## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

| Centrication of File  Name of business entity filing form, and the city, state and country of the business entity's place of business. iPrint Technologies Larkspur, CA United States  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. 2021-229 Fujitsu Document Scanners, Lexmark Printers and Accessories  4 Name of Interested Party  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Accessories  5 Check only if there is NO Interested Party.  S UNSWORN DECLARATION  My address is  (street)  (street)  (city)  (countrication)  (city)  (city)  (city)  (city)  (city)  (countrication)  (countri |  |  |  |                    |  |              |  |
|--|--|--|--|--------------------|--|--------------|--|
| of business.  IPrint Technologies  Larkspur, CA United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is object the services, goods, or other property to be provided under the contract.  2021-229 Fujitsu Document Scan  2021-229 Fujitsu Document Scancers, Lexmark Printers and Accessories  4 Name of Interested Party  City, State, Country (place of business)  Nature of Interest (check applicable Controlling Interm.)  5 Check only if there is NO Interested Party.  S Check only if there is NO Interested Party.    S Check only if there is NO Interested Party.    S Check only if there is NO Interested Party.    S Check only if there is NO Interested Party.   S Check only if there is NO Inte | i  |  |  |                    | OFFICE USE ONLY<br>CERTIFICATION OF FILING |              |  |
| Larkspur, CA United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filled. Collin County  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. 2021-229 Fujisus Document Scan 2021-229 Fujisus Document Scanners, Lexmark Printers and Accessories    Name of Interested Party   City, State, Country (place of business)   Nature of Interest (check applicable Controlling   Interm  | 1  | of business.   |  |                    |  |              |  |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Collin County  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.  2021-229 Fujissu Document Scan 2021-229 Fujissu Document Scanners, Lexmark Printers and Accessories  4 Name of Interested Party  City, State, Country (place of business)  Nature of Interest (check applicable Controlling)  Interm  Controlling Interm  Controlling Interm  S Check only if there is NO Interested Party.  S Check only if there is NO Interested Party.    UNSWORN DECLARATION  |  |  |  |                    | Filed                                      |              |  |
| being filed.  Collin County  Date Acknowledged:  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.  2021-229 Fujisu Document Scan 2021-229 Fujisu Document Scanners, Lexmark Printers and Accessories  Name of Interested Party  City, State, Country (place of business)  Controlling Interm  City, State of Description of Accessories (check applicable Controlling Interm  Controlling Interm  Controlling Interm  Controlling Interm  City, State of Description of Accessories (check applicable Controlling Interm  Controlling Interm  Controlling Interm  Controlling Interm  City, State of Description of Accessories (check applicable Controlling Interm  City State (Check applicable  | 2  |  |  |                    |  |              |  |
| 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.  2021-229 Fujitsu Document Scan 2021-229 Fujitsu Document Scanners, Lexmark Printers and Accessories  A Name of Interested Party  City, State, Country (place of business)  Nature of Interest (check applicable Controlling Interm  Controlling Interm  5 Check only if there is NO Interested Party.  S UNSWORN DECLARATION  My name is  My address is  (street)  (city)  (state)  (city)  (country (place of business)  (city)  (city)  (city)  (city)  (city)  (country (place of business)  (city)  (city)  (country (place of business)  (city)  (city)  (city)  (country (place of business)  (city)  (c | _  |  |  |                    |  |              |  |
| description of the services, goods, or other property to be provided under the contract. 2021-229 Fujitsu Document Scanners, Lexmark Printers and Accessories  A Name of Interested Party  City, State, Country (place of business)  Controlling Interested Controlling Interested Party  Controlling Interested Party  City, State, Country (place of business)  Controlling Interested Party  Controlling Interested Party  City, State, Country (place of business)  Nature of Interested Party  Controlling Interested Party  Co |  | Collin County  |  |                    | Date Acknowledged:                         |              |  |
| 2021-229 Fujitsu Document Scanners, Lexmark Printers and Accessories    Nature of Interest (check applicable (check appl | 3  | description of the services, goods, or other property to be provided under the contract.  2021-229 Fujitsu Document Scan |  |                    |  |              |  |
| A Name of Interested Party  City, State, Country (place of business)  Controlling Interm  Controlling Inte |  |  |  |                    |  |              |  |
| Signature of authorized agent of contracting business entity    Controlling   Intermal   | 7  |  |  | Nature of interest |  |              |  |
| 5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is   | 4  | Name of Interested Party City, State, Country (place of busin  |  | ess)               | (check applicable)                         |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    | Controlling                                | Intermediary |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  |              |  |
| My name is   |  |  |  |                    |  |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  |              |  |
| My name is   | Г  |  |  |                    |  |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  | 70.2         |  |
| 6 UNSWORN DECLARATION  My name is  | Γ  |  |  |                    |  |              |  |
| 6 UNSWORN DECLARATION  My name is  |  |  |  |                    |  |              |  |
| My address is  | 5 Check only if there is NO Interested Party.                              |  |  |                    |  |              |  |
| My address is  | 6  | UNSWORN DECLARATION  |  |                    |  |              |  |
| (street) (city) (state) (zip code) (count of the count of |  | My name is, and my date of birth is  |  |                    |  |              |  |
| Executed in Orange County, State of CA , on the 9 day of ANNT, 20 (month) (state of authorized agent of contracting business entity  |  |  |  |                    |  |              |  |
| Signature of authorized agent of contracting business entity   | I declare under penalty of perjury that the foregoing is true and correct. |  |  |                    |  |              |  |
|  |  | Executed in Orange County, State of CA, on the 9 day of AMP, 2022.   |  |                    |  |              |  |
|  |  |  |  |                    |  |              |  |
|  |  |  |  |                    |  |              |  |