## CERTIFICATE OF INTERESTED PARTIES

FORM 1295

|            |  |  |                    |                                     | 1 of 1 |  |  |  |
|------------|--|--|--------------------|-------------------------------------|--------|--|--|--|
|            |  |  |                    | OFFICE USE                          | ONLY   |  |  |  |
| Col        | 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.   |  |                    | CERTIFICATION OF FILING             |        |  |  |  |
| Na         | me of business entity filing form, and the city, state and country of the business entity's place business.  |  |                    | Certificate Number:<br>2024-1219981 |        |  |  |  |
| Re         | cely Information Systems   |  |                    | Date Filed:                         |        |  |  |  |
| 1          | rving, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is   |  |                    | /2024                               |        |  |  |  |
| be         | me of governmental entity or state agency that is a part<br>ng filed.<br>Iliamson County   | ry to the contract for which the lothing                           | Date Acknowledged: |                                     |        |  |  |  |
| Pr         | ide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a cription of the services, goods, or other property to be provided under the contract. |  |                    |                                     |        |  |  |  |
| Consulting |  |  |                    | Nature of interest                  |        |  |  |  |
|            | Name of Interested Party City, State, Country (place of bus  |  | siness)            |                                     |        |  |  |  |
|            | Name of Interested Party City, State, Country (place of base   |  | 31110337           | Controlling Intermedia              |        |  |  |  |
|            |  |  |                    |                                     |        |  |  |  |
|            |  |  |                    |                                     |        |  |  |  |
| 5          | Check only if there is NO Interested Party.  |  |                    |                                     |        |  |  |  |
| 6          | UNSWORN DECLARATION, and my date of birth is   |  |                    |                                     |        |  |  |  |
|            | My name is   |  |                    |                                     |        |  |  |  |
|            | My address is (street) (city) (state) (country)  |  |                    |                                     |        |  |  |  |
|            | I declare under penalty of perjury that the foregoing is true and correct.   |  |                    |                                     |        |  |  |  |
|            | Executed in DALLAS   | County, State of TEX 45 on the 27 day of SEP, 20 21 (month) (year) |                    |                                     |        |  |  |  |
|            |  | Signature of authorized agent (Declarant                           | ∧ ∪<br>of contract | cting business en                   | tity   |  |  |  |

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## **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:<br>2024-1219981     |              |  |  |  |  |
|  | Rely Information Systems  |                           | 202        | .4-1219901                              |              |  |  |  |  |
|  | Irving, TX United States  |                           | Date       | e Filed:                                |              |  |  |  |  |
| 2  |   | 09/2                      | 09/26/2024 |   |              |  |  |  |  |
|  | being filed. Williamson County  |                           | Date       | e Acknowledged:                         |              |  |  |  |  |
|  | Williamson County   |                           |            | 30/2024                                 |              |  |  |  |  |
| 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. |                           |            |   |              |  |  |  |  |
|  | 202516  |                           |            |   |              |  |  |  |  |
|  | Consulting  |                           |            |   |              |  |  |  |  |
| _  |   | Nature of interest        |            |   |              |  |  |  |  |
| 4  | Name of Interested Party  City, State, Country (place of bu   |                           | ousiness)  | (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   |                           | _,         | ,                                       | .,           |  |  |  |  |
|  | (street)  | (city)                    | (state)    | (zip code)                              | (country)    |  |  |  |  |
| I declare under penalty of perjury that the foregoing is true and correct. |   |                           |            |   |              |  |  |  |  |
|  | Executed inCounty   | /, State of, or           | n the      |   |              |  |  |  |  |
|  |   |                           |            | (month)                                 | (year)       |  |  |  |  |
|  | Signature of authorized agent of contracting business entity (Declarant)  |                           |            |   |              |  |  |  |  |