

# 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.**

Mythics, LLC  
Virginia Beach, VA United States

**Certificate Number:**  
2024-1223185

**Date Filed:**  
10/04/2024

**Date Acknowledged:**

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

Williamson County

**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.**

202524  
Mythics WC-8082024 FY25 Oracle PaaS IaaS Universal Credits

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pegasus ME Buyer, Inc.	Virginia Beach, VA United States	X	
	Smutz, Shane	Virginia Beach, VA United States	X	
	Altamura, Doug	Virginia Beach, VA United States	X	
	Seifert, Paul	Virginia Beach, VA United States	X	
	Needleman, Scott	Virginia Beach, VA United States	X	
	Hodgkiss, Kevin	Virginia Beach, VA United States	X	

**5 Check only if there is NO Interested Party.**

☐

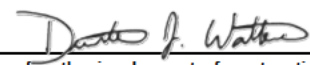
**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, USA  
(street) (city) (state) (zip code) (country)

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

Executed in City of Virginia Beach County, State of Virginia, on the 4th day of October, 2024.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
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Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)