CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2021-827979

Date Filed:
11/30/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Motorola Solutions
Chicago, IL 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.
1566307
Critical Response Unit (CRU) Radios

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

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is _____JOHN L. WELLS_____, and my date of birth is _____ _____.

My address is ____2120 W BRAKER LN____SUITE P _____, ___AUSTIN_____, ___TX__, _78758_____, _US_____.
(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 __30_day of _NOV_____, 20_21__.
(month) (year)

John L. Wells
Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING

Certificate Number:
2021-827979

Date Filed:
11/30/2021

Date Acknowledged:
12/02/2021

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Motorola Solutions
Chicago, TX United States

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CITY OF ROUND ROCK

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1566307
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4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

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)