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 country of the business entity's place of business.						Certificate Number: 2025-1302801			
	omplianceLine LLC d.b.a Ethico									
	Charlotte, NC United States						Filed:			
2	Name of governmental entity or state agency that is a party t being filed.	to the o	contract f	or which th	ne form is	04/3	30/2025			
	Williamson County					Date	Acknowledge	d:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be property to be provided in the services.					itify the c	contract, and p	rovide a		
	2025200	ovide	a anaci ti	ic continuo						
	ComplianceLine Sanction Checks									
							Nature	of interest		
4	Name of Interested Party C		City, State, Country (place of busin			siness)		applicable)		
							Controlling	Intermed	iary	
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is, and my date of						s_			
					_					
	My address is			- (;;)	,				_·	
	(street)			(city)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	orrect.								
	Mecklenburg			North Car	olina	5	May	25		
	Executed inCo	ounty,	State of _		, on t	he	_day of(mont	, 20	_•	
					Has		(mont	i) (year	1)	
					0					
Signature of authorized agent of co							na business enti	tv	•	
	(Declarant)									

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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.	C	CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2025-1302801						
	ComplianceLine LLC d.b.a Ethico								
	Charlotte, NC United States		Date Filed: 04/30/2025						
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	s 104/	30/2025					
	Williamson County		Date Acknowledged: 05/02/2025						
_	Provide the identification number used by the governmental enti	ty or state agency to track or i			rido a				
3	description of the services, goods, or other property to be provide		dentity the	contract, and prov	iue a				
	2025200								
	ComplianceLine Sanction Checks								
				Nature of	interest				
4	Name of Interested Party City, State, Country (place of bu		f business)	(check applicable)					
			Controlling	Intermediary					
				1					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is, and my date of birth is								
	my name is	uale of birti							
	My address is								
	(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correc	ct.							
			on the	day of	20				
	Executed inCounty	y, State OI,	on the	day of (month)					
									
	Signature of authorized agent of contracting business entity (Declarant)								