CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

				1 01 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.		Certificate Number: 2018-405944		
	MCCi, LLC.		2010 400044		
	allahassee, FL United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		09/19/2018		
	Collin County		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.				
	2013-019 Software Maintenance, Records Management System				
4	Name of Interested Party City, State, Country (place	City, State, Country (place of busine		Nature of interest (check applicable)	
			Controlling Intermediary		
Ba	arstow, Donny	Tallahassee, FL United States	X	intermediary	
ĺ	Municipal Code Corporation	Talluhussee FL	X		
				18.00	
5 Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				
	My name is, and my date of birth is				
	My address is				
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in				
	(month) (year)				
	Signature of authorized agent of contracting business entity (Declarant)				