CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's pla		ertificate Number: 025-1282974			
	Links communications Inc						
	Georgetown, TX United States			ate Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	is 03	3/18/2025			
	Williamson County			ate Acknowledged:			
				3/18/2025			
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.						
	2025183						
	data cabling						
4				Nature of			
	Name of Interested Party City, State, Country (place of I		f business				
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	date of birtl	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	ct.					
	Executed inCount	y, State of,	on the	day of	, 20		
				(month)			
			ting business entity				
		(Declaran	IL)				

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 count of business.	Certificate Number:				
	Links communications Inc	2025-1282974				
	Georgetown, TX United States	Date Filed:				
2	Name of governmental entity or state agency that is a party to the	03/18/2025				
	being filed.					
	Williamson County	Date Acknowledged:				
3	description of the services, goods, or other property to be provided under the contract.					
	2025183					
	data cabling					
4		City, State, Country (place of business) Nature of interest (check applicable)				
	Name of Interested Party					
			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 _		21			
	(street)	(city) (sta	ate) (zip code) (country)			
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	(month) (year)					
	Signature of authorized agent of contracting business entity					
	(Declarant)					