CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011			
	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	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.	,	202	5-1264231				
	Superion, LLC a CentralSquare Technologies, LLC Company Lake Mary, FL United States		Date	Filed:				
2	-	of governmental entity or state agency that is a party to the contract for which the form is			02/03/2025			
	being filed.							
	Williamson County (Wilco)			Acknowledged: 04/2025				
3		ation number used by the governmental entity or state agency to track or identify the contract, and provide a ervices, goods, or other property to be provided under the contract.						
	2025128							
	Superion Q-165119; CAD2CAD Unify Cloud Upgrade							
4				Nature of interest				
•	Name of Interested Party City, State, Country (place of bus		ness)	(check applicable)				
				Controlling	Intermediary			
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)	,,,,,	state)	(zip code)	, (country)			
	VA	\· \/	· · · · /	(1/	, - · //			
	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)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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La constante	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					
	Name of business entity filing form, and the city, state and country of the business entity's place of business. Superion, LLC a CentralSquare Technologies, LLC Company Lake Mary, FL United States Date Filed: 02/03/2025								
2	Name of governmental entity or state agency that is a party to the being filed. Williamson County (Wilco)	a party to the contract for which the form is			ate 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. 2025128 Superion Q-165119; CAD2CAD Unify Cloud Upgrade								
4	Name of Interested Party	City, State, Country (place of b	usiness)	Nature of interest (check applicable) Controlling Intermedian					

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
**********			***************************************						
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)	_,USA				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	, State of, or	the 4th						
	DocuSigned by: (month) (year) Row L. Anderson								
		Signature of authorized agent of contracting business entity (Declarant)							