## **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.		CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	of business. ESO Solutions, Inc.				ertificate Number: 025-1319333 ate Filed:		
2	eing filed.			3/2025 Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide RFP-22RFP122 EMS ePCR software		fy the c				
4	Name of Interested Party	City, State, Country (place of bus	iness)	Nature of (check ap			
Zilker Midco, Inc.		Austin, TX United States		х			
Beck, Eric		Austin, TX United States		х			
Br	rown, Sam	Austin, TX United States		х			
М	unden, Robert	Austin, TX United States		х			
W	ítter, Coralie	Austin, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	of birth is	S	<u> </u>		
	My address is (street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of, on the	e	day of	, 20_25		
		Signature of authorized agent of co	ontractin	(month)	(year)		
	(Declarant)						

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

			1011			
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				
lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2025-1319333			
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.						
Williamson County			Date Acknowledged: 06/04/2025			
governmental entity or state agency to track or identi perty to be provided under the contract.	fy the co	ontract, and pro	vide a			
City, State, Country (place of bus	iness)	Nature of interest ess) (check applicable)				
		Controlling	Intermediary			
Austin, TX United States		Х				
Austin, TX United States	nited States					
Austin, TX United States		X				
Austin, TX United States		X				
Austin, TX United States		X				
, and my date o	, and my date of birth is					
,		/_· · · ·	. <u> </u>			
	(state)	(zıp code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.						
County, State of, on the	ec	day of(month)	, 20 (year)			
Signature of authorized agent of contracting business entity (Declarant)						
	ested parties.  In state and country of the business entity's place  at is a party to the contract for which the form is  povernmental entity or state agency to track or identification perty to be provided under the contract.  City, State, Country (place of busing the provided under the contract)  Austin, TX United States  (city)  (city)  g is true and correct.  County, State of, on the signature of authorized agent of column and contract.	ested parties.  7, state and country of the business entity's place  Certif 2025  Date 06/02  Date 06/02  Date 06/02  Date 06/02  Date 06/04  Date 06/	CERTIFICATION Certificate Number: 2025-1319333  Date Filed: 06/03/2025  Date Acknowledged: 06/04/2025  Date Acknowledged: 06			