## **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	ame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number:		
	Sigma Surveillance, inc.dba STS360	2019-572759			
	Carrollton, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is		12/30/2019		
Ī	eing filed.				
	Collin County		Date Acknowledged:		
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.				
	9-349				
	Access Control				
4				f interest	
	Name of Interested Party	City, State, Country (place of busine	ess) (check a	(check applicable)	
			Controlling	Intermediary	
5 Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				
	name is, and my date of birth is				
	My address is(street)	(city) (sta	ate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.					
	. addition periods of periods and the foregoing is the and confect.				
	Executed inCounty,	State of Tykas, on the 3	day of December (month)	, 20 <u>l</u> 9 (year)	
	Signature of authorized agent of contracting business entity				
	(Declarant)				