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. Autoclear LLC Hawthorn Woods, IL United States			Certificate Number: 2025-1331365 Date Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Williamson County Government			07/01/2025 Date Acknowledged: 07/01/2025					
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. Williamson Cty Service Contrac Repair and maintenance of baggage scanners.								
4	Name of Interested Party	City, State, Country (place of business)			of interest applicable)				
Conway, G.Todd		Pine Brook, NJ U	Jnited States	X	Intermediary				
_									
					<u> </u>				
		<u> </u>			<u> </u>				
		 							
		 							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	oirth is	·						
	My address is(street)	(city)		ate) (zip code)	, (country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	ty, State of	, on the _	day of (month)					
		Signature of author	rized agent of contr (Declarant)	racting business entity	,				

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	Williamson County Government	overnment			Date Acknowledged:			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	ntity or state agency to track or vided under the contract.	identify the c	ontract, and pro	ovide a			
	Williamson Cty Service Contrac Repair and maintenance of baggage scanners.							
4	Name of Interested Party	City, State, Country (place o	of husiness)	Nature of interest (check applicable)				
	Maine of interested Farty		or business)	Controlling Inter				
Conway, G.Todd		Pine Brook, NJ United St	X					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Gregory Schaefer	date 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.							
	Executed in Lake Cour	nty, State of Illinois	on the 1st	day of(month)	, 20 (year)			
		Am Scharf			()/			
		Signature of authorized agent of contracting business entity (Declarant)						