## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

						1011			
	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						
L	Name of business entity filing form, and the city, state and count of business.	-	Certificate Number: 2024-1220234						
	SHI Government Solutions		2024-1220234						
	Austin, TX United States					Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e form is	09/27/2024						
	being filed.		Date Acknowledged:						
	Williamson County								
	Provide the identification number used by the governmental ont	to an atota aganou to tr	- als ar identify	the contract	and prov	.: do o			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided at 10 CM.			the contract,	ana prov	лае а			
	081419-SHI Adobe Software								
	Adobe Soliware								
1				I	Nature of				
•	Name of Interested Party	City, State, Country (p							
				Cont	rolling	Intermediary			
N	/illiamson County Georgetown, TX United State		nited States	Х		<u></u>			
_									
	•								
_									
5	Check only if there is NO Interested Party.								
— 6	UNSWORN DECLARATION								
	My name is								
						USA			
	My address is (street)	(city)	,	ate) (zip	code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correc	ot.							
	Executed inCounty	y, State of Texas	, on the 2	27th day of 2	Septembe (month)	<u>er</u> , <sub>20</sub> 24 (year)			
		Natley K	Cavipati	į.					
	Signature of authorized agent of contracting business entity								
	(Declarant)								

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1 of 1

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	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									
	of business.		2024-1220234							
	SHI Government Solutions Austin, TX United States		Date Filed:							
2	Name of governmental entity or state agency that is a party to th		09/27/2024							
_	being filed.									
	Williamson County	Date Acknowledge 09/30/2024	ed:							
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ck or identify	the contract, and p	rovide a					
	081419-SHI									
	Adobe Software									
4				Nature	e of interest					
•	Name of Interested Party City, State, Country (place of busin		lace of busine		applicable)					
				Controlling	Intermediary					
W	illiamson County	Georgetown, TX Uni	ited States	X						
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is	nd my date of b	birth is							
	My address is(street)	,(city)	,	ate) (zip code)	, (country)					
	(Street)	(City)	(Sta	ate) (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					
				(mont						
		Signature of authorized	d agent of contr Declarant)	racting business enti	ity					