

# 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:**  
 2024-1170131

**Date Filed:**  
 06/03/2024

**Date Acknowledged:**  
 06/04/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Abel Screening, Inc.  
 Alameda, CA United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Williamson County Commissioners Court

**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.**  
 2024213  
 Access License and Screening Services Agreement

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Abel Screening, Inc.	Alameda, CA United States	X	

**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) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

# 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.**

Abel Screening, Inc.  
Alameda, CA United States

Certificate Number:  
2024-1170131

Date Filed:  
06/03/2024

Date Acknowledged:

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Williamson County Commissioners Court

**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.**

2024213  
Access License and Screening Services Agreement

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Abel Screening, Inc.	Alameda, CA United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Yvonne Johnson, and my date of birth is [REDACTED]

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), US (country)

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

Executed in Alameda County, State of California, on the 3rd day of June, 2024.  
(month) (year)

Yvonne Johnson  
Signature of authorized agent of contracting business entity  
(Declarant)