CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| <u> </u> | | | | | 1011 | | | |
|----------|---|---|--------|--|---------------------------|--|--|--|
| | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | | |
| 1 | ume of business entity filing form, and the city, state and country of the business entity's place | | | CERTIFICATION OF FILING Certificate Number: | | | | |
| | of business. | , , | 2023 | 3-1095102 | | | | |
| | Deccan International | | Doto | Filed: | | | | |
| 2 | San Diego, CA United States | CA United States vernmental entity or state agency that is a party to the contract for which the form is | | | Date Filed: 11/15/2023 | | | |
| 2 | being filed. | ,, | | | | | | |
| | Williamson County | | | Acknowledged: 5/2023 | | | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided. | entity or state agency to track or identify the contract, and provide a | | | | | | |
| | 202476 | | | | | | | |
| | LiveMUM maintenance and support service | | | | | | | |
| 4 | | | | Nature of interest | | | | |
| - | Name of Interested Party City, State, Country (place | | iess) | (check applicable) | | | | |
| | | | | Controlling | Intermediary | | | |
| L | | | | | | | | |
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| | | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | , and my date of birth is | | | | | | |
| | | | | | | | | |
| | My address is(street) | (city) (st | state) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | | | | |
| | Executed inCounty | by State of on the | | day of | 20 | | | |
| | Executed IIICounty | y, State of, on the | | (month) | , 20 (year) | | | |
| | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | |

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1 of 1

| | | | | | 1011 | | | |
|---|--|--|---------------|---|---------------------|--|--|--|
| | Implete Nos. 1 - 4 and 6 if there are interested parties. Implete 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 | | | Certificate Number: | | | | |
| • | of business. | | | | 2023-1095102 | | | |
| | Deccan International | | | | | | | |
| | Diego, CA United States | | | Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | 11/15 | 11/15/2023 | | | | | |
| | Williamson County | | Date | Acknowledged: | | | | |
| 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and description of the services, goods, or other property to be provided under the contract. | | | | | | | | |
| | 202476 | | | | | | | |
| | LiveMUM maintenance and support service | | | | | | | |
| 4 | | | | Nature of interest | | | | |
| | Name of Interested Party | City, State, Country (place of business) | | (check applicable) | | | | |
| | | | | Controlling | Intermediary | | | |
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| | | <u> </u> | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name isPang Moua | , and my date of birth is | | | | | | |
| | My address is 9810 Scripps Lake Drive, Ste H | , San Diego , _ | CA | 92131 | USA | | | |
| | (street) | (city) | (state) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and corre | ect. | | | | | | |
| | Executed in Sacramento Coun | nty, State of <u>California</u> , on th | e <u>15</u> d | day of Novemb | oer, 20 <u>23</u> . | | | |
| | | | | (month) | (year) | | | |
| | | Fanon | | _ | | | | |
| | | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |