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 partie				OFFICE USE ONLY CERTIFICATION OF FILING			
1	me of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:				
	of business. Motorola Solutions Inc.	202	2024-1143033					
	San Antonio, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party	y to the contract for which the	0.440	05/2024				
	being filed.			Bata Aslan and admed				
	City of Round Rock		Date	Acknowledged:				
3	Provide the identification number used by the government description of the services, goods, or other property to be		ck or identify the o	ontract, and pro	vide a			
	Quote 2563238							
	APX8500 Radios							
_	Nature of interest							
4	Name of Interested Party	City, State, Country (pl	ace of business)	s) (check applicable)				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.	•						
6	UNSWORN DECLARATION							
	My name is _Marty Saucedo	, ar	nd my date of birth i	is				
	My address is _106 N St. Mary's St Suit 601	,San Antonio,	_TX, _	78205	Bexar			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inBexar	CountyState ofTX	, on the _5	_day of4	, 20_24			
				(month)				
Martin Saucedo								
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	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	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1143033					
	Motorola Solutions Inc.		2024	4-1143033					
	San Antonio, TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		5/2024					
	being filed.								
	City of Round Rock			Acknowledged: 8/2024					
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.								
	Quote 2563238								
	APX8500 Radios								
4				Nature of interest					
•	Name of Interested Party City, State, Countr		ry (place of business)		(check applicable)				
				Controlling	Intermediary				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	is, and my date of birth is							
	My addrace is								
	My address is(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	ot.							
	Executed inCount	sy, State of on the	e _	day of	, 20 .				
		, , , , , , , , , , , , , , , , , , , ,		(month)	 (year)				
	Signature of authorized agent of contracting business entity (Declarant)								