## **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.			OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1137215						
	GardaWorld Cash				2024-1137215				
	Boca Raton, FL United States				Date Filed:				
2		rnmental entity or state agency that is a party to the contract for which the form is			03/21/2024				
	being filed.				Data Aslananda da ad-				
	Williamson County		<b>Date Acknowledged:</b> 04/29/2024						
3	description of the services, goods, or other property to be provided	ity or state agency to track or identify the contract, and provide a ded under the contract.							
	714621								
	Armored Courier Services								
_		Nature of interest							
4	Name of Interested Party City, State, Country (place		lace of busine	ss) (check a	(check applicable)				
				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		,		<i></i>				
	(street)	(city)	(sta	te) (zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	y, State of	, on the	day of	, 20				
				(month)	(year)				
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2024-1137215					
	GardaWorld Cash								
2	Boca Raton, FL United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 03/21/2024					
	peing filed.			Data Asknowledged					
	Williamson County	Date Acknowledged:							
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.								
	714621 Armored Courier Services								
4	Name of Interested Party	City, State, Country (place of busine	1220	Nature of interest (check applicable)					
	Name of interested Party	City, State, Country (place of busine	,,,,	Controlling	Intermediary				
5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION								
	My name is Jeffrey Schieving, and my date of birth is								
	My address i	_			(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in Pola Bosch County, State of Fl on the 29 day of April 20 24								
	Helly Ahan								
	Signature of authorized agent of contracting business entity (Declarant)								