CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

						1 01 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			Certificate Number:					
	of business. Mythics, LLC	2024-1223185							
	Virginia Beach, VA United States	Date Filed:							
2	Name of governmental entity or state agency that is a party to the contract for which the form is				10/04/2024				
	being filed. Williamson County Date					te Acknowledged:			
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 laaS Universal Credits								
4	Name of Interested Party City, State, Country (place of busine			Nature of interest					
				Con	Intermediary				
Pe	egasus ME Buyer, Inc.	Virginia Beach, VA U	nited States						
Smutz, Shane		Virginia Beach, VA United States							
Altamura, Doug		Virginia Beach, VA United States							
Se	eifert, Paul	Virginia Beach, VA U	nited States	Х					
Needleman, Scott		Virginia Beach, VA United States							
H	odgkiss, Kevin	Virginia Beach, VA U	nited States	Х					
					\longrightarrow				
					\longrightarrow				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	_, an	d my date of b	irth is					
	My address is (street)	, (city)	, [sta		, code)	USA (country)			
	(5055)	(ony)	(Sid	, (21)	22201	(
	I declare under penalty of perjury that the foregoing is true and correct	t.							
	Executed in City of Virginia Beach County	y, State of Virginia	, on the _	Ith _{day of}	October (month)	_, 20_24 (year)			
			مل ر ۱		-	•			
		Signature of authorized	agent of contr	acting busin	ess entity				
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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1223185					
	Mythics, LLC Virginia Beach, VA United States	Date	Date Filed:						
2	Name of governmental entity or state agency that is a party to th	10/0	10/04/2024						
	being filed. Williamson County	Date Acknowledged:							
	,	10/0	10/07/2024						
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.								
	202524 Mythics WC-8082024 FY25 Oracle PaaS IaaS Universal Cred	dits							
4				Nature of interest					
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	Intermediary				
Pegasus ME Buyer, Inc.		Virginia Beach, VA United State	s	X	intermediary				
Sr	nutz, Shane	Virginia Beach, VA United State	×						
Altamura, Doug		Virginia Beach, VA United State	s	Х					
Seifert, Paul		Virginia Beach, VA United State	×						
Needleman, Scott		Virginia Beach, VA United State	X						
Hodgkiss, Kevin		Virginia Beach, VA United States		Х					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and my date of birth is							
	My address is			(-in de)	,				
	(street)	(city) (s	state)	(zip code)	(country)				
I declare under penalty of perjury that the foregoing is true and correct.									
	Executed inCounty	y, State of, on the							
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								