CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2025-1370152

Date Filed:
09/29/2025

Date Acknowledged:
09/30/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Lexipol, LLC
Frisco, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Williamson County

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.

2026-038
Lexipol-Police One Academy

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Nunan, Bill	Frisco, TX United States	X	
Mittal, Manu	Frisco, TX United States	X	
Roos, Jan	Gold River, CA United States	X	
Lexipol Holding Company	Frisco, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

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2026-038
Lexipol-Police One Academy

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
[redacted]	Frisco, TX United States	X	
[redacted]	Frisco, TX United States	X	
[redacted]	Gold River, CA United States	X	
Lexipol Holding Company	Frisco, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is [redacted], and my date of birth is [redacted].

My address is [redacted], [redacted], [redacted] 95670, [redacted].
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Sacramento County, State of California, on the 29th day of September, 2025.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)