## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

					1011				
	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 country of the business entity's place of business.  Netsync Network Solutions			Certificate Number: 2025-1265392					
	Houston, TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is			02/05/2025					
	being filed. Williamson 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.								
	2025129								
	Netsync Q-AAAQ451810 Cisco router/switch annual maint								
4					Nature of interest				
•	Name of Interested Party	City, State, Country (place of business)			pplicable)				
				Controlling	Intermediary				
G	onzales, Diane	Houston, TX United States		Х					
Αl	ounaja, Khalid	Houston, TX United States		Х					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	_							
	My address is				_,				
	(street)	(city)	state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	xt.							
	Executed in York County	y, State of, on the	<u>5</u>	-					
			n 1	(month)	(year)				
		one!	//(	- Investor					
		Signature of authorized agent of contracting business entity (Declarant)							

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	2025129 Netsync Q-AAAQ451810 Cisco router/switch annual maint								
4				Nature of interest					
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				Controlling	Intermediary				
Gonzales, Diane		Houston, TX United States	Х						
Abunaja, Khalid		Houston, TX United States	<b>3</b>	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 inCounty	/, State of, o	on the	_day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								