

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:
2021-787036

Date Filed:
08/05/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
United Concordia Dental
Dallas, 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.
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.
Solicitation Number 21-012
Employee Benefits (Dental Insurance)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Palmer, Thomas	Camp Hill, PA United States	X	
	Pinkerton, Kimberly	Plymouth Meeting, PA United	X	
	Arthur-Beacock, Julie	Woodland Hills, CA United States		X
	Charles, Andolina	Dallas, TX United States		X
	Kowalski, Stephen	Dallas, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Thomas J. Palmer, and my date of birth is [REDACTED].

My address is 1800 Center Street, Suite 3B, Camp Hill, PA, 17011, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Cumberland County, State of Pennsylvania, on the 5th day of August, 2021.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)