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: 2025-1260115 | | | | |
| | Semper Feye Solutions, Inc. | | | | | | | | |
| | Justin, TX United States | | | | Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | he form is | 01/23/2025 | | | | | | |
| | amson County | | | | Date 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. | | | | | | | | |
| | 2025117 | | | | | | | | |
| | Semper Feye Solutions Cybersecurity Assessment | | | | | | | | |
| | | | | | | | | | |
| 4 | Name of Interested Party City, State, Country (place of bus | | (place of busine | ess) | | ature of interest neck applicable) | | | |
| | | | | | Controlling | Intermediary | | | |
| | | | | | | | | | |
| L | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | | | | | | | | | |
| | My name is | | and my date of I | 5111113 | | · · · · | | | |
| | My address is | | | 7 | 78733 | USA | | | |
| | (street) | ,(city) | ,, (st | , ate) | (zip code) | , (country) | | | |
| | | | | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | | | |
| | Executed in Travis County | , State of Texas | an the | 23 "_ | _{ly of} Januar | y ₂₀ 25 | | | |
| | | | , on the _ | aa | (month) | , 20 <u></u> . (year) | | | |
| | | 1// | 1.0.1 | | (| (J ·) | | | |
| | | KAI | 1/2 | | | | | | |
| | | Signature of authori | zed agent of cont | racting | husiness entity | , | | | |
| | | Signature of authori | (Declarant) | acting | sasmess chilly | | | | |

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 | | | | | | | |
| 1 | | | | CERTIFICATION OF FILING | | | | | | |
| | of business. | | | | Certificate Number: 2025-1260115 | | | | | |
| | Semper Feye Solutions, Inc. | | | | | | | | | |
| | Austin, TX United States | | | | Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e of governmental entity or state agency that is a party to the contract for which the form is | | | 01/23/2025 | | | | | |
| | Williamson County | | | | Date Acknowledged: | | | | | |
| | | 02 | 02/03/2025 | | | | | | | |
| 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. | | | | | | | | | |
| | 2025117 | 5117 | | | | | | | | |
| | Semper Feye Solutions Cybersecurity Assessment | Semper Feye Solutions Cybersecurity Assessment | | | | | | | | |
| _ | | | Nature of interest | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | |) (check a | applicable) | | | | | |
| | | | | | Intermediary | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ⊢ | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| - | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 5 Check only if there is NO Interested Party. | | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | | |
| | My name is | e 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. | | | | | | | | | |
| | Evenuted in | County State of an the | | | 20 | | | | | |
| | Executed inCount | y, State of, | on the | day of(month) | | | | | | |
| | | | | (month) | (3001) | | | | | |
| | | | | | | | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | | | |
| | (Declarant) | | | | | | | | | |