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 pl f business.			Certificate Number: 2024-1216217					
	UKG Kronos Systems LLC								
_	Lowell, MA United States			e Filed: 18/2024					
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	, 03/	10/2024					
	WILLIAMSON CNTY PAYROLL/BENFIT			e Acknowledged:					
				19/2024					
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.								
	2024309								
	Provider of Workforce Management and Human Capital Management Technology and Cloud Solutions								
4				Nature of interest					
•	Name of Interested Party City, State, Country (place of busing		business)						
				Controlling	Intermediary				
				+					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	ate of birth	birth is						
	My address is(street)	(city)	, (state)	_,(zip code)	,				
	(street)	(City)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Evenuted in Count	h. Ctata of	un tha	dovest	20				
	Executed inCount	.y, Siale 01, (лт ит е	_day of (month)					
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			4				
	of business.	try of the business entity's place	Certificate Number: 2024-1216217					
	UKG Kronos Systems LLC				2024-1210217			
	Lowell, MA United States	· · · · · · · · · · · · · · · · · · ·			Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is sing filed.			09/18/2024				
	WILLIAMSON CNTY PAYROLL/BENFIT	Y PAYROLL/BENFIT			Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	ncy to track or identify the contract, and provide a contract.					
	2024309	609						
	Provider of Workforce Management and Human Capital Mana	agement Technology and Cloud Sol	utions					
4				Nature of interest				
	Name of Interested Party City, State, Country	City, State, Country (place of busine	ess)	(check applicable)				
				Controlling	Intermediary			
-			_					
		· · · · · · · · · · · · · · · · · · ·						
			\perp					
5 Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION							
	My name is	and my date of birth is						
	My address is		. USA					
	(street)	(city) (sta	te)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in ManateeCounty, State of, on theday of, 20							
	(month) (year) Brian Coopman							
	Signature of authorized agent of contracting business entity							
	(Declarant)							