

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:
2024-1231328

Date Filed:
10/25/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Community Eye Care, LLC
Charlotte, NC 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.
CTYRNDRK01
Vision Insurance Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Calhoun, Karen	Charlotte, NC United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Karen Calhoun, and my date of birth is [REDACTED].

My address is 4944 Parkway Plaza Blvd. Suite 200, Charlotte, NC, 28217, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Mecklenburg County, State of NC, on the 25 day of October, 2024.
(month) (year)

Karen Calhoun
Signature of authorized agent of contracting business entity
(Declarant)

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

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CTYRNDRK01
Vision Insurance Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Calhoun, Karen	Charlotte, NC 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 _____, _____, _____, _____, _____.
(street) (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)