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. | | | Certificate Number: 2017-157973 | | |
| | echnology for Education LLC | | | 2017-137973 | | |
| | ewitt, TX United States | | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | | 01/24/2017 | | |
| _ | peing filed. | | | | | |
| | ity 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. | | | | | |
| | 64404 - 66698 | | | | | |
| | AV - New Multtipurpose Fields | | | | | |
| _ | Nature of interest | | | | | |
| 4 | Name of Interested Party City, State, Country (pl | City, State, Country (place of business) | | (check applicable) | | |
| | Wallie of interested Farty | (Panel Common) | | | Controlling Intermediary | |
| _ | | | | Controlling | memediary | |
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| 5 Check only if there is NO Interested Party. | | | | | | |
| 6 | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | |
| | REBECCA I. HULSEY Notary Public, State of Texas My Commission Expires December 16, 2018 Signature of authorized agent of contracting business entity | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| | Sworn to and subscribed before me, by the said, this the, this the, this the, this the, the | | | | | |
| | Relicea I. Husey Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |