CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

						1011		
	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: 2020-669190				
	SO Solutions, Inc.				2020 000100			
	ustin, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the forr			00/40/0000				
_	being filed.	eing filed.						
	ty 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.							
	000000							
	Report Management System for Fire Department							
4				Nature of interest				
•	Name of Interested Party	Name of Interested Party City, State, Country (place				pplicable)		
					Controlling	Intermediary		
_								
				\rightarrow				
	Check only if there is NO Interested Party.			1		ı		
6	UNSWORN DECLARATION							
	My name is Robert Munden	and my date of birth is						
	My address is 11500 Alterra Parkway, Suite 100		,	, ,	78758	USA _,		
	(street)	(city)	(st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc		9/18/2020					
	Executed inCounty	y, State of	, on the _	d				
			Robert	y: Muna	(month)			
		Signature of authori	BB3BCB55088 zed agent of cont (Declarant)		business entity			