

# 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.

Stryker Medical  
Portage, MI United States

Certificate Number:  
2021-738530

Date Filed:  
04/14/2021

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

City of Round Rock

Date Acknowledged:

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.

000000  
Cardiac monitors/defibrillators

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   |                          |  |                                       |              |
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|   |                          |  |                                       |              |

5 Check only if there is NO Interested Party.



### 6 UNSWORN DECLARATION

My name is JORDAN COSTELLO, and my date of birth is [REDACTED].

My address is 8901 AMBROSIA DR., AUSTIN, TX, 78738, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in TRAVIS County, State of TX, on the 14<sup>th</sup> day of APRIL, 2021.  
(month) (year)

[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)