CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1241362 NEWBRIDGE WIRELESS LLC Date Filed: FULTON, MD United States 11/20/2024 2 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. IFB 2020-321 Host Neutral Distributed Antenna System Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. \square **6 UNSWORN DECLARATION** My name is __Jianzhong "Michael" Zhang and my date of birth is_ My address is (city) (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. on the 20th day of November , 20 24 _County, State of _MD Executed in _Howard (month) (year) DocuSigned by:

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

-734F179B66C Signature of authorized agent of contracting business entity (Declarant)

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