CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011				
	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			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			Certificate Number:					
	of business.	- Consum III C			2024-1150460				
	Presidio Networked Solutions Group, LLC. Austin, TX United States			Date Filed:					
2	Name of governmental entity or state agency that is a party to th				04/22/2024				
_	being filed.		L						
	Williamson County		Date	e Acknowledged:					
_	Dury ide the identification wimber used by the resourcemental outil	identification number used by the governmental entity or state agency to track or ident							
3	description of the services, goods, or other property to be provided	umber used by the governmental entity or state agency to track or identify the contract, and provide a goods, or other property to be provided under the contract.							
	2024187								
	Presidio Q-2003224403169-01; FY25 Yr 1 of 5 Flex Plan								
4				Nature of interest					
	Name of Interested Party City, State, Country (place of bus		siness)	(check applicable) Controlling Intermediary					
_				Controlling	intermediary				
				+ +					
				+					
5	Check only if there is NO Interested Party.								
	X								
6	UNSWORN DECLARATION								
	My name is	of birth i	s						
			TV	70705	LICA				
	My address is	,,,,	TX	, 78735	USA				
	(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	et.							
	Executed in TravisCount	y, State of, on t	ne 22	_{dav of} April	. 20 24				
		,		(month)	(year)				
	D.	aniel Guzman							
		Signature of outborized agent of	ontroctic	na husinoss ontit					
	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.			OFFICE USE ONLY CERTIFICATION OF FILING					
1	lame of business entity filing form, and the city, state and country of the business entity's place if business.			Certificate Number: 2024-1150460					
	Presidio Networked Solutions Group, LLC.			2024-1150460					
	Austin, TX United States			Date Filed:					
2	lame of governmental entity or state agency that is a party to the contract for which the form is			04/22/2024					
	sing filed.			Date Acknowledged:					
	Williamson County			04/23/2024					
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.								
	2024187								
	Presidio Q-2003224403169-01; FY25 Yr 1 of 5 Flex Plan								
4				Nature of interest					
•	Name of Interested Party City, State, Country (place of b		usiness)	(check ap	<u> </u>				
				Controlling	Intermediary				
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)				
	declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	y, State of , on	the	day of	, 20 .				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								