## **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				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. EMS Technology Solutions, LLC Austell, GA United States			Certificate Number: 2022-922452 Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			08/15/2022				
	City of Round Rock			Date Acknowledged:				
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. 0000000 Fire Asset Management Software							
4	Name of Interested Party City,	City, State, Country (place of business		Nature of interest (check applicable)				
-				Controlling	Intermediary			
-								
-11.1								
5 Check only if there is NO Interested Party.								
My name is <u>EOWARD AVPOERHELDE</u> , JA, and my date of birth is								
	My address is 3781 TRAMORE POINTE PKLY, A	(city)	te)	30106 (zip code)	USA (country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in <u>COBB</u> County, State of <u>GA</u> , on the <u><math>15</math></u> day of <u><math>8</math></u> , 20 <u>22</u> . (month) (year)							
	SEIPHXX							
	Signature of authorized agent of contracting business entity (Declarant)							

Version V1.1.191b5cdc

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## FORM 1295

1 of 1

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	y of Round Rock			Date Acknowledged:				
				08/24/2022				
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	00000							
	Fire Asset Management Software							
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	- 			Controlling	Intermediary			
$\vdash$								
5	5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	y 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 inCount	y, State of, o	n the					
	(month) (year)				(year)			
	Signature of authorized agent of contracting business entity (Declarant)							