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					
L	Name of business entity filing form, and the city, state and country of the business entity's place of business. SHI Government Solutions, Inc Austin, TX United States				Certificate Number: 2024-1228453 Date Filed: 10/18/2024 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								
3	Provide the identification number used by the governmental entitidescription of the services, goods, or other property to be provided 202550 cradlepoint routers			the cont					
4	Name of Interested Party	City, State, Country	/ (place of busing	iness) Nature of interest (check applicable) Controlling Intermediary					
Williamson County		Georgetown, TX United States			X	Intermodiary			
_									
				\perp					
				\perp					
				\perp					
5	Check only if there is NO Interested Party.								
;	My name is		birth is						
	My address is	,	, ,	78 ate)	8749 (zip code)	, USA (country)			
	I declare under penalty of perjury that the foregoing is true and correct		\	atoj	(Zip code,	(coding)			
		y, State of TX			y of October (month)	, 20 <u>24</u> (year)			
	Natley Ravipati Signature of authorized agent of contracting business entity								
	(Declarant)								

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 of 1		
	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			
_	<u> </u>	CERTIFICATION OF FILING					
1				Certificate Number: 2024-1228453			
	SHI Government Solutions			024-1220433			
	Austin, TX United States		D	ate Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	form is	10/18/2024				
	Williamson County		D	ate Acknowledged:			
	,		1	0/22/2024			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.		ck or identify th	e contract, and pro	vide a		
	202550						
	cradlepoint routers						
_				Nature of interest			
4	Name of Interested Party City, State, Country (place of bus		lace of busines	s) (check ap	(check applicable)		
				Controlling	Intermediary		
W	illiamson County	Georgetown, TX Un	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	et.					
	Executed inCount	y, State of	, on the	day of	, 20		
				(month)	(year)		
		Signature of authorize	d agent of contra	cting business entity			