CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| | | | | | | 101 | | |
|--|---|--|------------------|---|--------------------|-----------------------|--------|--|
| | 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 | lame of business entity filing form, and the city, state and country of the business entity's place if business. | | | Certificate Number: 2023-1087584 | | | | |
| | Safeware, Inc. | | | 2023-1007384 | | | | |
| | Lanham, MD United States | | | Date Filed: | | | | |
| 2 | lame of governmental entity or state agency that is a party to the contract for which the form is | | | 10/25/2023 | | | | |
| | being filed. 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. | | | | | | | |
| | 2024-073 ST50 | | | | | | | |
| _ | ST50 SCBA Avon Protection System | | | | | | _ | |
| 4 | | a | | | Nature of interest | | | |
| | Name of Interested Party | City, State, Country (place of busin | | · | | | lie :- | |
| | | | | - ' | Controlling | Intermed | ıary | |
| _ | N/A | | | | | | | |
| _ | | | | | | | _ | |
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| | | | _ | | | _ | | |
| | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is Diana M. Mularky | , | and my date of l | oirth is | | | : | |
| | My address is | | | | | | | |
| | (street) | (city) | (sta | ate) | (zip code) | (country) | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | |
| | Executed in Maricopa Count | y, State of Arizona | , on the | 25_ _{dav} | of Octobe | r_ _{, 20} 23 | | |
| | | - | | | (month) | , <u>20</u> (yea | | |
| | | Diana M. Mularky | | | | | | |
| | | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |