

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.

Personify Health, Inc. (F/K/A Virgin Pulse, Inc)
Providence, RI United States

Certificate Number:
2024-1191078

Date Filed:
07/23/2024

Date Acknowledged:
07/30/2024

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

County of Williamson

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.

2024249
SaaS health and wellness platform

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	VP Parent Holdings, Inc.	Providence, RI 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)

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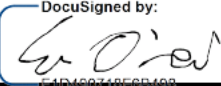
☐

6 UNSWORN DECLARATION

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

Executed in Denver County, State of CO, on the 30th day of July, 2024.

(month)(year)

DocuSigned by:

Global Head of Legal

Signature of authorized agent of contracting business entity
(Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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