## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

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					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.			Certificate Number: 2016-135510		
	Navia Benefit Solutions, Inc. Bellevue , WA United States			Date Filed:		
2	Jame of governmental entity or state agency that is a party to the contract for which the form is being filed.		11/10/2016			
	The City of Round Rock			Date Acknowledged:		
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract.					
	Project Name: COBRA Admin COBRA Administration.					
4	Name of Interested Party City, State, Country (place of busin		Nature of interest (check applicable)			
		, (,			Intermediary	
				:		
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	Check only if there is NO Interested Party.					
6	AFFIX NOTARY STAMP / SEAL ABOVE  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity					
	Sworn to and subscribed before me, by the said					
	Misako & Nakashima Matari					
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					