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 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2024-1129418 | | |
| | Marathon Staffing Group Inc. | <i>!</i> | 2024 1123410 | | | |
| | Desoto, TX United States | <i>'</i> | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | | 02/28/2024 | | |
| | being filed. | | | | | |
| | Collin County | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided. | ntity or state agency to track or identify the contract, and provide a vided under the contract. | | | | |
| | 2024-198 | | | | | |
| | Temporary Personnel Services | | | | | |
| 4 | | | | Nature of | f interest | |
| - | Name of Interested Party | City, State, Country (place of busine | ess) | | | |
| | 7 7 | | | Controlling | Intermediary | |
| | NA | | | | | |
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| | VICTOR OF THE PROPERTY OF THE | | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| | UNSWORN DECLARATION | | | | | |
| | My name is KINDRA STRICKLAND, 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. | | | | | |
| | Executed in Middlesex County, State of Mass, on the 29th day of Feb., 2024. | | | | | |
| | 26. | 1 11 11 (| \bigcirc | (month) | (year) | |
| | Signature of authorized agent of contracting business entity | | | | | |
| | (Declarant) | | | | | |