

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.

ORIGAMI RISK LLC
CHICAGO, IL United States

Certificate Number:
2024-1224071

Date Filed:
10/08/2024

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, Texas

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.

202534
Risk Management Information System

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cope, Timothy	Ridgewood, NJ United States	X	
	Concepcion, Linus	Port Chester, NY United States	X	
	Farrell, Michael	Boston, MA United States	X	
	Stearns, Rick	Nashville, TN United States	X	
	Melin, Heidi	Danville, CA United States	X	
	Petrie, Robert	Chicago, IL United States	X	
	Fischer, Stephen	Brooklyn, NY United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Michael Minea, and my date of birth is [REDACTED].

My address is [REDACTED], Chicago, IL, 60601, Cook.
(street) (city) (state) (zip code) (country)

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

Executed in Cook County, State of IL, on the 8th day of October, 2024.
(month) (year)

Michael Minea

Signature of authorized agent of contracting business entity
(Declarant)

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	Melin, Heidi	Danville, CA United States	X	
	Petrie, Robert	Chicago, IL United States	X	
	Fischer, Stephen	Brooklyn, NY 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 _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)