

# 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

Certificate Number:  
2017-248622

Date Filed:  
08/11/2017

Date Acknowledged:

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

Environmental Systems Research Institute, Inc.  
Redlands, CA United States

**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

**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.**

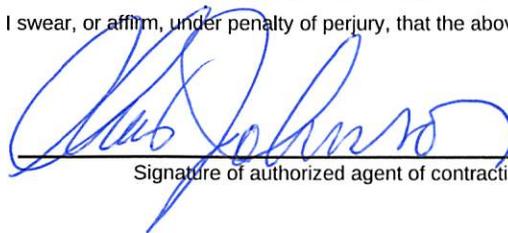
City of Round Rock: SGELA Rene  
ArcPad Populations of 100,001 to 125,000 Small Government Enterprise License Agreement. Populations of 100,001 to 125,000 Small Government Term Enterprise License Agreement.

| 4 | Name of Interested Party        | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|---------------------------------|--|---------------------------------------|--------------|
|   |                                 |  | Controlling                           | Intermediary |
|   | Jack and Laura Dangermond Trust | Redlands, CA United States               | X                                     |              |
|   |                                 |  |                                       |              |
|   |                                 |  |                                       |              |
|   |                                 |  |                                       |              |
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|   |                                 |  |                                       |              |
|   |                                 |  |                                       |              |
|   |                                 |  |                                       |              |

5 Check only if there is NO Interested Party.

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

~~See attached~~

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

See attached per California State Law

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

