CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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 | ame of business entity filing form, and the city, state and country of the business entity's place business. | | | Certificate Number: 2024-1190806 | | | |
| | ameson Miller | | 1 | | | | |
| | Princeton, TX United States | ed States | | Date Filed: | | | |
| 2 | | ate agency that is a party to the contract for which the form is | | 07/23/2024 | | | |
| | being filed. | | | | Date Acknowledged: | | |
| | Collin County | | Date | Acknowledged: | | | |
| | | | | | | | |
| 3 | ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract. | | | | | | |
| | 2024-268 | | | | | | |
| | ersonal Services Agreement (VALOR Case Manager): Jameson Miller | | | | | | |
| _ | Nature of interest | | | | | | |
| 4 | Name of Interpreted Parks | City, State, Country (place of busin | | | | | |
| | Name of Interested Party | ony, amin' and the first of | | Controlling | Intermediary | | |
| _ | | | | Controlling | anomedia y | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | name is, and my date of birth is | | | | | | |
| | My address is _ | | | | | | |
| | (street) | (city) | state) | (zip code) | (country) | | |
| | declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed inCounty, State of, on the 22 day of July , 20 24 . (year) | | | | | | |
| | (month) (year) | | | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | |
| | (Declarant) | | | | | | |