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. | | Certificate Number: 2020-687803 | | | | |
| | Granicus, LLC DBA Granicus | | | | | | |
| | Denver, CO United States | | Date Filed: 11/09/2020 | | | | |
| 2 | lame of governmental entity or state agency that is a party to the contract for which the form is eing filed. | | 11/09/2020 | | | | |
| | Collin County | | Date Acknowledged: | | | | |
| 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and prodescription of the services, goods, or other property to be provided under the contract. | | | | | ide a | | |
| | 2018-331 | | | | | | |
| | Storage and Microfilm creation on the 1295 | | | | | | |
| - | | | | | Nature of interest | | |
| 4 | Name of Interested Party City, State, Country (place of business) | | ess) (check applicable) | | | | |
| | | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| _ | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is Kolert Dankership | , and my date of | birth is | | | | |
| | My address is | /-ibA | tate) | (zip code) | (country) | | |
| | (street) | (city) (s | 1010) | (s.p code) | (0001111) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | TV | . 1 | Xlov | •275 | | |
| | Executed in County, State of , on the day of 20 | | | | | | |
| | | | | | | | |
| | and I may a second the second to the second | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |
| | Version VI 1 3962917d | | | | | | |