

# 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.**  
 MCCi, LLC  
 Tallahassee, FL United States

Certificate Number:  
 2024-1211434

Date Filed:  
 09/09/2024

Date Acknowledged:

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Collin County, TX

**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.**

2013-019  
 Laserfische Support renewal for the period of October 15, 2024 through and including October 14, 2025

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CPC MCCi Holding, LLC,	Tallahassee, FL United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Emery Jones, and my date of birth is [REDACTED].

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Santa Cruz County, State of Californina, on the 9 day of September, 2024.  
 (month) (year)

E-SIGNED by Emery Jones  
 on 2024-09-09 14:28:37 GMT  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)