CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2024-1234959 of business. Collin County Alternative Dispute Resolution Program Date Filed: Frisco, TX United States 11/05/2024 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: 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. Alternative Dispute Resolution Services Agreement Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Frisco, TX United States Mackoy, Deborah 5 Check only if there is NO Interested Party. ⁶ UNSWORN DECLARATION and my date of birth is My name is ____Deborah Mackoy My address is (zip code) (country) (state) (street) (city) I declare under penalty of perjury that the foregoing is true and correct. State of Texas, on the 5th day of Nov., 2024_ Executed in Collin County, (month) (vear)

Signature of authorized agent of centracting business entity (Declarate)