

**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:**  
2019-543341

**Date Filed:**  
09/23/2019

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Alight Solutions LLC  
Lincolnshire, 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.**

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Healthcare Navigation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Tempo Acquisition LLC	Lincolnshire, IL United States	X	
	ACAP Health	Dallas, TX United States		X

**5 Check only if there is NO Interested Party.**☐**6 UNSWORN DECLARATION**

My name is Brian M. Fern, and my date of birth is XXXXXXXX.

My address is 4 Overlook Point, Lincolnshire, IL, 60069, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Lake County, State of Illinois, on the 26th day of September, 2019.  
(month) (year)

DocuSigned by:

*Brian Fern*

Signature of authorized agent of contracting business entity  
(Declarant)