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. MCCI,LLC			Certificate Number: 2025-1298245						
	ALLAHASSEE, FL United States				Date Filed: 04/21/2025					
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed. Villiamson County				Date Acknowledged:					
					04/23/2025					
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 2025214 Laserfiche			the contract	, and prov	ide a				
4	Name of Interested Party	City, State, Country	City, State, Country (place of business)			Nature of interest (check applicable) Controlling Intermediary				
CPC MCCi Holding, LLC,		Tallahassee, FL	X	rolling	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)	(city)		, ate) (zip	, o code)	(country)				
	I declare under penalty of perjury that the foregoing is true and corre	ect.								
	Executed inCoun	nty, State of	, on the _	day of _	(month)	, 20 (year)				
					(111011111)	(yeai <i>)</i>				
	Signature of authorized agent of contracting business entity (Declarant)									

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 of 1				
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1	Name of business entity filing form, and the city, state and country of the business entity's place of business. MCCI,LLC TALLAHASSEE, FL United States			Certificate Number: 2025-1298245 Date Filed:					
2	Name of governmental entity or state agency that is a party to the being filed. Williamson County	13	04/21/2025 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. 2025214 Laserfiche								
4	Name of Interested Party	City, State, Country (place o	of business)	Nature of interest (check applicable) Controlling Intermediary					
CPC MCCi Holding, LLC,		Tallahassee, FL United S	X	wasan san an a					
			100 S S S S S S S S S S S S S S S S S S						
			ann an ann an an ann an an an an an an a						
and the same									
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)	_, <u>USA</u> (country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	y, State of Californina	, on the 21	day of April	, 20 <u>25</u> . (year)				
	E-SIGNED by Emery Jones on 2025-04-21 16:00:39 GMT								
		Signature of authorized agent of contracting business entity (Declarant)							