

Date Filed:
03/14/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Codestream Solutions Pty Ltd
FORTITUDE VALLEY QLD Australia

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

Codestream Solutions Pty Ltd

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.

23RFP58
RENEWAL #1 FOR FLOOD MODELING

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Murphy, Juliette	FORTITUDE VALLEY QLD Australia	X	
Prosser, Ryan	FORTITUDE VALLEY QLD Australia	X	
Grossman, Nicholas	New York, NY United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is _____JULIETTE MURPHY_____ and my date of birth is [redacted].

My address is ___80 POINT MCKAY CRESECNT, APARTMENT 1505, CALGARY, CANADA
(street) (city) (state) (zip code) (country)

Executed in CALGARY, ALBERTA CANADA State of _____, on the __15___day of __March_, 2024_____.
(month) (year)

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

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

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CERTIFICATION OF FILING

Certificate Number:
2024-1134947

Date Filed:
03/14/2024

Date Acknowledged:
03/18/2024

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Codestream Solutions
FORTITUDE VALLEY QLD Australia

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Codestream Solutions Pty Ltd

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23RFP58
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		Controlling	Intermediary
Murphy, Juliette	FORTITUDE VALLEY QLD Australia	X	
Prosser, Ryan	FORTITUDE VALLEY QLD Australia	X	
Grossman, Nicholas	New York, NY 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 correct.

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)