CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

						1 0f 1			
	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.			OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and coun of business.	ity's place	Certificate Number: 2024-1252509						
	Bfly Operations, Inc		2024-1232309						
	Burlington, MA United States				Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is				12/30/2024				
	being filed. Williamson County EMS				Date Acknowledged:				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			the contra	act, and prov	ide a			
	202592								
	EMS Butterfly Ultrasound Updates								
4					Nature of interest				
	Name of Interested Party	City, State, Country (·						
Ga	alveston County	n/a, TX United Sta	tes	X	ontrolling	Intermediary			
	Check only if there is NO Interceted Port								
	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION					•			
	My name is Nathan Daynes	,	and my date of b	oirth is					
	My address is(street)	(city)	, (sta	ate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ect.							
	Executed in Franklin Count	nty, State of OH	, on the	30 _{day c}	of 12	_, 20_24			
					(month)	(year)			
		Nathan Day			-in-a				
	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					tificate Number:				
	of business.								
	Bfly Operations, Inc			sto Filod.					
2	Burlington, MA United States Name of governmental entity or state agency that is a party to the		Date Filed: 12/30/2024						
_	being filed.								
	Williamson County EMS			ate Acknowledged: 2/30/2024					
	Posidada ida ida ida ida ida ida ida ida id								
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.								
	202592								
	EMS Butterfly Ultrasound Updates								
_			Nature of interest						
4	Name of Interested Party City, State, Country (place of		place of business	(check ap	(check applicable)				
				Controlling	Intermediary				
G	alveston County	n/a, TX United State	X						
_									
		+							
5	Check only if there is NO Interested Party.								
_	LINGWOOD DEGLADATION								
6	UNSWORN DECLARATION								
	My name is	h is	·						
	My address is(street)	,(city)	,, (state)	,(zip code)	(country)				
	(Sileet)	(City)	(State)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	ct.							
	Events d by	. 0		day of	00				
	Executed inCount	ly, State of	, on the	day of (month)	, 20 (year)				
				()	()/				
		Signature of authorize	d agent of contrac	ting business entity					
			Declarant)	•					