CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 01 1				
	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 cour of business.	Certificate Number: 2025-1305976							
	Street Smarts VR	2025-1305976							
	New York, NY United States	Date Filed:							
2	ame of governmental entity or state agency that is a party to the contract for which the form is			05/07/2025					
	being filed.								
	Williamson County Sheriff's Office	Date	Date Acknowledged:						
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided by the governmental end description of the services.		y the c	ontract, and prov	vide a				
	2025230 25RFP43 Virtual Reality Training System								
4				Nature of interest					
•	Name of Interested Party	City, State, Country (place of busin		(check ap	plicable)				
				Controlling	Intermediary				
Noteware, Oliver		San Antonio, TX United States	Х						
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	and my date of birth is							
	My address is		Ī,		, USA				
	(street)	(city) (s	state)	(zip code)	(country)				
I declare under penalty of perjury that the foregoing is true and correct.									
	Executed in Bexar Coun	nty, State of Texas , on the	8	day of May (month)	, 20_25 (year)				
	Oliver D Noteware								
		Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

_						1011			
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number:					
	Street Smarts VR				2025-1305976				
	New York, NY United States				Date Filed:				
2	me of governmental entity or state agency that is a party to the contract for which the form is				05/07/2025				
	being filed.								
	Williamson County Sheriff's Office			05/12/2(knowledged:				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		or identify	the contr	act, and prov	ide a			
	2025230								
	25RFP43 Virtual Reality Training System								
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•			ce of busine	` ⊢	(check ap				
				c	Controlling	Intermediary			
No	oteware, Oliver	San Antonio, TX United States							
				+					
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My name is, and my date of b					pirth is				
	My address is		,	,		·			
	(street)	(city)	(sta	ite)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	/. State of	. on the	dav	of	. 20 .			
					(month)	(year)			
		Signature of authorized a	agent of conticlarant)	acting bu	isiness entity				